



**COLLEGE OF
NURSING & HEALTH SCIENCES**

**Master of Science in Speech-Language Pathology
Externship Supervisor Handbook 2024-2025**

**All Graduate Programs within the College of Nursing and Health Sciences follow
the most current version of Auburn University at Montgomery's
Graduate Handbook of Policies and Procedures**

Mission

The mission of the AUM Department of Communication Disorders MS-SLP Program is to prepare highly qualified speech-language pathologists, equipped with a deep understanding of typical and atypical communication and swallowing processes, evidenced-based prevention, diagnostic and treatment practices via electronic delivery systems, within an environment conducive to scholarship, clinical skill-building, and collaboration.

Vision

Our vision is to develop a distinguished, sustainable speech-language pathology graduate program preparing graduates for licensure and certification, providing excellence in clinical service, becoming an indispensable community partner contributing to the health and well-being of citizens across the Alabama Southeast region and beyond.

Values

Using electronic delivery systems, the program strives to foster an innovative, intellectually stimulating student-centered learning environment, both academically and clinically, founded upon active learning, critical thinking, problem-solving, self-analysis, research-based discovery, the highest ethical and professional standards, accountability, community engagement, commitment to social justice, diversity and global awareness, and commitment to evidence-based life-long learning. The Program is committed to providing excellence in academic and clinical education to prepare students to meet the challenges of the 21st century.

History of Auburn University at Montgomery

Auburn University at Montgomery (AUM) is the metropolitan campus for Auburn University and was established by an act of the Alabama legislature in 1967. AUM began its operation in 1968 at a downtown facility, moving in 1971 to its 500-acre campus seven miles east of downtown Montgomery. AUM is a state assisted, coeducational institution granting baccalaureate and graduate degrees with a student enrollment of over 5000. In 1973, the Southern Colleges and Schools accredited AUM with subsequent reaffirmation in 1978, 1988, 1998, 2008, and most recently in 2018.

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SUPERVISOR HANDBOOK

This handbook is intended to serve as a guide concerning the policies and procedures of the clinical training program in the Masters of Speech-Language Pathology within the College of Nursing and Health Sciences at Auburn University Montgomery. Explanations and examples of requirements, formats, and information pertinent to the student’s successful completion of practicum are included. If, at any time, a supervisor is uncertain about clinic policies or procedures, or finds requirements unclear, he/she is strongly encouraged to seek clarification from the clinical site coordinator or department chair.

Should any change or update in this handbook be required, the clinical director will provide it as an addendum.

Welcome to AUM!

The faculty and staff of the Department of Communication Disorders are so pleased that you will be joining us to supervise our graduate students! Working with you allows us to provide our students with a high-quality learning experience that exposes them to the depth and breadth of the profession across a variety of settings.

The purpose of the handbook is to support you in supervising students during their clinical education of the Master's program. The faculty has developed this handbook as a resource containing the guidelines relevant to the clinical supervision. You will find information about the policies and procedures associated with clinical education, along with professional resources from the American Speech-Language Hearing Association.

So, please look through the handbook carefully and become familiar with its content.

A successful clinical practicum will be one where both you and the student gain from the experience. We are certain that the student you supervise will learn new clinical skills in diagnostic, treatment and administrative work. In addition, we hope that you learn something about your professional skills and supervision style.

Your dedication and willingness to participate in the education of new professionals is truly appreciated!

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OVERVIEW

The MS-SLP curriculum at AUM provides its students with the education and training required for the practice of speech-language pathology, providing future practitioners with the knowledge and skills to work with clients across the lifespan who demonstrate a variety of communication disorders. The curriculum requires five semesters to complete, including a summer semester in between the first and second years of the program. Students who successfully complete the curriculum achieve a Master of Science degree in Speech-Language Pathology and meet the academic and clinical requirements for the Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP) through the American Speech Language Hearing Association (ASHA). Graduates will also meet state licensure requirements for the practice of speech-language pathology in Alabama and for the Alabama Department of Education's certification as a in speech- language pathologist.

The master's program in speech-language pathology at AUM has been granted candidacy status by the Council of Academic Accreditation (CAA) of ASHA and complies with all standards set forth by the Council.

The on and off-campus clinical experiences are an integral part of the program and are vital to the advancement of skill acquisition. These experiences provide students with opportunities to apply information learned in a classroom to service delivery in real educational and health care settings. Students complete placements during all semesters of study in a variety of settings such as the AUM Speech and Hearing Clinic, schools, hospitals, rehabilitation centers, skilled nursing facilities, assisted living facilities, community clinics and private practices. In each of these settings, students benefit from guided learning that fosters improved clinical competency and progressive independence.

The student placed at a particular site will remain at that site for the agreed time period as stated in the contract letter. The contract letter also contains information concerning roles and responsibilities for supervisors/students, dates when specific forms/grades are due and the university's calendar.

Students may earn clock hours only for the portion of time they are actively participating in service delivery to clients. To meet clinical program requirements, students must accrue diagnostic and treatment hours during their placements and must be actively supervised by an ASHA-certified professional in accordance with standards of ASHA. ASHA standards require at least 25 percent supervision. This time should be adjusted depending on the severity of the clients on the caseload and the experience of the student. The clinical supervisor's signature verifies successful completion of clinical clock hours.

PURPOSES OF CLINICAL EDUCATION

For Students:

- To provide a continuing series of practical experiences, adapted to students' levels of expertise, that provide opportunities for application of principles, knowledge and skills previously acquired in classes and clinical practica.
- To learn how to assume professional roles in clinical settings while becoming accustomed to a variety of organization structures, working relationships and job expectations.
- To develop a professional identity as a speech-language pathologist.
- To gain experiences in the role of a team member when working with other professionals and families in the treatment process.

For Clinical Sites/Supervisors:

- To provide opportunities for input in the development of the university program, thereby sharing in the education of future speech-language pathologists.
- To serve as a catalyst for growth for participating speech-language pathologists through interaction with students.
- To provide participating sites an opportunity to recruit new employees.

For the University:

- To establish a measure of students' abilities to function ethically, efficiently and effectively as speech-language pathologists.
- To facilitate continuous evaluation of the curriculum's relevance and effectiveness, leading to modifications when necessary.
- To provide diverse clinical experiences for students.

ROLE OF THE SUPERVISORS

Role of the University Supervisor

A clinical supervisor from the Department of Speech-Language Pathology maintains his/her CCC-SLP and state licensure and is assigned to each student completing a practicum. This supervisor will communicate with the Clinical Site Coordinator and will observe the student in action, and will discuss on-going progress with the student and faculty, at the on-site clinic. The supervisor, working with the faculty, will ensure that the student has met the requirements to complete the practicum. University Supervisor requirements include:

- Maintenance of the CCC-SLP and state licensure at initiation of

- and throughout the practicum
- Provision of on-site supervision throughout the practicum.
 - Regular communication with the Clinic Site Coordinator.
 - Participation in student advisement and other clinic projects/meetings.
 - Completion of documentation required by the MS-SLP program, including signing the student clinician's clock hour logs.

Role of the Externship Supervisor

Externship supervisors are Speech-Language Pathologists, maintain their Certificate in Clinical Competency in Speech-Language Pathology (CCC-SLP) and state licensure and work in a variety of practice settings. The individual differences of the settings and personal styles of organizing and managing programs are respected. The externship supervisor requirements include:

- Agreement to the placement as it is arranged by AUM CMDS and the placement.
- Maintenance of the CCC-SLP and state licensure at initiation of, and throughout the externship experience.
- Provision of on-site supervision throughout the externship.
- Regular communication with the Clinical Site Coordinator
- Completion of documentation required by the MS-SLP program, including signing the student clinician's clock hour logs.

ROLE OF THE ACADEMIC ADVISOR

The academic advisor will be responsible for advising the student in both didactic and clinical education. The advisor will provide support to the student, the clinical educator and other supervisors during the student's practicum experience.

ROLE OF THE CLINICAL SITE COORDINATOR

The Clinical Site Coordinator will schedule supervisory meetings during the on-campus clinical experience and site visit(s) during the externship during which he/she will review any records or assignments that the student has completed, observe the student doing therapy/diagnostic work, meet with the student individually, meet with the supervisor individually, and then meet with both to discuss requirements, paperwork, etc. The Clinical Site Coordinator should be contacted if any questions or concerns arise at any time during the externship. The Clinical Site Coordinator will complete a final evaluation based on:

1. The mid-term & final evaluations completed by the supervisor
2. The ongoing input received from the supervisor
3. Direct observation and evaluation of the student's work

EXPECTATIONS OF CLINICAL EXPERIENCES

The following are experiences in which graduate students will participate:

1. Observation of a speech-language pathology program.
2. Evaluation and diagnosis of communication and swallowing disorders.
3. Scheduling of treatment sessions.
4. Familiarization with forms and other types of documentation used by clinics and school systems in reporting record keeping, billing, etc.
5. Familiarization with reimbursement procedures in a variety of health care and educational settings.
6. Treatment, both individual and group, with a variety of communication and swallowing disorders.
7. Writing treatment/lesson plans that include appropriate goals, logical task sequences, clear conditions and criteria for achieving goals, types and amounts of reinforcement and appropriate selection of materials and activities.
8. Conferences with practitioners, family members and other professionals.
9. Proficient use of a variety of materials and equipment.
10. In-service education programs for clinicians.
11. Attendance at IFSP/IEP meetings, staffings, interpretive conferences and other professional meetings.
12. Observations of special programs in hospitals, rehabilitation centers, skilled nursing facilities, school systems and other settings.

SITE SELECTION

The Clinical Site Coordinator will work with each student to select and secure clinical education sites for externships during the MS-SLP program. The sites represent a wide variety of settings and experiences, including public schools, private practices, skilled nursing facilities, medical centers and specialized programs. The Clinic Site Coordinator will consider the following characteristics when working with the students to secure new sites for externship:

- Breadth and depth of clinical population.
- Site supervisors' interests and experiences in clinical education.
- Positive climate for clinical education.
- Availability of appropriate diagnostic, treatment and related opportunities.

STUDENT ORIENTATION

One of the first responsibilities of clinical supervisors is to orient the student to the physical facilities and policies/procedures of the clinical site. Students must know:

- Organization and structure of the facility.
- Protocols followed at the facility, including dress requirements, hours of work, use of the phone and other pertinent information.
- Availability of materials and equipment for use in diagnostics and therapy.
- Forms required by the clinical site.
- Introductions to other staff members with an explanation of their roles.
- Requirements for the setting, including in-service training, immunizations needed and presentations to staff.
- Duties and competencies expected of student clinicians.

The Department of Communication Disorders provides all students with the MS-SLP Student Handbook and MS-SLP Externship Handbook, which specify information regarding the clinical policies and procedures. Off-campus sites may also provide written information for the student's review.

ATTENDANCE

Attendance is mandatory for all scheduled activities for the practicum courses. Student absences must be reported to the clinical educator or site supervisor and the clinical director. Students will be required to offer make-up sessions for any sessions missed while they were out.

SUPERVISOR ABSENCES

Supervisors, because of illness or other responsibilities, occasionally must be absent for all or a part of a therapy session. In these instances, another supervisor will be designated to be responsible for the student and the clients. If additional supervisors are not available, sessions should be cancelled.

CLINICAL CLOCK HOURS

Students need to accumulate 400 clinical clock hours across the lifespan for a variety of communication disorders. This is only a minimum requirement and most students usually earn more hours during their graduate program. Specific clinical education needs of students, maintaining the welfare of clients, and completion of externship responsibilities at particular sites are all

important considerations in site assignments. The duration of students' clinical experience will be determined by the quality of their performance and meeting competencies, not by the completion of the minimum requirement for clinical clock hours or acquiring well-over the required hours.

Students are expected to be competent in the knowledge and skills of prevention, evaluation and treatment of the following nine disorders areas:

- Articulation
- Fluency
- Voice and resonance
- Receptive and expressive language
- Hearing
- Swallowing disorders
- Cognitive aspects of communication
- Social aspects of communication
- Communication modalities

Additionally, students must have knowledge regarding standards of ethical conduct, principles of evidenced-base practice, contemporary professional issues and credentialing process.

RECORDING OF CLINICAL CLOCK HOURS

Students are expected to maintain complete and accurate clinical clock hour records. During the semester, students maintain a running record of clinical clock hours using the Clinical Assessment of Learning Inventory of Performance Streamlined Office Operations (CALIPSO).

Verification of completion of clinical clock hours requires students to obtain the signature and ASHA account number of each supervisor. Clinical clock hours will not be accepted unless properly signed. Once students submit the clinical clock hours and have their total verified by the Clinical Site Coordinator, they will receive a grade for the practicum experience.

Supervisors should advise students to make copies of their signed and original externship clinical clock hours.

CALIPSO

The MS-SLP program has adopted the Clinical Assessment of Learning Inventory of Performance Streamlined Office Operations (CALIPSO), a competency-based application that manages student clinical learning. To access AUM's CALIPSO website, go to the CALIPSO login page.

Registration

To gain access to the CALIPSO system, the supervisor will be emailed a one-time PIN number by the clinical director. With the PIN number, the supervisor will receive step-by-step instructions for using the system.

Instructions for CALIPSO

Supervisors will find instructions for verifying clock hours and submitting students' midterm and final evaluations on the CALIPSO website. Students must enter and supervisors must approval all clinical clock hours prior to the end of each semester.

CALIPSO Scoring

CALIPSO scoring is a competency-based program and adheres to the standards set forth by the Council on Academic Accreditation (CAA), and the Council for Clinical Certification (CFCC). This means that students have to demonstrate specified clinical competencies by program graduation. Competency on a standard is considered to be met when a student's average on the standard reaches at least a "3" on the Cumulative Evaluation.

Competency-Based Scores:

1. Absent – supervisor modeling and intervention needed
2. Emerging – supervisor intervention needed
3. Evident – with supervisor support and feedback
4. Independent – given occasional feedback
5. Clinical Fellowship (CF)-ready - consultation with supervisor

The purpose of the rating system is to provide feedback on specific clinical competency areas and guide decisions in which students need practice or support. The supervisor will evaluate and grade the practicum or externship student's performance at midterm and at the end of the placement.

A pass in a practicum course indicates that the student has met at least minimum requirements to count clinical clock hours.

Students will be evaluated across three major domains:

1. Evaluation
2. Intervention
3. Preparedness, Interaction and Personal Qualities.

In order to receive a passing grade for the practicum, the student must have a minimum average competency score of 3 in each domain. Students may not count clinical hours towards the minimum required hours for graduation during a term when an unsatisfactory grade is received.

PRACTICUM GRADING

Satisfactory clinical performance is an integral part of the Department's expectation of its students. As part of the assessment process, students will be required to reflect on and write about their clinical experiences, including their self-perceived strengths and areas for improvement. These reflections will be discussed with the clinical supervisor at regular intervals.

The student's assessments will be compared with the supervisor's rating scale at mid-term and within the final two or three weeks of their clinical placement. The self-reflections will also be discussed during formal assessment sessions. The clinical supervisor and clinical site coordinator will communicate as needed regarding the student's performance. At the mid-term point of the semester, the clinical supervisor will provide formal assessment to strengthen or improve observed areas of weakness and reinforce the student's strengths.

At the close of the semester, the clinical supervisor provides summative assessment information to improve observed areas of weakness and reinforce the student's strengths. This exchange occurs during the final conference between the student and the clinical supervisor. A grade is assigned for the student's work during the semester.

Satisfactory clinical performance (i.e., direct client care) is an integral part of the Department's expectation of students. Students who receive a practicum grade below B in any clinical assignment will be placed on clinical probation and a remediation plan will be developed. Failure in clinical performance will result in failure of the course.

Academic and Clinical Intervention

Students will meet with their academic advisors at least once a semester to share and obtain feedback on their progression, both didactically and clinically. If a student is exhibiting academic or clinical difficulties, the student and relevant faculty and/or clinical educators will jointly develop an intervention plan. This plan will be carried out by the student while being monitored by the academic advisor. The guidelines for remediation can be found in Appendix O.

Clinical Intervention Plan

In the event, that a student appears to be at risk of not reaching the required minimum clinical grade (3.0 on KASA evaluation form) as documented in

CALIPSO, an identification and intervention protocol has been established. This plan is intended to identify students with marginal clinical skills and to prevent inadequately prepared student clinicians from matriculating through the program. Clinical faculty or external site supervisors will identify students who may be at-risk for poor clinical performance before a formal at-risk protocol is enacted. Below average clinical skills should be identified early in the semester and efforts should be made to improve these skills immediately up on identification. The purpose of early identification and intervention is to guide students toward clinical independence and autonomy.

If a clinical faculty member or external site supervisor has observed and documented sub-standard clinical performance in clinical practicum, he/she will present these concerns to the student immediately. A meeting will be scheduled between the student, the supervisor, and the clinical site coordinator to review the relevant standards and skills scored poorly on the Performance Evaluation form in CALIPSO. Performance requiring intervention is defined as scoring at an average of 2.99 or below for CMDS 7914, CMDS 7944, or for any individual competency standard. The supervisor notifies the student clinician in writing and indicates that the student has been identified as at risk for inadequate clinical performance.

CMDS 7944 CLINICAL EXTERNSHIP CLINICAL INTERVENTION PLAN

If the site supervisor identifies cause for concern regarding the student clinician's performance in the clinical externship, the site supervisor will notify the clinical site coordinator of the need for intervention. The site supervisor identifies standards and skills from the Performance Evaluation form uploaded on CALIPSO.

Performance requiring an intervention plan is defined as scoring at an average of 2.99 or below for CMDS 7944 or for any individual competency standard. The clinical site coordinator notifies the student clinician in writing, indicating that the student has been identified as at risk for inadequate clinical performance.

RESPONSIBILITIES AND ACTIONS UPON NOTIFICATION OF AT RISK PERFORMANCE:

Student Clinician:

- **Self-evaluation.** The student may be asked to complete a self-evaluation form regarding clinical performance. Self-evaluations will be completed at mid-term and end of semester, routinely.
- **Clinical Intervention Plan.** The student clinician works with the

clinical site coordinator and site supervisor to develop and sign a remediation improvement plan, which includes specific objectives to improve clinical skills and behaviors as identified on the Performance Evaluation form in CALIPSO.

- **Meetings:** The student meets with the clinical site coordinator and site supervisor on a weekly basis (via telephone conference, Zoom or email) to discuss progress toward achieving the specific objective(s).

Clinical Site Coordinator

- **Student Notification:** The clinical site coordinator notifies the student in writing that the student will be placed on an intervention plan.
- **Clinical Improvement Goals:** The clinical site coordinator will develop and sign clinical improvement goals based on input from the site supervisor and the student.
- **Meetings:** The clinical site coordinator will schedule weekly meetings (via email, phone or Zoom) with the student and the site supervisor to discuss the student's progress on the intervention plan.
- **Record of Notification:** The clinical site coordinator files a copy of the written notification and goals in the student's administrative file and uploads to CALIPSO. The clinical site coordinator will notify the Chair.

Site supervisor

- **Clinical Intervention Goals:** The site supervisor will work with the clinical site coordinator to develop and sign clinical improvement goals based on input from the student.
- **Meetings:** The site supervisor (via email, phone or Zoom) will meet regularly with the student and the clinical site coordinator to discuss the student's progress on the intervention plan.

AT THE CONCLUSION OF THE INTERVENTION PLAN:

- If the student has met all standards targeted and earned a grade of 3.0 (B) or higher, the student will proceed with the next appropriate clinical placement and/or graduation.
- If a student clinician earns a final grade of C (2.99) or below or does not meet a specific standard, the student:
 1. Will be placed in the intervention plan the following semester
 2. Will re-enroll in CMDS 7944 the following semester
- A committee (of two or three clinical and academic faculty) is appointed by the clinical site coordinator and department Chair to

identify specific areas of concern based on the final assessment from the preceding semester and to plan the next appropriate clinical experience.

- The committee will meet with the site supervisor (face to face or via email, phone or Zoom) to develop goals and outcome measures. The goals will be reviewed with the student.
- The clinical site coordinator will meet with the site supervisor regarding performance expectations; the nature of performance evaluation; and the roles and responsibilities of the student clinician and the instructors. A written summary is provided for all involved parties. A signed copy is placed in the student's administrative file and uploaded to CALIPSO.
- The clinical site coordinator will hold regular conferences with the student and the site supervisor to monitor the student's progress. Communication will be face-to-face, Zoom, e-mail, or telephone conversations.

ADDITIONAL CONSIDERATIONS FOR PROGRESSION TOWARD DEGREE:

- If a student clinician earns a grade 2.99 or lower or does not meet a standard for CMDS 7944, the student will repeat the course, which will add another semester to the program, and delay graduation.
- If a student clinician earns a grade 2.99 or lower or does not meet a standard in any subsequent CMDS 7944 courses, the student is deemed unprepared to practice as a speech-language pathologist and will be counseled regarding dismissal from the program

**Auburn University at Montgomery
 Department of Communication Disorders
 MS-SLP Graduate Program
 Clinical Intervention Plan**

Student:	Date:
Supervisor:	Clinical Site Coordinator:
1. Identify and develop agreement regarding competencies not being achieved during the practicum period (list/describe using verbiage from document of reference):	
2. Plan of Action (describe the clinical skills, including assessment, intervention and/or interaction/personal qualities to be addressed):	
Target date for completion of proposed plan of action:	
Signatures for Plan of Action:	
Student	
Supervisor (s) _____	Clinical Site
Coordinator _____	
Date signed: _____ Page 1	

3. Action Steps Addressed:

Decision based on action plans/outcome:

Extend time at current practicum site

Continue practicum at another site

Terminate practicum

Other

Comments:

Signatures for Plan of Action DECISION:

Student

Supervisor(s)

Clinical Site Coordinator _____

Department Chair _____

Date signed

DISMISSAL FROM CLINICAL EDUCATION

Occasionally, students may have difficulty with a particular site or placement. In the unlikely event that students perform below the requirements of a site assignment or engage in behavior that substantially disrupts a program or poses a risk of injury to clients, other students, or staff, the supervisor should contact the Clinical Site Coordinator immediately. Disruptive behavior may result in dismissal from the site. The Clinical Site Coordinator and supervisor will be responsible for meeting with the student and explaining the reason(s) for dismissal.

COUNCIL ON ACADEMIC ACCREDITATION CONTACT

The CAA will address concerns via the complaint process that are clearly related to a program's compliance with accreditation standards. The CAA cannot intervene in disputes between individuals and programs, and cannot affect outcomes such as grade changes, reinstatement to the graduate program, employment, etc., as part of this complaint process.

Before filing a complaint, it is strongly recommended that you read Chapter XIII: Complaints in the *Accreditation Handbook* [PDF].

CRITERIA

Complaints about programs must meet all of the following criteria:

- Be against an accredited graduate education program or program in candidacy status in audiology or speech-language pathology
 - Relate to the Standards for Accreditation of Entry-Level Graduate Education Programs in Audiology and Speech-Language Pathology in effect at the time that the conduct for the complaint occurred, including the relationship of the complaint to the accreditation standards
 - Be clearly described, including the specific nature of the charge and the data to support the charge
 - Be within the timelines specified below:
 - If the complaint is being filed by a graduate or former student, or a former faculty or staff member, the complaint must be filed within one year of separation* from the program, even if the conduct occurred more than 4 years prior to the date of filing the complaint
 - If the complaint is being filed by a current student or faculty member, the complaint must be filed as soon as possible, but no longer than 4 years after the date the conduct occurred
 - If the complaint is being filed by other complainants, the conduct must have occurred at least in part within 4 years prior to the date the complaint is filed
- *Note: For graduates, former students, or former faculty or staff filing a complaint, the date of separation should be the date on which the individual was no longer considered a student in or employee of the graduate program (i.e., graduation, resignation, official notice of withdrawal or termination), and after any institutional grievance or other review processes have been concluded.*

SUBMISSION REQUIREMENTS

- Complaints against a program must be filed in writing using the CAA's official **Complaint Form** [DOCX]. The Complaint Form must be completed in its entirety, which includes submitting a waiver of confidentiality with the complaint. Failure to provide a signed waiver of confidentiality will result in dismissal of the

- complaint. The CAA does not accept complaints over the phone.
- The complainant's name, address, and telephone contact information and the complainant's relationship to the program must be included in order for the Accreditation Office staff to verify the source of the information. The CAA does not accept anonymous complaints.
 - The complaint must include verification, if the complaint is from a student or faculty/staff member, that the complainant exhausted all pertinent institutional grievance and review mechanisms before submitting a complaint to the CAA.
 - Documented evidence in support of the complaint must be appended, including as appropriate relevant policies/procedures, relevant correspondence (including email), timelines of referenced events, etc. **Do not** enclose entire documents, such as a handbook or catalog; only the specific pages should be included that present content germane to the complaint. Page numbers to these appendices should be referenced in the complaint. Materials may be returned to the complainant if not properly organized to support the complaint.
 - The complaint must be complete at the time of submission, including the complaint, waiver, and all appendices; if a complainant submits an amended complaint, including providing additional appendices, it will void the original submission and initiate a new process and timeline.
 - All complaints and supporting evidence must be submitted in English, consistent with the business practices of the CAA.
 - The complaint must be signed and submitted with any relevant appendices via U.S. mail, overnight courier, or hand delivery—not via e-mail or as a facsimile—to:

*Chair, Council on Academic Accreditation in Audiology and Speech-Language Pathology
American Speech-Language-Hearing Association
2200 Research Boulevard, #310
Rockville, MD 20850*

The complainant's burden of proof is a preponderance, or greater weight, of the evidence. It is expected that the complaint includes all relevant documentation at the time of submission.

Copies of the CAA's complaint procedures, relevant Standards for Accreditation, and the Complaint Form are available in paper form by contacting the Accreditation Office at accreditation@asha.org or 800-498-2071. All complaint materials (completed and signed complaint form and relevant appendices) must be typewritten or printed from a computer.

**Note: For graduates, former students, or former faculty or staff filing a complaint, the date of separation should be the date on which the individual was no longer considered a student in or employee of the graduate program (i.e., graduation, resignation, official notice of withdrawal or termination), and after any institutional grievance or other review processes have been concluded.*

SUGGESTED GUIDELINES FOR CLINICAL PRACTICUM EXPERIENCES

The following are suggested guidelines based upon a field assignment of 3 - 5 days per week for 10 or more weeks. *These guidelines are adapted from guidelines used at Salus University.*

Week One:

1. Program Site Orientation
2. Review of Policy and Procedures, Student Orientation Manual, if available.
3. Observation of Supervisor
4. Observations of other Speech-Language Pathologists (as possible)
5. Discuss the agency/clinicians' philosophy and standard of practice
6. Review of Client Charts:
 - a. Log/File/Progress Notes
 - b. Initial/subsequent evaluations
 - c. Case/Medical History
7. Become familiar with working conditions, manipulatives, literature for families, therapy materials, and tests (where kept, philosophy of delivery)
8. Discussion of appropriate dress and professional behavior
9. Knowledge and Sensitivity to cultural and/or linguistic diversity
10. Other:

Week Two:

1. Active observation of supervisor (e.g. collection and analysis of language sample, written oral discussion)
2. Become familiar with evaluation procedures and tests
3. Establish frequency of supervisory meetings to provide student clinician with performance feedback, review student self -monitoring (e.g., what's going right, what needs to change, what can I do to get more out of this.)
4. Other:

Week Three:

1. Initiate at least one therapy task with 3-4 cases
2. Document client performance during treatment session by writing in the daily note and discussing with supervisor

3. Conduct 50% of initial evaluation with guidance from supervisor (formal or informal) and write a shadow report
 4. Demonstrate rudimentary mastery of paperwork procedures and case management time lines
 5. Keep daily log of ASHA hours
 6. Supervisory meeting
 7. Select, read and discuss relevant articles as needed or suggested by Supervisor
 8. Other:
-
-

Week Four:

1. Plan and implement treatment sessions for 4-5 clients.
 2. Demonstrate ability to provide evaluative feedback to client
 3. Write therapy notes for those individuals being followed with moderate supervision
 4. Supervisory meeting
 5. Conduct a full evaluation with developing naturalness, flexibility and accuracy
 6. Other:
-
-

Weeks Five, Six, Seven, Eight: (Mid-Term):

1. Assume responsibility for an increasing amount of the caseload at the discretion of the supervisor (including documentation and collaboration with staff)
 2. Mid-term evaluation (CALIPSO) and visit is completed (especially important to have student conduct a self- monitoring check, e.g., what's going right; what needs to change; what can I do to get more out of this)
 3. Present in-service topic to supervisor for approval (optional)
 4. Weekly supervisory meeting
 5. Family Contact: Discussion of therapeutic progress and/or diagnostic results
 6. Observation and participation in an interdisciplinary consult or client discussion
 7. Other:
-
-

Weeks Nine-Thirteen:

1. Assume responsibility for increasing caseload
2. Present a 30-minute, in-service to agency staff (optional)
3. Weekly supervisory meeting
4. Prepare for final week/completion of practicum (review CALIPSO, progress notes)
5. Other:

Last Week:

1. Complete final evaluation with supervisor and Clinic Director
2. Complete clinical clock hours and request supervisor to sign all required Documentation
3. Completion of evaluations of practicum by student, field supervisor, and university supervisor
4. Gather samples of documentation and record experiences in student portfolio
5. Other:

Appendix A:

Thirteen Tasks of Supervision

Developed for the ASHA Position Paper on Supervision (1985)

1. Establishing and maintaining an effective working relationship with the supervisee.
 - Facilitate an understanding of the clinical and supervisory processes
 - Apply learning principles in the supervisory process
 - Organize and provide information on joint setting of goals and objectives, data collection and analysis and evaluation
 - Facilitate independent thinking and problem solving
 - Maintain professional and supportive relationship that supports growth
 - Interact with supervisee objectively
 - Joint communication regarding expectations and responsibilities
 - Ongoing evaluation of effectiveness of supervisory relationship

2. Assisting the supervisee in developing clinical goals and objectives.
 - Assist in planning effective clinical goals and objectives
 - Assist in assigning priorities to clinical goals and objectives
 - Assist in developing supervisee goals and objectives for professional growth
 - Assist in assigning priorities to supervisee goals and objectives for professional growth

3. Assisting the supervisee in developing and refining assessment skills
 - Share and facilitate integration of current research findings in client assessment
 - Assist in providing rationale for assessment procedures
 - Assist in integrating findings and observations to make appropriate recommendations
 - Facilitate independent planning of assessment

4. Assisting the supervisee in developing and refining clinical management skills.
 - Share and integrate current research findings in client management
 - Assist in providing rationale for treatment procedures
 - Assist in identifying appropriate sequences for client goals
 - Assist in adjusting steps in the progression toward a goal
 - Assist in measurement and documentation of client and clinician change

5. Demonstrating for and participating in the clinical process.
 - Determine jointly when demonstration is appropriate
 - Demonstrate a variety of clinical techniques, materials and equipment and participate with supervisee in the clinical management
 - Demonstrate or participate jointly in counseling of clients, family/significant others

6. Assisting the supervisee in observing and analyzing assessment and treatment sessions

- Assist supervisee in learning, selecting and executing a variety of data collection procedures
- Assist in accurately recording data
- Assist in objectively analyzing and interpreting data
- Assist in revising plans for client management based on data obtained

7. Assisting the supervisee in development and maintenance of clinical and supervisory records.

- Assist in applying record keeping systems to supervisory and clinical processes
- Assist in organizing records to facilitate easy retrieval of info
- Assist the supervisee in establishing and following policies and procedures to protect confidentiality of records
- Share information regarding documentation requirements of various accrediting and regulatory agencies and third party funding sources

8. Interacting with the supervisee in planning, executing and analyzing supervisory conferences.

- Determine with supervisee when a conference should be held
- Assist supervisee in planning conference agenda and involve the supervisee in joint discussion of items on agenda
- Interact with supervisee in a manner that facilitates self-exploration and problem solving
- Adjust conference content based on supervisee's level of knowledge and experience
- Assist supervisee in making commitments for changes/growth in clinical skills
- Encourage and maintain supervisee motivation for self-growth

9. Assist the supervisee in developing skills of verbal reporting, writing and editing

- Assist supervisee in use of clinical evaluation tools and development of self-evaluation skills
- Assist supervisee in description and measurement of his/her progress and achievement
- Evaluate supervisee's clinical skills for purposes of grade assignment, completion of CF year, professional advancement, etc.

10. Assisting the supervisee in developing skills of verbal reporting, writing and editing.

- Assist supervisee in identifying appropriate information for verbal or written report
- Assist with use of professional terminology in a logical, concise and sequential manner

- Assist the supervisee in adapting verbal and written reports to the work environment and communication situation
 - Ability to alter/edit report while preserving the supervisee's writing style
11. Sharing in the formation of ethical, legal, regulatory and reimbursement aspects of the profession.
- Ability to communicate to supervisee a knowledge of professional codes of ethics (ASHA, State licensure board, etc.)
 - Ability to communicate to supervisee an understanding of reimbursement policies and procedures of the work setting
 - Ability to communicate to supervisee an understanding of legal and regulatory documents and their impact on the practice of the profession (licensure, Medicare, Medicaid, PL 94-142, etc.)
12. Modeling and facilitating professional conduct.
- Ability to assume responsibility
 - Ability to analyze, evaluate and modify own behavior
 - Ability to demonstrate ethical and legal conduct
 - Ability to meet and respect deadlines
 - Ability to maintain professional protocols (HIPAA, etc.)
 - Ability to provide current information regarding professional standards (licensure, certification, teacher certification, etc.)
 - Ability to communicate reimbursement information (billing procedures, fees, third party, etc.)
 - Ability to demonstrate familiarity with professional issues
 - Ability to demonstrate continued professional growth
13. Demonstrate research skills in the clinical and supervisory processes.
- Ability to read, interpret and apply clinical and supervisory research
 - Ability to formulate research questions and investigate the questions
 - Ability to support and refute clinical and supervisory research findings
 - Ability to report results of clinical or supervisory research and disseminate as appropriate

American Speech-Language-Hearing Association. (1985) ASHA Practice Policy: Clinical Supervision in Speech-Language Pathology and Audiology.

Appendix B. MS-SLP Plan of Study

Fall 1	Course Number	Credit Hours
Orientation and Clinical Intensive		0
Speech Sound Disorders	5510	3
Aphasia	6750	3
Language Disorders	5500	3
Clinical Practicum	7914*	3
Spring 1		
Dysphagia	6820	3
Motor Speech Disorders	6510	3
Research Methods and Evidence-Based Practice in SLP	5570	3
Special Topics in Speech-Language Pathology	5920	3
Clinical Practicum	7914*	3
Summer 1		
Assessment and Diagnostics in Speech -Language Pathology	6930	3
Augmentative/Alternative Communication	7840	3
Cognitive Communication Disorders	5750	3
Clinical Externship	7944**	3
Fall 2		
Aural Habilitation/Rehabilitation	6800	3
Voice and Resonance Disorders	6540	3
Clinical Externship	7944**	3
Fluency Disorders	6530	3
Spring 2		
SLP Services and Interprofessional Collaboration in Medical and Educational Settings	6860	3
Professional Issues in SLP	7970	3
Clinical Externship	7944**	3
Virtual Comprehensive Exam Bootcamp		0
Comprehensive Exams	8982	0
	Total Hours	54

*CMDS 7914 Clinical Practicum may be repeated in spring 1 semester for an additional 3 credit hours.

**CMDS 7944 Clinical Externship must be taken during two of the final three semesters for a total of 6 credit hours.

Appendix C.

2020 Standards and Implementation Procedures for the Certificate of Clinical Competence in Speech-Language Pathology

Effective Date: January 1, 2020

Introduction

The Council for Clinical Certification in Audiology and Speech-Language Pathology (CFCC) is a semi-autonomous credentialing body of the American Speech-Language-Hearing Association (ASHA). The charges to the CFCC are to define the standards for clinical certification; to apply those standards in granting certification to individuals; to have final authority to withdraw certification in cases where certification has been granted on the basis of inaccurate information; and to administer the certification maintenance program.

A Practice and Curriculum Analysis of the Profession of Speech-Language Pathology was conducted in 2017 under the auspices of the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA) and the CFCC. The survey analysis was reviewed by the CFCC, and the following standards were developed to better fit current practice models.

The 2020 Standards and Implementation Procedures for the Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP) went into effect on January 1, 2020. View the [SLP Standards Crosswalk \[PDF\]](#) for more specific information on how the standards have changed.

Revisions

August 2022—Effective January 1, 2023

- **Standard V** was updated to allow up to 125 hours of graduate student supervised clinical practicum to be completed via telepractice.
- **Standard VII** was updated to allow (a) up to 25% of required Clinical Fellowship (CF) experience direct contact hours to be completed via telepractice and (b) up to 3 hours of direct CF supervision per segment to be completed using telesupervision.

March 2022—Updates to Implementation Language

- **Standard IV-A** was reworded to provide better guidance to applicants in meeting the required prerequisite courses.
- **Standard IV-G** now includes cultural competency and diversity, equity, and inclusion.
- **Standard V-B** clarifies acceptable clinical experience for future clinical instructors, supervisors, and mentors.

September 2021—Effective January 1, 2022

- **Standard VIII** was updated to require that at least 2 of the 30 required Professional Development Hours (PDHs)—formerly known as Certification Maintenance Hours or CMHs—be earned each maintenance interval in the areas of cultural competency, cultural humility, culturally responsive practice, and/or diversity, equity, and inclusion.

Terminology

Clinical educator: Refers to and may be used interchangeably with supervisor, clinical instructor, and preceptor

Cultural competence: The knowledge and skill needed to address language and culture; this knowledge and skill evolves over time and spans lifelong learning.

Cultural humility: A lifelong commitment to engaging in self-evaluation and self-critique and to remedying the power imbalance implicit to clinical interactions.

Culturally responsive practice: Responding to and serving individuals within the context of their cultural background—and the ability to learn from and relate respectfully with people of other cultures.

Individual: Denotes clients, patients, students, and other recipients of services provided by the speech-language pathologist.

Professional interactions: Refers to not only service delivery but to interactions with colleagues, students, audiology externs, interprofessional practice providers, and so forth.

Citation

Cite as: Council for Clinical Certification in Audiology and Speech-Language Pathology of the American Speech-Language-Hearing Association. (2018). *2020 Standards for the Certificate of Clinical Competence in Speech-Language Pathology*. Retrieved from www.asha.org/certification/2020-SLP-Certification-Standards.

The Standards for the CCC-SLP are shown in bold. The CFCC implementation procedures follow each standard.

- **Standard I—Degree**
- **Standard II—Education Program**
- **Standard III—Program of Study**
- **Standard IV—Knowledge Outcomes**
- **Standard V—Skills Outcomes**
- **Standard VI—Assessment**
- **Standard VII—Speech-Language Pathology Clinical Fellowship**
- **Standard VIII—Maintenance of Certification**

Standard I: Degree

The applicant for certification (hereafter, “applicant”) must have a master’s, doctoral, or other recognized post-baccalaureate degree.

Standard II: Education Program

All graduate coursework and graduate clinical experience required in speech-language pathology must have been initiated and completed in a CAA-accredited program or in a program with CAA candidacy status.

Implementation: The applicant’s program director or official designee must complete and submit a program director verification form. Applicants must submit an official graduate transcript or a letter from the registrar that verifies the date on which the graduate degree was awarded. The official graduate transcript or letter from the registrar must be received by the ASHA National Office no later than one (1) year from the date on which the application was received. Verification of the applicant’s graduate degree is required before the CCC-SLP can be awarded.

Applicants educated outside the United States or its territories must submit documentation that coursework was completed in an institution of higher education that is regionally accredited or recognized by the appropriate regulatory authority for that country. In addition, applicants outside the United States or its territories must meet each of the standards that follow.

Standard III: Program of Study

The applicant must have completed a program of study (a minimum of 36 semester credit hours at the graduate level) that includes academic coursework and supervised clinical experience sufficient in depth and breadth to achieve the specified knowledge and skills outcomes stipulated in Standards IV-A through IV-G and Standards V-A through V-C.

Implementation: The minimum of 36 graduate semester credit hours must have been earned in a program that addresses the knowledge and skills pertinent to the ASHA Scope of Practice in Speech-Language Pathology.

Standard IV: Knowledge Outcomes

Standard IV-A

The applicant must have demonstrated knowledge of statistics as well as the biological, physical, and social/behavioral sciences.

Implementation: Standalone coursework in (a) biological sciences, (b) chemistry or physics, (c) social/behavioral sciences, and (d) statistics that fulfill non-communication-sciences-and-disorders-specific university requirements. Refer to the list of acceptable coursework for further details and to the following for general guidance.

- Biological sciences coursework provides knowledge in areas related to human or animal sciences (e.g., biology, human anatomy and physiology, neuroanatomy and neurophysiology, human genetics, veterinary science).
- Chemistry or physics coursework provides foundational knowledge in the areas below.
 - Chemistry: Substances and compounds composed of atoms and molecules, and their structure, properties, behavior, as well as the changes that occur during reactions with other compounds. This knowledge contributes to better acquisition and synthesis of the underlying processes of speech and hearing science.
 - Physics: Matter, energy, motion, and force. This knowledge contributes to better appreciation of the role of physics in everyday experiences and in today's society and technology.
- Social/behavioral sciences coursework provides knowledge in the analysis and investigation of human and animal behavior through controlled and naturalistic observation and disciplined scientific experimentation.
- Statistics coursework focuses on learning from data and measuring, controlling, and communicating uncertainty. It provides the navigation essential for controlling the course of scientific and societal advances.

Coursework in research methodology in the absence of basic statistics is vital to speech-language pathology practices; however, it cannot be used to fulfill this requirement.

Program directors must evaluate the course descriptions or syllabi of any courses completed prior to students entering their programs to determine if the content provides foundational knowledge in the CFCC's guidance for acceptable coursework.

Standard IV-B

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

Standard IV-C

The applicant must have demonstrated knowledge of communication and swallowing disorders and differences, including the appropriate etiologies, characteristics, and anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates in the following areas:

- **Speech sound production, to encompass articulation, motor planning and execution, phonology, and accent modification**
- **Fluency and fluency disorders**
- **Voice and resonance, including respiration and phonation**

- **Receptive and expressive language, including phonology, morphology, syntax, semantics, pragmatics (language use and social aspects of communication), prelinguistic communication, paralinguistic communication (e.g., gestures, signs, body language), and literacy in speaking, listening, reading, and writing**
- **Hearing, including the impact on speech and language**
- **Swallowing/feeding, including (a) structure and function of orofacial myology and (b) oral, pharyngeal, laryngeal, pulmonary, esophageal, gastrointestinal, and related functions across the life span**
- **Cognitive aspects of communication, including attention, memory, sequencing, problem solving, and executive functioning**
- **Social aspects of communication, including challenging behavior, ineffective social skills, and lack of communication opportunities**
- **Augmentative and alternative communication modalities**

Implementation: It is expected that coursework addressing the professional knowledge specified in this standard will occur primarily at the graduate level.

Standard IV-D

For each of the areas specified in Standard IV-C, the applicant must have demonstrated current knowledge of the principles and methods of prevention, assessment, and intervention for persons with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates.

Standard IV-E

The applicant must have demonstrated knowledge of standards of ethical conduct.

Implementation: The applicant must have demonstrated knowledge of the principles and rules of the current ASHA Code of Ethics.

Standard IV-F

The applicant must have demonstrated knowledge of processes used in research and of the integration of research principles into evidence-based clinical practice.

Implementation: The applicant must have demonstrated knowledge of the principles of basic and applied research and research design. In addition, the applicant must have demonstrated knowledge of how to access sources of research information and must have demonstrated the ability to relate research to clinical practice.

Standard IV-G

The applicant must have demonstrated knowledge of contemporary professional issues.

Implementation: The applicant must have demonstrated knowledge of professional issues that affect speech-language pathology. Issues may include but are not limited to

trends in professional practice; academic program accreditation standards; ASHA practice policies and guidelines; cultural competency and diversity, equity, and inclusion (DEI); educational legal requirements or policies; and reimbursement procedures..

Standard IV-H

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

Standard V: Skills Outcomes

Standard V-A

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

Implementation: Applicants are eligible to apply for certification once they have completed all graduate-level academic coursework and clinical practicum and have been judged by the graduate program as having acquired all of the knowledge and skills mandated by the current standards.

The applicant must have demonstrated communication skills sufficient to achieve effective clinical and professional interaction with persons receiving services and relevant others. For oral communication, the applicant must have demonstrated speech and language skills in English, which, at a minimum, are consistent with ASHA's current position statement on students and professionals who speak English with accents and nonstandard dialects. In addition, the applicant must have demonstrated the ability to write and comprehend technical reports, diagnostic and treatment reports, treatment plans, and professional correspondence in English.

Standard V-B

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

1. Evaluation

- a. Conduct screening and prevention procedures, including prevention activities.**
- b. Collect case history information and integrate information from clients/patients, family, caregivers, teachers, and relevant others, including other professionals.**
- c. Select and administer appropriate evaluation procedures, such as behavioral observations, nonstandardized and standardized tests, and instrumental procedures.**
- d. Adapt evaluation procedures to meet the needs of individuals receiving services.**
- e. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention.**
- f. Complete administrative and reporting functions necessary to support**

evaluation.

g. Refer clients/patients for appropriate services.

2. Intervention

a. Develop setting-appropriate intervention plans with measurable and achievable goals that meet clients'/patients' needs. Collaborate with clients/patients and relevant others in the planning process.

b. Implement intervention plans that involve clients/patients and relevant others in the intervention process.

c. Select or develop and use appropriate materials and instrumentation for prevention and intervention.

d. Measure and evaluate clients'/patients' performance and progress.

e. Modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients.

f. Complete administrative and reporting functions necessary to support intervention.

g. Identify and refer clients/patients for services, as appropriate.

3. Interaction and Personal Qualities

a. Communicate effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the individual(s) receiving services, family, caregivers, and relevant others.

b. Manage the care of individuals receiving services to ensure an interprofessional, team-based collaborative practice.

c. Provide counseling regarding communication and swallowing disorders to clients/patients, family, caregivers, and relevant others.

d. Adhere to the *ASHA Code of Ethics*, and behave professionally.

Implementation: The applicant must have acquired the skills listed in this standard and must have applied them across the nine major areas listed in Standard IV-C. These skills may be developed and demonstrated through direct clinical contact with individuals receiving services in clinical experiences, academic coursework, labs, simulations, and examinations, as well as through the completion of independent projects.

The applicant must have obtained a sufficient variety of supervised clinical experiences in different work settings and with different populations so that the applicant can demonstrate skills across the *ASHA Scope of Practice in Speech-Language Pathology*. *Supervised clinical experience* is defined as clinical services (i.e., assessment/diagnosis/evaluation, screening, treatment, report writing, family/client consultation, and/or counseling) related to the management of populations that fit within the *ASHA Scope of Practice in Speech-Language Pathology*.

These experiences allow students to:

- interpret, integrate, and synthesize core concepts and knowledge;
- demonstrate appropriate professional and clinical skills; and

- incorporate critical thinking and decision-making skills while engaged in prevention, identification, evaluation, diagnosis, planning, implementation, and/or intervention.

Supervised clinical experiences should include interprofessional education and interprofessional collaborative practice, and should include experiences with related professionals that enhance the student's knowledge and skills in an interdisciplinary, team-based, comprehensive service delivery model.

Clinical simulations (CS) may include the use of standardized patients and simulation technologies (e.g., standardized patients, virtual patients, digitized mannequins, immersive reality, task trainers, computer-based interactive). These supervised experiences can be synchronous simulations (real-time) or asynchronous (not concurrent in time) simulations.

Clinical educators of clinical experiences must hold current ASHA certification in the appropriate area of practice during the time of supervision. The supervised activities must be within the ASHA Scope of Practice in Speech-Language Pathology in order to count toward the student's ASHA certification requirements.

A minimum of 9 months of full-time clinical experience with clients/patients, after being awarded the CCC, is required in order for a licensed and certified speech-language pathologist to supervise graduate clinicians for the purposes of ASHA certification. Individuals who have been clinical educators may consider their experience as "clinical" if (a) they are working directly with clients/patients being assessed, treated, or counseled for speech, language, fluency, cognition, voice, or swallowing function/disorder, or providing case management, and (b) they are the client's/patient's or individual's recognized provider and as such are ultimately responsible for their care management. Individuals whose experience includes only classroom teaching, research/lab work, CS debriefing, or teaching only clinical methods cannot count such experience as "clinical" unless it meets the criteria in (a) and (b).

Standard V-C

The applicant must complete a minimum of 400 clock hours of supervised clinical experience in the practice of speech-language pathology. Twenty-five hours must be spent in guided clinical observation, and 375 hours must be spent in direct client/patient contact.

For Graduate Students Initiating Their Graduate Program On Or Before December 31, 2022

See the [COVID-19 Guidance From CFCC](#)

For Graduate Students Initiating their Graduate Program On Or After January 1, 2023

Implementation: The guided observation and direct client/patient contact hours must be within the ASHA Scope of Practice in Speech-Language Pathology and must be under the supervision of a clinician who holds current ASHA certification in the appropriate profession and who, after earning the CCC-SLP, has completed (a) a minimum of 9

months of post-certification, full-time experience (or its part-time equivalent) and (b) a minimum of 2 hours of professional development in the area of clinical instruction/supervision.

Applicants should be assigned practicum only after they have acquired a knowledge base sufficient to qualify for such experience. Only direct contact (e.g., the individual receiving services must be present) with the individual or the individual's family in assessment, intervention, and/or counseling can be counted toward practicum. When counting clinical practicum hours for purposes of ASHA certification, only the actual time spent in sessions can be counted, and the time spent cannot be rounded up to the nearest 15-minute interval.

Guided Clinical Observations

Twenty-five (25) hours of guided clinical observation hours must be completed in the undergraduate or graduate program and generally precede direct contact with clients/patients. Guided clinical observations may occur simultaneously during the student's observation or afterwards through review and approval of the student's written reports or summaries. Students may use video recordings of client services for observation purposes. Examples of guided clinical observations with a clinical educator who holds the CCC-SLP may include but are not limited to the following activities:

- debriefing of a video recording
- discussion of therapy or evaluation procedures that had been observed
- debriefings of observations that meet course requirements
- written records of the observations

It is important to confirm that there was communication between the clinical educator and observer, rather than passive experiences where the student views sessions and/or videos. The student is encouraged to (a) observe live and recorded sessions across settings with individuals receiving services for a variety of disorders and (b) complete debriefing activities as described above. The graduate program will determine how the guided observation experience should be documented. Evidence of guided observations includes signatures from the clinical educator and documentation of hours, dates, and activities observed.

On-Site and In-Person Graduate Supervised Clinical Practicum

A minimum of 250 hours of supervised clinical practicum within the graduate program must be acquired through on-site and in-person direct contact hours.

Although several students may be present in a clinical session at one time, each graduate student clinician may count toward the supervised clinical practicum only the time that they spent in direct contact with the client/patient or family during that session. Time spent in preparation for or in documentation of the clinical session may not be counted toward the supervised clinical practicum. The applicant must maintain documentation of their time spent in supervised clinical practicum, and this documentation must be verified by the program in accordance with Standards III and IV.

Undergraduate Supervised Clinical Practicum

At the discretion of the graduate program, up to 50 hours of on-site and in-person direct contact hours obtained at the undergraduate level may be counted toward the 400-hour supervised clinical practicum requirement.

Clinical Simulations (CS)

At the discretion of the graduate program, up to 75 direct contact hours may be obtained through CS. Only the time spent in active engagement with CS may be counted. CS may include the use of standardized patients and simulation technologies (e.g., standardized patients, virtual patients, digitized mannequins, immersive reality, task trainers, computer-based interactive). Debriefing activities may not be included as clinical clock hours.

Telepractice Graduate Supervised Clinical Practicum

At the discretion of the graduate program and when permitted by the employer/practicum site and by prevailing regulatory body/bodies—and when deemed appropriate for the client/patient/student and the applicant’s skill level—the applicant may provide services via telepractice. The clinical educator/supervisor who is responsible for the client/patient/student and graduate student should be comfortable, familiar, and skilled in providing and supervising services that are delivered through telepractice. Provided that these conditions are met, telepractice may be used to acquire up to 125 contact hours, in addition to those earned through guided clinical observations (25 hours) or on-site and in-person direct contact hours (250 hour minimum).

Supervised Clinical Practicum Options	Required	Minimum Toward the 400 Hours	Maximum Toward the 400 Hours
Guided Clinical Observations	Yes	25	25
On-Site and In-Person Direct Contact Hours	Yes	250	No maximum
Undergraduate Hours	No	0	50
Clinical Simulations	No	0	75
Telepractice	No	0	125

Standard V-D

At least 325 of the 400 clock hours of supervised clinical experience must be completed while the applicant is enrolled in graduate study in a program accredited in speech-language pathology by the CAA.

Implementation: A minimum of 325 clock hours of supervised clinical practicum must be completed while the student is enrolled in the graduate program. At the discretion of the graduate program, hours obtained at the undergraduate level may be used to satisfy the remainder of the requirement.

Standard V-E

Supervision of students must be provided by a clinical educator who holds ASHA certification in the appropriate profession and who, after earning the CCC-A or CCC-SLP, has completed (1) a minimum of 9 months of full-time clinical experience (or its part-time equivalent), and (2) a minimum of 2 hours of professional development in clinical instruction/supervision.

The amount of direct supervision must be commensurate with the student's knowledge, skills, and experience; must not be less than 25% of the student's total contact with each client/patient; and must take place periodically throughout the practicum. Supervision must be sufficient to ensure the welfare of the individual receiving services.

Implementation: Beginning January 1, 2020, clinical educators and clinicians who are involved in the preparation of student clinicians, and who provide guided observation and supervision of clinical practicum hours, must (a) hold the CCC-A or CCC-SLP and have completed a minimum of 9 months of full-time, post-certification (or its part-time equivalent) clinical experience, and (b) must complete 2 hours of professional development/continuing education in clinical instruction/supervision. The professional development/continuing education must be completed after being awarded ASHA certification and prior to the supervision of a student. Direct supervision must be in real time. A clinical educator must be available and on site to consult with a student who is providing clinical services to the clinical educator's client. Supervision of clinical practicum is intended to provide guidance and feedback and to facilitate the student's acquisition of essential clinical skills.

In the case of CS, asynchronous supervision must include debriefing activities that are commensurate with a minimum of 25% of the clock hours earned for each simulated individual receiving services.

Standard V-F

Supervised practicum must include experience with individuals across the life span and from culturally/linguistically diverse backgrounds. Practicum must include experience with individuals with various types and severities of communication and/or related disorders, differences, and disabilities.

Implementation: The applicant must demonstrate direct clinical experiences with individuals in both assessment and intervention across the lifespan from the range of disorders and differences named in Standard IV-C.

Standard VI: Assessment

The applicant must have passed the national examination adopted by ASHA for purposes of certification in speech-language pathology.

Implementation: Results of the Praxis® Examination in Speech-Language Pathology must be submitted directly to ASHA from the Educational Testing Service (ETS). The certification standards require that a passing exam score be earned no earlier than 5 years prior to the submission of the application and no later than 2 years following receipt of the application. If the exam is not successfully passed and reported within the 2-year application period, the applicant's certification file will be closed. If the exam is passed or reported at a later date, then the applicant will be required to reapply for certification under the standards in effect at that time.

Standard VII: Speech-Language Pathology Clinical Fellowship

The applicant must successfully complete a Speech-Language Pathology Clinical Fellowship (CF).

Implementation: The CF experience can be initiated only after completing all graduate credit hours, academic coursework, and clinical experiences required to meet the knowledge and skills delineated in Standards IV and V. The CF experience must be initiated within 24 months of the date on which the application for certification is received. Once the CF application process has been initiated, it must be completed within 48 months of the initiation date. Applicants completing multiple CFs experiences must complete the CF experiences related to the application within 48 months of the date on which the first CF was initiated. Applications will be closed if CF experiences are not completed within the 48-month timeframe or are not submitted to ASHA within 90 days after the 48-month deadline. If an application is closed, then the Clinical Fellow may reapply for certification and must meet the standards that are in effect at the time of re-application. CF experiences more than 5 years old at the time of application will not be accepted.

The CF must be completed under the mentorship of a clinician who has met the qualifications described in Standard VII-B before serving as the CF mentor. It is the Clinical Fellow's responsibility to identify a CF mentor who meets ASHA's certification standards. Should the mentoring SLP not meet the qualifications described in Standard VII-B before the start of the CF experience, the Clinical Fellow will be awarded credit only for that portion of time during which the mentoring SLP met all qualifications. Therefore, it is incumbent upon the Clinical Fellow to verify the mentoring SLP's status before and periodically throughout the CF experience. Family members or individuals who are related in any way to the Clinical Fellow may not serve as mentoring SLPs to that Clinical Fellow.

Standard VII-A: Clinical Fellowship Experience

The CF must consist of clinical service activities that foster the continued growth and integration of knowledge, skills, and tasks of clinical practice in speech-language pathology consistent with ASHA's current *Scope of Practice in Speech-Language Pathology*. The CF must consist of no less than 36 weeks of full-time professional experience or its part-time equivalent.

Implementation: At least 80% of the Clinical Fellow's major responsibilities during the CF experience must be in direct client/patient contact (e.g., assessment, diagnosis, evaluation, screening, treatment, clinical research activities, family/client consultations, recordkeeping, report writing, and/or counseling) related to the management process for individuals who exhibit communication and/or swallowing disabilities.

For CF experiences beginning before December 31, 2022: See the [COVID-19 guidance and accommodations](#).

For CF experiences beginning on or after January 1, 2023: When permitted by the employer and prevailing regulatory body/bodies and deemed appropriate for the client/patient/student and Clinical Fellow's skill level, up to 25% of the direct client/patient contact hours may be earned through telepractice.

Full-time professional experience is defined as 35 hours per week, culminating in a minimum of 1,260 hours. Part-time experience should be at least 5 hours per week; anything less than that will not meet the CF requirement and may not be counted toward completion of the experience. Similarly, work in excess of 35 hours per week cannot be used to shorten the CF to less than 36 weeks.

Standard VII-B: Clinical Fellowship Mentorship

The Clinical Fellow must receive ongoing mentoring and formal evaluations by the CF mentor. Mentorship must be provided by a clinician who holds the CCC-SLP and who, after earning the CCC-SLP, has completed (1) a minimum of 9 months of full-time clinical experience (or its part-time equivalent), and (2) a minimum of 2 hours of professional development/continuing education in clinical instruction/supervision.

Implementation: CF mentors for ASHA certification must complete 2 hours of professional development/continuing education in clinical instruction/supervision after being awarded the CCC-SLP and before mentoring the Clinical Fellow. The Clinical Fellow may not count any hours earned toward the CF experience until their mentor has met all supervisory requirements.

Direct observation must be in real time and may include both on-site and virtual (telesupervision) observations. A mentor must be available to consult with the Clinical Fellow who is providing clinical services. Direct observation of clinical practicum is intended to provide guidance and feedback and to facilitate the Clinical Fellow's independent use of essential clinical skills.

Mentoring must include on-site, in-person observations and other monitoring activities, which may be completed by correspondence, review of video and/or audio recordings, evaluation of written reports, telephone conferences with the Clinical Fellow, or evaluations by professional colleagues with whom the Clinical Fellow works. Mentoring may also include real-time telesupervision. The CF mentor and the Clinical Fellow must participate in regularly scheduled formal evaluations of the Clinical Fellow's progress during the CF experience. The Clinical Fellow must receive ongoing mentoring and formal evaluations by the CF mentor.

The amount of direct supervision provided by the CF mentor must be commensurate with the Clinical Fellow's knowledge, skills, and experience, and must not be less than the minimum required direct contact hours. Supervision must be sufficient to ensure the welfare of the individual(s) receiving services.

The mentoring SLP must engage in no fewer than 36 supervisory activities during the CF experience and must include 18 on-site observations of direct client contact at the Clinical Fellow's work site (1 hour = one (1) on-site observation; a maximum of six (6) on-site observations may be accrued in 1 day). At least six (6) on-site observations must be conducted during each third of the CF experience. Direct observations must consist of the Clinical Fellow engaging in screening, evaluation, assessment, and/or habilitation/rehabilitation activities. Mentoring must include on-site and in-person observations; however, the use of real-time, interactive video and audio-conferencing technology (telesupervision) may be permitted as a form of observation. At least three (3) observations per segment must be completed on site and in person with the Clinical Fellow and clients/patients (not through telesupervision).

Additionally, supervision must include 18 other monitoring activities. *Other monitoring activities* are defined as the evaluation of reports written by the Clinical Fellow, conferences between the CF mentor and the Clinical Fellow, discussions with professional colleagues of the Clinical Fellow, and so forth, and may be completed by correspondence, telephone, or review of video and/or audio tapes. At least six (6) other monitoring activities must be conducted during each third of the CF experience.

Standard VII-C: Clinical Fellowship Outcomes

The Clinical Fellow must demonstrate knowledge and skills consistent with the ability to practice independently.

Implementation: At the completion of the CF experience, the applicant must have acquired and demonstrated the ability to:

- integrate and apply theoretical knowledge;
- evaluate their strengths and identify their limitations;
- refine clinical skills within the *Scope of Practice in Speech-Language Pathology*; and
- apply the ASHA *Code of Ethics* to independent professional practice.

In addition, upon completion of the CF, the applicant must demonstrate the ability to perform clinical activities accurately, consistently, and independently and to seek guidance as necessary.

The CF mentor must document and verify a Clinical Fellow's clinical skills using the Clinical Fellowship Skills Inventory (CFSI) as soon as the Clinical Fellow successfully completes the CF experience. This report must be signed by both the Clinical Fellow and CF mentor.

Standard VIII: Maintenance of Certification

Certificate holders must demonstrate continued professional development for maintenance of the CCC-SLP.

Implementation: Clinicians who hold the CCC-SLP must accumulate and report 30 professional development hours (PDHs) [formerly certification maintenance hours (CMHs)], which is equivalent to 3.0 ASHA continuing education units (CEUs). The PDHs must include a minimum of 1 PDH (or 0.1 ASHA CEU) in ethics and 2 PDHs (or 0.2 ASHA CEUs) in cultural competency, cultural humility, culturally responsive practice, or DEI during every 3-year certification maintenance interval. The ethics requirement began with the 2020–2022 maintenance interval and the cultural competency, cultural humility, culturally responsive practice, or DEI requirement begins with the 2023–2025 certification maintenance interval.

Intervals are continuous and begin January 1 of the year following the initial awarding of certification or the reinstatement of certification. Random audits of compliance are conducted.

Accrual of PDHs, adherence to the ASHA Code of Ethics, submission of certification maintenance compliance documentation, and payment of annual membership dues and/or certification fees are required for maintenance of certification.

If maintenance of certification is not accomplished within the 3-year interval, then certification will expire. Those who wish to regain certification must submit a reinstatement application and meet the standards in effect at the time the reinstatement application is submitted.

Appendix D.

ASHA Code of Ethics

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

Preamble

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

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

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

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

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

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

The fundamentals of ethical conduct are described by Principles of Ethics and by Rules of Ethics. The four Principles of Ethics form the underlying philosophical basis for the Code of Ethics and are reflected in the following areas: (I) responsibility to persons served professionally and to research participants; (II) responsibility for one’s professional competence; (III) responsibility to the public; and (IV) responsibility for

professional relationships. Individuals shall honor and abide by these Principles as affirmative obligations under all conditions of applicable professional activity. Rules of Ethics are specific statements of minimally acceptable as well as unacceptable professional conduct.

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

Principle of Ethics I

Individuals shall honor their responsibility to hold paramount the welfare of persons they serve professionally or who are participants in research and scholarly activities.

Rules of Ethics

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

profession only if those students are adequately prepared and are appropriately supervised. The responsibility for the welfare of those being served remains with the certified audiologist or speech-language pathologist.

- H. Individuals shall obtain informed consent from the persons they serve about the nature and possible risks and effects of services provided, technology employed, and products dispensed. This obligation also includes informing persons served about possible effects of not engaging in treatment or not following clinical recommendations. If diminished decision-making ability of persons served is suspected, individuals should seek appropriate authorization for services, such as authorization from a legally authorized/appointed representative.
- I. Individuals shall enroll and include persons as participants in research or teaching demonstrations/simulations only if participation is voluntary, without coercion, and with informed consent.
- J. Individuals shall accurately represent the intended purpose of a service, product, or research endeavor and shall abide by established guidelines for clinical practice and the responsible conduct of research, including humane treatment of animals involved in research.
- K. Individuals who hold the Certificate of Clinical Competence shall evaluate the effectiveness of services provided, technology employed, and products dispensed, and they shall provide services or dispense products only when benefit can reasonably be expected.
- L. Individuals who hold the Certificate of Clinical Competence shall use independent and evidence-based clinical judgment, keeping paramount the best interests of those being served.
- M. Individuals may make a reasonable statement of prognosis, but they shall not guarantee—directly or by implication—the results of any treatment or procedure.
- N. Individuals who hold the Certificate of Clinical Competence may provide services via telepractice consistent with professional standards and state and federal regulations, but they shall not provide clinical services solely by written communication.
- O. Individuals shall protect the confidentiality and security of records of professional services provided, research and scholarly activities conducted, and products dispensed. Access to these records shall be allowed only when doing so is legally authorized or required by law.
- P. Individuals shall protect the confidentiality of information about persons served professionally or participants involved in research and scholarly activities. Disclosure of confidential information shall be allowed only when doing so is legally authorized or required by law.
- Q. Individuals shall maintain timely records; shall accurately record and bill for services provided and products dispensed; and shall not misrepresent services provided, products dispensed, or research and scholarly activities conducted.

- R. Individuals shall not allow personal hardships, psychosocial distress, substance use/misuse, or physical or mental health conditions to interfere with their duty to provide professional services with reasonable skill and safety. Individuals whose professional practice is adversely affected by any of the above-listed factors should seek professional assistance regarding whether their professional responsibilities should be limited or suspended.
- S. Individuals who have knowledge that a colleague is unable to provide professional services with reasonable skill and safety shall report this information to the appropriate authority, internally if such a mechanism exists and, when appropriate, externally to the applicable professional licensing authority or board, other professional regulatory body, or professional association.
- T. Individuals shall give reasonable notice to ensure continuity of care and shall provide information about alternatives for care in the event that they can no longer provide professional services.

Principle of Ethics II

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

Rules of Ethics

- A. Individuals who hold the Certificate of Clinical Competence shall engage in only those aspects of the professions that are within the scope of their professional practice and competence, considering their certification status, education, training, and experience.
- B. ASHA members who do not hold the Certificate of Clinical Competence may not engage in the provision of clinical services; however, individuals who are in the certification application process may provide clinical services consistent with current local and state laws and regulations and with ASHA certification requirements.
- C. Individuals shall enhance and refine their professional competence and expertise through engagement in lifelong learning applicable to their professional activities and skills.
- D. Individuals who engage in research shall comply with all institutional, state, and federal regulations that address any aspects of research.
- E. Individuals in administrative or supervisory roles shall not require or permit their professional staff to provide services or conduct research activities that exceed the staff member's certification status, competence, education, training, and experience.
- F. Individuals in administrative or supervisory roles shall not require or permit their professional staff to provide services or conduct clinical activities that compromise the staff member's independent and objective professional judgment.

- G. Individuals shall use technology and instrumentation consistent with accepted professional guidelines in their areas of practice. When such technology is warranted but not available, an appropriate referral should be made.
- H. Individuals shall ensure that all technology and instrumentation used to provide services or to conduct research and scholarly activities are in proper working order and are properly calibrated.

Principle of Ethics III

In their professional role, individuals shall act with honesty and integrity when engaging with the public and shall provide accurate information involving any aspect of the professions.

Rules of Ethics

- A. Individuals shall not misrepresent their credentials, competence, education, training, experience, or scholarly contributions.
- B. Individuals shall avoid engaging in conflicts of interest whereby a personal, professional, financial, or other interest or relationship could influence their objectivity, competence, or effectiveness in performing professional responsibilities. If such conflicts of interest cannot be avoided, proper disclosure and management is required.
- C. Individuals shall not misrepresent diagnostic information, services provided, results of services provided, products dispensed, effects of products dispensed, or research and scholarly activities.
- D. Individuals shall not defraud, scheme to defraud, or engage in any illegal or negligent conduct related to obtaining payment or reimbursement for services, products, research, or grants.
- E. Individuals' statements to the public shall provide accurate information regarding the professions, professional services and products, and research and scholarly activities.
- F. Individuals' statements to the public shall adhere to prevailing professional standards and shall not contain misrepresentations when advertising, announcing, or promoting their professional services, products, or research.
- G. Individuals shall not knowingly make false financial or nonfinancial statements and shall complete all materials honestly and without omission.

Principle of Ethics IV

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

Rules of Ethics

- A. Individuals shall work collaboratively with members of their own profession and/or members of other professions, when appropriate, to deliver the highest quality of care.
- B. Individuals shall exercise independent professional judgment in recommending and providing professional services when an administrative directive, referral source, or prescription prevents them from keeping the welfare of persons served paramount.
- C. Individuals' statements to colleagues about professional services, products, or research results shall adhere to prevailing professional standards and shall contain no misrepresentations.
- D. Individuals shall not engage in any form of conduct that adversely reflects on the professions or on the individual's fitness to serve persons professionally.
- E. Individuals shall not engage in dishonesty, negligence, deceit, or misrepresentation.
- F. Individuals who mentor Clinical Fellows, act as a preceptor to audiology externs, or supervise undergraduate or graduate students, assistants, or other staff shall provide appropriate supervision and shall comply—fully and in a timely manner—with all ASHA certification and supervisory requirements.
- G. Applicants for certification or membership, and individuals making disclosures, shall not make false statements and shall complete all application and disclosure materials honestly and without omission.
- H. Individuals shall not engage in any form of harassment or power abuse.
- I. Individuals shall not engage in sexual activities with persons over whom they exercise professional authority or power, including persons receiving services, other than those with whom an ongoing consensual relationship existed prior to the date on which the professional relationship began.
- J. Individuals shall not knowingly allow anyone under their supervision to engage in any practice that violates the Code of Ethics.
- K. Individuals shall assign credit only to those who have contributed to a publication, presentation, process, or product. Credit shall be assigned in proportion to the contribution and only with the contributor's consent.
- L. Individuals shall reference the source when using other persons' ideas, research, presentations, results, or products in written, oral, or any other media presentation or summary. To do otherwise constitutes plagiarism.
- M. Individuals shall not discriminate in their relationships with colleagues, members of other professions, or individuals under their supervision on the basis of age; citizenship; disability; ethnicity; gender; gender expression; gender identity; genetic information; national origin, including culture, language, dialect, and

accent; race; religion; sex; sexual orientation; socioeconomic status; or veteran status.

- N. Individuals with evidence that the Code of Ethics may have been violated have the responsibility to either work collaboratively to resolve the situation where possible or to inform the Board of Ethics through its established procedures.
- O. Individuals shall report members of other professions who they know have violated standards of care to the appropriate professional licensing authority or board, other professional regulatory body, or professional association when such violation compromises the welfare of persons served and/or research participants.
- P. Individuals shall not file or encourage others to file complaints that disregard or ignore facts that would disprove the allegation; the Code of Ethics shall not be used for personal reprisal, as a means of addressing personal animosity, or as a vehicle for retaliation.
- Q. Individuals making and responding to complaints shall comply fully with the policies of the Board of Ethics in its consideration, adjudication, and resolution of complaints of alleged violations of the Code of Ethics.
- R. Individuals involved in ethics complaints shall not knowingly make false statements of fact or withhold relevant facts necessary to fairly adjudicate the complaints.
- S. Individuals shall comply with local, state, and federal laws and regulations applicable to professional practice and to the responsible conduct of research.
- T. Individuals who have been convicted of, been found guilty of, or entered a plea of guilty or nolo contendere to (1) any misdemeanor involving dishonesty, physical harm—or the threat of physical harm—to the person or property of another or (2) any felony shall self-report by notifying the ASHA Ethics Office in writing within 60 days of the conviction, plea, or finding of guilt. Individuals shall also provide a copy of the conviction, plea, or nolo contendere record with their self-report notification, and any other court documents as reasonably requested by the ASHA Ethics Office.
- U. Individuals who have (1) been publicly disciplined or denied a license or a professional credential by any professional association, professional licensing authority or board, or other professional regulatory body; or (2) voluntarily relinquished or surrendered their license, certification, or registration with any such body while under investigation for alleged unprofessional or improper conduct shall self-report by notifying the ASHA Ethics Office in writing within 60 days of the final action or disposition. Individuals shall also provide a copy of the final action, sanction, or disposition—with their self-report notification—to the ASHA Ethics Office.

Terminology

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

ASHA Ethics Office

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

advertising

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

diminished decision-making ability

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

individuals

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

informed consent

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

may vs. shall

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

misrepresentation

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

negligence

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

nolo contendere

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

plagiarism

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

publicly disciplined

A formal disciplinary action of public record.

reasonable or reasonably

Being supported or justified by fact or circumstance and being in accordance with reason, fairness, duty, or prudence.

self-report

A professional obligation of self-disclosure that requires (a) notifying the ASHA Ethics Office in writing and (b) sending a copy of the required documentation to the ASHA Ethics Office (see definition of “written” below).

shall vs. may

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

telepractice

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

written

Encompasses both electronic and hard-copy writings or communications.

Appendix E:

Supervision Requirements for Clinical Educators and Clinical Fellowship Mentors

<https://www.asha.org/certification/supervision-requirements/>

Under the 2020 audiology and speech-language pathology certification standards, requirements are in effect for ASHA-certified individuals who supervise students and/or act as CF mentors. If you plan to supervise students for purposes of ASHA certification, please be sure that you first meet the supervision requirements listed below for the 2020 certification standards applicable to you.

Speech-Language Pathology (2020 Standard V-E)

Before serving as a supervisor or CF mentor for purposes of ASHA certification, individuals must

- hold ASHA certification (CCC-A or CCC-SLP),
- have completed a minimum of nine months of practice experience post-certification, and
- have earned at least two hours of professional development post-certification (one-time requirement) in the area of supervision and/or clinical instruction.

How to Check Your Status

Have you met the new supervision requirements? Check your status by looking up yourself on the [certification verification page](#).

If your status shows that you **have met** the requirements, the page will say that you “have met the 2020 ASHA certification standards for providing clinical instruction and supervision to individuals preparing for ASHA certification” and you’re all set!

If your status shows that you **have not met** the requirements

- but you have taken the professional development courses, login to your ASHA account and select the link “2020 Requirements for Clinical Instructors,” then select “edit” to self-attest that you have met this one-time requirement.
- and you need to take supervision courses, review the [acceptable course content](#) and complete two hours of professional development before you login to your ASHA account, select the link “2020 Requirements for Clinical Instructors,” and then “edit” to self-attest that you have met this one-time requirement.

Questions?

Contact the Certification Unit at certification@asha.org.

Appendix F.

Clinical Supervision in Speech-Language Pathology

American Speech-Language-Hearing Association. (2008). *Clinical supervision in speech-language pathology* [Position Statement]. Available from www.asha.org/policy.
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ASHA Position Statement

Ad Hoc Committee on Supervision in Speech-Language Pathology

About this Document

This position statement is an official policy of the American Speech-Language-Hearing Association. It was developed by the Ad Hoc Committee on Supervision in Speech-Language Pathology. Members of the committee were Lisa O'Connor (chair), Christine Baron, Thalia Coleman, Barbara Conrad, Wren Newman, Kathy Panther, and Janet E. Brown (ex officio). Brian B. Shulman, vice president for professional practices in speech-language pathology (2006–2008), served as the monitoring officer. This document was approved by the Board of Directors on March 12, 2008.

Position Statement

The position statement *Clinical Supervision in Speech-Language Pathology and Audiology* was approved in 1985. This new position statement updates that document with respect to the profession of speech-language pathology. Although the principles of supervision are common to both professions, this position statement addresses only speech-language pathology because of differences in pre-service education and practice between the two professions.

It is the position of the American Speech-Language-Hearing Association that clinical supervision (also called clinical teaching or clinical education) is a distinct area of practice in speech-language pathology and that it is an essential component in the education of students and the continual professional growth of speech-language pathologists. The supervisory process consists of a variety of activities and behaviors specific to the needs, competencies, and expectations of the supervisor and supervisee, and the requirements of the practice setting. The highly complex nature of supervision makes it critically important that supervisors obtain education in the supervisory process. Engaging in ongoing self-analysis and self-evaluation to facilitate the continuous development of supervisory skills and behaviors is fundamental to this process. Effective supervision facilitates the development of clinical competence in supervisees at all levels of practice, from students to certified clinicians. Clinical supervision is a collaborative process with shared responsibility for many of the activities involved in the supervisory experience. The supervisory relationship should be based on a foundation of mutual respect and effective interpersonal communication. Clinical supervisors have an obligation to fulfill the legal requirements and ethical responsibilities associated with state, national, and professional standards for supervision.

Appendix G.

Frequently Asked Questions about Student Supervision

For individuals that seek the Certificate of Clinical Competence (CCC) in Speech-Language Pathology, the certification standards provide guidance on:

- Qualifications for service as a supervisor to allow student clinicians to count clinical hours towards their CCC applications
- Basics about observation and practicum hours required for the CCC by the student
- Guidelines for critical aspects of supervision

Are there requirements to supervise student clinicians?

Yes. Supervisors should have established competency in any area of practice in which the supervisor or student may engage (e.g., supervisors without experience and competency working with pediatric populations should not supervise a student who is working with a child). The Issues in Ethics Statement on Supervision of Student Clinicians includes further discussion of this issue.

To meet ASHA's Standards for the Certificate of Clinical Competence (CCC), student clinicians must be supervised by an individual who holds the CCC in the appropriate area of practice (see Standard IV-E of speech-language pathology standards). University programs also may require the supervisor to hold the necessary state credential to practice in their setting, i.e. license and/or teacher certification.

Is there a requirement about the number of years one needs to be ASHA-certified before supervising a graduate student?

No. However, the supervisor should have acquired sufficient knowledge and experience to mentor a student and provide appropriate clinical education. Obtaining knowledge and skills related to principles of student assessment and pedagogy of clinical education is encouraged

Is there special "training" you need?

As with any area of practice, SLPs who are clinical educators should have established competency in supervision. There are a number of ways one can establish and maintain competency in this area. ASHA's position statement on clinical supervision outlines the competencies needed and training options.

How do I find an academic program that will send me student clinicians to supervise?

A list of graduate programs in speech-language pathology is available on ASHA's Web site. You can speak with the department chair, graduate program director, or clinic director for further information.

How much of the practicum has to be directly supervised?

According to Standard IV-E of the SLP Certification Handbook:

"Direct supervision must be in real time and must never be less than 25% of the student's total contact with each client/patient and must take place periodically throughout the practicum.

These are minimum requirements that should be adjusted upward if the student's level of knowledge, experience, and competence warrants."

The implementation language further states that "The amount of supervision must be appropriate to the student's level of knowledge, experience, and competence. Supervision must be sufficient to ensure the welfare of the client/patient."

Also see the ASHA document, Quality Indicators for Professional Service Programs in Audiology and Speech-Language Pathology, which includes information about supervision.

In addition, facilities, payers, and other regulatory agencies may have requirements regarding supervising student clinicians that may impact the amount of supervision provided.

Can I supervise more than one student at a time?

Yes. Supervisors often find that they are called upon to supervise more than one student at a time. There is no language within the standards that specifies the number of students that can be supervised by one person.

Do I have to be on-site when the student is on-site? Is it okay to have other SLPs on-site?

As noted in the question above, the amount of direct supervision provided must be appropriate to the student's needs and ensure the welfare of the client. If the primary supervisor cannot be on site, another clinician may supervise the student, if needed. It is important to note that all persons who take on supervisory responsibilities must hold the appropriate CCC in the professional area in which the clinical hours are being obtained in order for the graduate student clinician to apply those supervised clinical hours towards their own CCC application.

To learn more about payer requirements for reimbursement of services

provided by student clinicians and how this may influence the issue of on-site supervision in health care settings, see the first question in the Health care section below.

Am I liable for the treatment provided by the student under my supervision?

As a supervisor, you are responsible for any actions taken by the student while under your supervision. You should ensure that the amount of supervision provided is appropriate to the needs of the client/patient and for the graduate student's experience and skill.

Do I have to co-sign all notes, such as treatment plans and IEPs, written by the student? Can anyone else sign the student's notes?

The supervisor of record for the case would be expected to sign all treatment documentation, in accordance with the facility's policies.

How many minutes are in a clinical practicum hour?

The Council for Clinical Certification defines one (1) clinical practicum hour as equal to 60 minutes. When counting clinical practicum hours for purposes of ASHA certification, experiences/sessions that total less than 60 minutes (e.g., 45 minutes or 50 minutes) cannot be rounded up to count as 1 hour.

HEALTH CARE SETTINGS

Can I bill for services provided by a graduate student clinician?

In the ASHA Issues in Ethics statement, Ethical Issues Related to Clinical Services Provided by Audiology and Speech-Language Students (2013), it states that "the ASHA Code of Ethics [2010] recognizes the professional acceptability of appropriately supervised clinical practice by students; hence, there is no basis for suggesting or requiring that fees charged for services delivered by students differ in any way from the fees typically charged for services provided by certified audiologists or speech-language pathologists." Therefore, billing for such services is allowable, provided those services meet or exceed professional standards of supervision.

Payers differ in their regulations regarding paying for services provided by student clinicians. Medicare coverage of student clinicians differs depending on setting and whether the person is a Part A or Part B beneficiary. To find out the requirements for private payers, it is best to contact them directly as each will differ and may or may not follow Medicare's regulations.

Do I need to supervise the student more for swallowing cases than other disorders?

Supervision requirements do not differ based on disorder or patient population. The amount of supervision provided should meet or exceed minimum requirements and should be based on the individual needs of the student and the welfare of the client/patient being treated. Many student clinicians will come to the facility with minimal experience in swallowing, simply because swallowing disorders are not commonly seen in the university clinic setting. These student clinicians may require additional supervision to develop competencies in this area.

Are criminal background checks required for student clinicians?

The need to conduct a criminal background check depends on state law and the facility's policy. Part of this decision is whether or not the state law specifies student clinicians as a category of personnel who are required to have a background check. The Joint Commission on Accreditation of Health Care Organizations expects background checks to be done in accordance with such laws.

Under HIPAA, can I share personal health information with a student or do I need to get authorization from the patient or family?

HIPAA regulations were designed so as not to impede the provision of normal health care operations. "Health care operations," as defined in regulation, includes "conducting training programs in which students, trainees, or practitioners in areas of health care learn under supervision to practice or improve their skills as health care providers." (retrieved from <http://www.hhs.gov/hipaafaq/limited/209/> on June 18, 2007).

Student clinicians will need to learn about HIPAA regulations and should be introduced to the facility's HIPAA policies and procedures. Facilities may require that student clinicians receive HIPAA training as part of their orientation. Student clinicians are expected to abide by the privacy rule regulations just as any employee in the facility.

Do I need to have the patient or family sign a consent form to allow the student to work with them?

Most health care facilities that allow for student trainees include a statement in their consent forms that services may be provided by a student clinician under the supervision of a qualified professional. The inclusion and wording of such statements will be influenced by relevant state laws and facility policies. The ASHA Code of Ethics stipulates that "individuals shall not misrepresent their credentials, competence, education, training, experience, or scholarly or research contributions (Principle of Ethics III, Rule A [2010])." Student clinicians and supervisors should identify themselves appropriately to patients

and families at all times. See the Issues in Ethics statement, Ethical Issues Related to Clinical Services Provided by Audiology and Speech-Language Students (2013), for more information.

How do I convince my administration to allow me to supervise student clinicians? What are the cost benefits of supervising student clinicians?

ASHA developed Frequently Asked Questions on What Administrators Need to Know [PDF] that can be used to frame discussions with health care administrators about supervising student clinicians.

The main issues have to do with personnel shortages and staff development. If a student is exposed to speech-language pathology services in hospitals, clinics, nursing homes, home care, or private practice, they may become part of the pool of appropriately-trained, qualified professionals from which facilities can recruit when they have open positions. In 2007, ASHA conducted a focus group with SLPs on the topic of externship supervision. Participants generally agreed that externships influenced a student's thinking about job choice and that graduate education programs can be used as a recruiting tool.

Supervising student clinicians also benefits the supervising SLP in a number of ways, including:

- Keeping up with current information in the field
- Sharpening clinical skills by teaching others
- Stronger relationships with university programs
- A sense of "giving back" to the profession

In speech-language pathology, as in any field, it is as important to keep good employees as it is to find new ones. While there may be some impact on the SLP's productivity and the facility's bottom line for speech services when the SLP supervises a graduate student clinician, it is unlikely that the impact will cost as much as recruiting and hiring new staff. Estimates on the cost of personnel turnover run as high as 1/3 of a new hire's annual salary to replace an employee (U.S. Department of Labor, retrieved June 18, 2007). Happy employees tend to stay with an employer. Giving SLPs the opportunity to grow professionally and personally by supervising a student clinician is one way of improving morale and ultimately retaining that SLP.

SCHOOL SETTINGS

Can I bill Medicaid for services provided by a graduate student?

In the ASHA Issues in Ethics statement, Ethical Issues Related to Clinical Services Provided by Audiology and Speech-Language Students (2013), it

states that "the ASHA Code of Ethics [2010] recognizes the professional acceptability of appropriately supervised clinical practice by students; hence, there is no basis for suggesting or requiring that fees charged for services delivered by students differ in any way from the fees typically charged for services provided by certified audiologists or speech-language pathologists." Therefore, billing for such services is allowable, provided those services meet or exceed professional standards of supervision.

Do I need to supervise the student more for swallowing cases than other disorders?

Supervision requirements do not differ based on disorder or patient population. The amount of supervision provided should meet or exceed minimum requirements and should be based on the individual needs of the student and the welfare of the client/patient being treated. Many student clinicians will come to the facility with minimal experience in swallowing, simply because swallowing disorders are not commonly seen in the university clinic setting. These student clinicians may require additional supervision to develop competencies in this area.

Are criminal background checks required for student clinicians?

The need to conduct a criminal background check depends on state law and organization policy. Part of this decision is whether or not the state law specifies student clinicians as a category of personnel who are required to have a background check. Check with your administrator or contact the State Education agency.

Under The Family Rights and Education Privacy Act (FERPA), can I share student health and education records with a graduate student being supervised by me or do I need to get authorization from the family?

A graduate student being supervised by you may generally be considered a "school official" with a "legitimate educational interest" and, as such, may be provided access to students' education records under FERPA. FERPA requires that schools specify the criteria for determining which parties are school official and what the school considers to be a legitimate educational interest.

However, graduate students should be made aware of their responsibilities under FERPA not to disclose personally identifiable information from education records, unless authorized to do so, either with parental consent or under one of the conditions in FERPA permitting disclosure without consent.

Appendix H.

Clinical Self- Reflection Tool

What Happened?	The goals/objectives were:
Positive Feedback	Questions for Discussion

Graduate Student: _____ Supervisor: _____

Date of Observation: _____ Date of Conference: _____

Semester/Year: _____ Location: _____

Appendix I.

Student Self-Reflection of Evaluation Session

Rate your own performance on the following scale: 5=strongly agree; 4=agree; 3=neither agree nor disagree; 2=disagree; 1=strongly disagree; NA=not applicable	1	2	3	4	5	NA
1. I am well prepared.						
2. My clients have made positive changes.						
3. I am willing to accept suggestions and constructive criticism.						
4. I can formulate appropriate long-term behavioral objectives and goals for my clients.						
5. I can formulate appropriate daily lesson plans.						
6. I can effectively execute lesson plans.						
7. I can relate effectively to other professionals.						
8. I can put forth initiative and effort.						
9. I have a positive attitude towards my clients and therapy in general.						
10. I am flexible and can adapt my therapy and materials to meet the needs of my clients.						
11. I can appropriately use therapy materials.						
12. My language usage is appropriate for the level of my clients.						
13. My nonverbal behavior matches my verbal behavior.						
14. I am in control of therapy situations even when inappropriate behaviors of my clients occur.						
15. I use appropriate reinforcements for my clients.						
16. I am able to observe client behaviors effectively.						
17. I can record client behaviors effectively.						
18. I can record clinical data accurately.						
19. I am punctual for therapy sessions.						
20. I keep all of my lesson plans, evaluations, and logs up to date.						
21. My written language on lesson plans, reports and evaluations is appropriate and in keeping with the language used in my profession.						
22. My reports are turned in on time.						

I judge the extent of my contribution and quality of my work to be _____.

As applicable, I judge the extent of contribution and quality of my co-clinician's work as follows _____.

Name: _____ **Client's Initials:** _____

Constructive Comments:

Appendix J.

Student Self-Reflection of Treatment Session

Rate your own performance on the following scale: 5=strongly agree; 4=agree; 3=neither agree nor disagree; 2=disagree; 1=strongly disagree; NA=not applicable	1	2	3	4	5	NA
1. I am well prepared.						
2. I am willing to accept suggestions and constructive criticism.						
3. I can relate effectively to other professionals.						
4. I put forth initiative and effort.						
5. I have a positive attitude toward my clients.						
6. I am flexible and can adapt my materials to meet the needs of each client.						
7. My language usage is appropriate for the level of my clients.						
8. My nonverbal behavior matches my verbal behavior.						
9. I am in control of diagnostic situations even when inappropriate behaviors of my clients occur.						
10. I am able to observe client behaviors effectively.						
11. I can record client behaviors effectively.						
12. I can record clinical data accurately.						
13. I am punctual for diagnostic appointments.						
14. I keep all of my logs up to date.						
15. My written language on therapy plans, reports and evaluations is appropriate and in keeping with the language used in my performance.						
16. My reports are turned in on time.						

I judge the extent of my contribution and quality of my work to be _____.

As applicable, I judge the extent of contribution and quality of my co-clinician's work as follows _____.

Name: _____ **Client's Initials:** _____

Constructive Comments:

Appendix K.

**AUM Speech and Hearing Clinic
CLINICAL SESSION EVALUATION FORM**

Client: _____ Clinician: _____

Date: _____ Time: _____ Supervisor: _____

KEY: 4 – excellent 3 – above average 2 – acceptable
 1 – needs improvement 0 – not acceptable N/A – not applicable
 N/O – not observed

I. Lesson Plans/Objectives

- A. Appropriate to needs of client
- B. Based on previous progress
- C. Expectations presented clearly and behaviorally

4	3	2	1	0	N/A	N/O

II. Materials

- A. Evidence of thorough preparation
- B. Appropriate to objectives
- C. Development of original materials
- D. Ability to readily manipulate materials

4	3	2	1	0	N/A	N/O

III. Therapy Strategies

- A. Approach based on comprehension of theory
- B. Target behaviors modeled accurately
- C. Techniques/materials appropriate for client's age level and disorder
- D. Encouragement of self-evaluation by client
- E. Appropriate type and schedule of reinforcement
- F. Appropriate home assignments given with written instruction/demonstration

4	3	2	1	0	N/A	N/O

IV. Session Implementation

- A. Professional appearance
- B. Ease in therapy situation
- C. Appropriate interpersonal skills (establishing rapport, client motivation, use of positive verbal reinforcement)
- D. Communication style adapted to needs of client (vocabulary, language level, nonverbal, communication)
- E. Clear instructions given for each target behavior
- F. Target-specific feedback provided consistently
- G. Provision for flexibility
- H. Client behavior managed appropriately and consistently
- I. Time managed effectively

4	3	2	1	0	N/A	N/O

V. Data Collection

- A. Adequate number of responses obtained
- B. Ability to judge responses accurately
- C. Consistent, accurate data collection

4	3	2	1	0	N/A	N/O

Appendix L.

CALIPSCO
Knowledge and Skills Acquisition (KASA) Summary Form
2020 CFCC Standards (SLP)

Standards	Knowledge/Skill Met? (check)	Course # and Title	Practicum Experiences # and Title	Other (e.g. labs, research) (include descriptions of activity)
Standard IV-A. The applicant must have demonstrated knowledge of:				
• Biological Sciences (human or animal sciences)				
• Physical Sciences (physics or chemistry)				
• Statistics (stand-alone course)				
Social/behavioral Sciences (psychology, sociology, anthropology, or public health)				
Standard IV-B. The applicant must demonstrate knowledge of basic human communication and swallowing processes, including their biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases. The applicant must have demonstrated the ability to integrate information pertaining to normal and abnormal human development across the life span.				
• Basic Human Communication Processes				
• Biological				
• Neurological				
• Acoustic				
• Psychological				
• Developmental/Lifespan				
• Linguistic				
• Cultural				

• Swallowing Processes				
• Biological				
• Neurological				
• Psychological				
• Developmental/Lifespan				
• Cultural				
Standard IV-C. The applicant must have <u>demonstrated knowledge</u> of communication and swallowing disorders and differences, including the appropriate etiologies, characteristics, and anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates in the following areas:				
Speech Sound Production, to encompass articulation, motor planning and execution, phonology, and accent modification				
• Etiologies				
• Characteristics				
• Fluency and fluency disorders				
• Etiologies				
• Characteristics				
Voice and resonance, including respiration and phonation				
• Etiologies				
• Characteristics				
Receptive and expressive language to include phonology, morphology, syntax, semantics, pragmatics (language use and social aspects of communication), prelinguistic communication, and paralinguistic communication (e.g., gestures, signs, body language), and literacy in speaking, listening, reading, and writing				
• Etiologies				

• Characteristics				
• Hearing, including the impact on speech and language				
• Etiologies				
• Characteristics				
• Swallowing/Feeding, including (a) structure and function of orofacial myology and (b) oral, pharyngeal, laryngeal, pulmonary, esophageal, gastrointestinal, and related functions across the lifespan				
• Etiologies				
• Characteristics				
• Cognitive aspects of communication, including attention, memory, sequencing, problem solving, executive functioning				
• Etiologies				
• Characteristics				
• Social aspects of communication, including challenging behavior, ineffective social skills, and lack of communication opportunities				
• Etiologies				
• Characteristics				
• Augmentative and alternative communication modalities				
• Characteristics				
Standard IV-D: The applicant must have demonstrated current knowledge of the principles and methods of prevention, assessment, and intervention for persons with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates of the disorders.				

• Speech Sound Production, to encompass articulation, motor planning and execution, phonology, and accent modification				
• Prevention				
• Assessment				
• Intervention				
• Fluency and Fluency Disorders				
• Prevention				
• Assessment				
• Intervention				
Voice and resonance, including respiration and phonation				
• Prevention				
• Assessment				
• Intervention				
• Receptive and expressive language to include phonology, morphology, syntax, semantics, pragmatics (language use and social aspects of communication), prelinguistic communication, and paralinguistic communication (e.g., gestures, signs, body language), and literacy in speaking, listening, reading, and writing				
• Prevention				
• Assessment				
• Intervention				
• Hearing, including the impact on speech and language				
• Prevention				
• Assessment				
• Intervention				

• Swallowing/Feeding, including (a) structure and function of orofacial myology and (b) oral, pharyngeal, laryngeal, pulmonary, esophageal, gastrointestinal, and related functions across the lifespan				
• Prevention				
• Assessment				
• Intervention				
• Cognitive aspects of communication, including attention, memory, sequencing, problem solving, executive functioning				
• Prevention				
• Assessment				
• Intervention				
• Social aspects of communication, including challenging behavior, ineffective social skills, and lack of communication opportunities				
• Prevention				
• Assessment				
• Intervention				
• Augmentative and alternative communication modalities				
• Assessment				
• Intervention				
Standard IV-E: The applicant must have demonstrated knowledge of standards of ethical conduct.				
Standard IV-F: The applicant must have demonstrated knowledge of processes used in research and of the integration of research principles into evidence-based clinical practice.				
Standard IV-G: The applicant must have demonstrated knowledge of contemporary professional issues.				

Standard IV-H: The applicant must have demonstrated knowledge of entry level and advanced certifications, licensure, and other relevant professional credentials, as well as local, state, and national regulations and policies relevant to professional practice.				
Standard V-A: The applicant must have demonstrated skills in oral and written or other forms of communication sufficient for entry into professional practice (including Speech and Language skills in English, consistent with ASHA's position statement on students and professionals who speak English with accents and nonstandard dialects).				
Standard V-B: The applicant must have completed a program of study that included supervised clinical experiences sufficient in breadth and depth to achieve the following skills outcomes. (These skills may be developed and demonstrated through direct clinical experiences, academic coursework, labs, simulations, and examinations, as well as through the completion of independent projects.)				
1. Evaluation (must include all skill outcomes listed in a- g below for each of the 9 major areas except that prevention does not apply to communication modalities)				
• Speech Sound Production, to encompass articulation, motor planning and execution, phonology, and accent modification				
Std. V-B 1a. Conduct screening and prevention procedures, including prevention activities				
Std. V-B 1b. Collect case history information and integrate information from clients/patients, family, caregivers, teachers, relevant others, and other professionals				
Std. V-B 1c. Select and administer appropriate evaluation procedures, such as behavioral observations nonstandardized and standardized tests, and instrumental procedures				
Std. V-B 1d. Adapt evaluation procedures to meet the needs of individuals receiving services				
Std. V-B 1e. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention				
Std. V-B 1f. Complete administrative and reporting functions necessary to support evaluation				

Std. V-B 1g. Refer clients/patients for appropriate services				
• Fluency and Fluency Disorders				
Std. V-B 1a. Conduct screening and prevention procedures, including prevention activities				
Std. V-B 1b. Collect case history information and integrate information from clients/patients, family, caregivers, teachers, relevant others, and other professionals				
Std. V-B 1c. Select and administer appropriate evaluation procedures, such as behavioral observations nonstandardized and standardized tests, and instrumental procedures				
Std. V-B 1d. Adapt evaluation procedures to meet the needs of individuals receiving services				
Std. V-B 1e. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention				
Std. V-B 1f. Complete administrative and reporting functions necessary to support evaluation				
Std. V-B 1g. Refer clients/patients for appropriate services				
• Voice and resonance, including respiration and phonation				
Std. V-B 1a. Conduct screening and prevention procedures, including prevention activities				
Std. V-B 1b. Collect case history information and integrate information from clients/patients, family, caregivers, teachers, relevant others, and other professionals				
Std. V-B 1c. Select and administer appropriate evaluation procedures, such as behavioral observations nonstandardized and standardized tests, and instrumental procedures				
Std. V-B 1d. Adapt evaluation procedures to meet the needs of individuals receiving services				
Std. V-B 1e. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention				

Std. V-B 1f. Complete administrative and reporting functions necessary to support evaluation				
Std. V-B 1g. Refer clients/patients for appropriate services				
• Receptive and expressive language to include phonology, morphology, syntax, semantics, pragmatics (language use and social aspects of communication), prelinguistic communication, and paralinguistic communication (e.g., gestures, signs, body language), and literacy in speaking, listening, reading, and writing				
Std. V-B 1a. Conduct screening and prevention procedures, including prevention activities				
Std. V-B 1b. Collect case history information and integrate information from clients/patients, family, caregivers, teachers, relevant others, and other professionals				
Std. V-B 1c. Select and administer appropriate evaluation procedures, such as behavioral observations nonstandardized and standardized tests, and instrumental procedures				
Std. V-B 1d. Adapt evaluation procedures to meet the needs of individuals receiving services				
Std. V-B 1e. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention				
Std. V-B 1f. Complete administrative and reporting functions necessary to support evaluation				
Std. V-B 1g. Refer clients/patients for appropriate services				
• Hearing, including the impact on speech and language				
Std. V-B 1a. Conduct screening and prevention procedures, including prevention activities				
Std. V-B 1b. Collect case history information and integrate information from clients/patients, family, caregivers, teachers, relevant others, and other professionals				
Std. V-B 1c. Select and administer appropriate evaluation procedures, such as behavioral observations nonstandardized and standardized tests, and instrumental procedures				

Std. V-B 1d. Adapt evaluation procedures to meet the needs of individuals receiving services				
Std. V-B 1e. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention				
Std. V-B 1f. Complete administrative and reporting functions necessary to support evaluation				
Std. V-B 1g. Refer clients/patients for appropriate services				
• Swallowing/Feeding, including (a) structure and function of orofacial myology and (b) oral, pharyngeal, laryngeal, pulmonary, esophageal, gastrointestinal, and related functions across the lifespan				
Std. V-B 1a. Conduct screening and prevention procedures, including prevention activities				
Std. V-B 1b. Collect case history information and integrate information from clients/patients, family, caregivers, teachers, relevant others, and other professionals				
Std. V-B 1c. Select and administer appropriate evaluation procedures, such as behavioral observations nonstandardized and standardized tests, and instrumental procedures				
Std. V-B 1d. Adapt evaluation procedures to meet the needs of individuals receiving services				
Std. V-B 1e. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention				
Std. V-B 1f. Complete administrative and reporting functions necessary to support evaluation				
Std. V-B 1g. Refer clients/patients for appropriate services				
• Cognitive aspects of communication, including attention, memory, sequencing, problem solving, executive functioning				

Std. V-B 1a. Conduct screening and prevention procedures, including prevention activities				
Std. V-B 1b. Collect case history information and integrate information from clients/patients, family, caregivers, teachers, relevant others, and other professionals				
Std. V-B 1c. Select and administer appropriate evaluation procedures, such as behavioral observations nonstandardized and standardized tests, and instrumental procedures				
Std. V-B 1d. Adapt evaluation procedures to meet the needs of individuals receiving services				
Std. V-B 1e. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention				
Std. V-B 1f. Complete administrative and reporting functions necessary to support evaluation				
Std. V-B 1g. Refer clients/patients for appropriate services				
• Social aspects of communication, including challenging behavior, ineffective social skills, and lack of communication opportunities				
Std. V-B 1a. Conduct screening and prevention procedures, including prevention activities				
Std. V-B 1b. Collect case history information and integrate information from clients/patients, family, caregivers, teachers, relevant others, and other professionals				
Std. V-B 1c. Select and administer appropriate evaluation procedures, such as behavioral observations nonstandardized and standardized tests, and instrumental procedures				
Std. V-B 1d. Adapt evaluation procedures to meet the needs of individuals receiving services				
Std. V-B 1e. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention				
Std. V-B 1f. Complete administrative and reporting functions necessary to support evaluation				

Std. V-B 1g. Refer clients/patients for appropriate services				
• Augmentative and alternative communication modalities				
Std. V-B 1a. Conduct screening procedures				
Std. V-B 1b. Collect case history information and integrate information from clients/patients, family, caregivers, teachers, relevant others, and other professionals				
Std. V-B 1c. Select and administer appropriate evaluation procedures, such as behavioral observations nonstandardized and standardized tests, and instrumental procedures				
Std. V-B 1d. Adapt evaluation procedures to meet the needs of individuals receiving services				
Std. V-B 1e. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention				
Std. V-B 1f. Complete administrative and reporting functions necessary to support evaluation				
Std. V-B 1g. Refer clients/patients for appropriate services				
2. Intervention (must include all skill outcomes listed in a-g below for each of the 9 major areas)				
• Speech Sound Production, to encompass articulation, motor planning and execution, phonology, and accent modification				
Std. V-B 2a. Develop setting-appropriate intervention plans with measurable and achievable goals that meet clients'/patients' needs. Collaborate with clients/patients and relevant others in the planning process				
Std. V-B 2b. Implement intervention plans that involve clients/patients and relevant others in the intervention process.				
Std. V-B 2c. Select or develop and use appropriate materials and instrumentation for prevention and intervention				
Std. V-B 2d. Measure and evaluate clients'/patients' performance and progress				

Standard IV-H: The applicant must have demonstrated knowledge of entry level and advanced certifications, licensure, and other relevant professional credentials, as well as local, state, and national regulations and policies relevant to professional practice.				
Standard V-A: The applicant must have demonstrated skills in oral and written or other forms of communication sufficient for entry into professional practice (including Speech and Language skills in English, consistent with ASHA's position statement on students and professionals who speak English with accents and nonstandard dialects).				
Standard V-B: The applicant must have completed a program of study that included supervised clinical experiences sufficient in breadth and depth to achieve the following skills outcomes. (These skills may be developed and demonstrated through direct clinical experiences, academic coursework, labs, simulations, and examinations, as well as through the completion of independent projects.)				
1. Evaluation (must include all skill outcomes listed in a- g below for each of the 9 major areas except that prevention does not apply to communication modalities)				
• Speech Sound Production, to encompass articulation, motor planning and execution, phonology, and accent modification				
Std. V-B 1a. Conduct screening and prevention procedures, including prevention activities				
Std. V-B 1b. Collect case history information and integrate information from clients/patients, family, caregivers, teachers, relevant others, and other professionals				
Std. V-B 1c. Select and administer appropriate evaluation procedures, such as behavioral observations nonstandardized and standardized tests, and instrumental procedures				
Std. V-B 1d. Adapt evaluation procedures to meet the needs of individuals receiving services				
Std. V-B 1e. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention				
Std. V-B 1f. Complete administrative and reporting functions necessary to support evaluation				

Std. V-B 1g. Refer clients/patients for appropriate services				
• Fluency and Fluency Disorders				
Std. V-B 1a. Conduct screening and prevention procedures, including prevention activities				
Std. V-B 1b. Collect case history information and integrate information from clients/patients, family, caregivers, teachers, relevant others, and other professionals				
Std. V-B 1c. Select and administer appropriate evaluation procedures, such as behavioral observations nonstandardized and standardized tests, and instrumental procedures				
Std. V-B 1d. Adapt evaluation procedures to meet the needs of individuals receiving services				
Std. V-B 1e. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention				
Std. V-B 1f. Complete administrative and reporting functions necessary to support evaluation				
Std. V-B 1g. Refer clients/patients for appropriate services				
• Voice and resonance, including respiration and phonation				
Std. V-B 1a. Conduct screening and prevention procedures, including prevention activities				
Std. V-B 1b. Collect case history information and integrate information from clients/patients, family, caregivers, teachers, relevant others, and other professionals				
Std. V-B 1c. Select and administer appropriate evaluation procedures, such as behavioral observations nonstandardized and standardized tests, and instrumental procedures				
Std. V-B 1d. Adapt evaluation procedures to meet the needs of individuals receiving services				
Std. V-B 1e. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention				

Std. V-B 1f. Complete administrative and reporting functions necessary to support evaluation				
Std. V-B 1g. Refer clients/patients for appropriate services				
• Receptive and expressive language to include phonology, morphology, syntax, semantics, pragmatics (language use and social aspects of communication), prelinguistic communication, and paralinguistic communication (e.g., gestures, signs, body language), and literacy in speaking, listening, reading, and writing				
Std. V-B 1a. Conduct screening and prevention procedures, including prevention activities				
Std. V-B 1b. Collect case history information and integrate information from clients/patients, family, caregivers, teachers, relevant others, and other professionals				
Std. V-B 1c. Select and administer appropriate evaluation procedures, such as behavioral observations nonstandardized and standardized tests, and instrumental procedures				
Std. V-B 1d. Adapt evaluation procedures to meet the needs of individuals receiving services				
Std. V-B 1e. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention				
Std. V-B 1f. Complete administrative and reporting functions necessary to support evaluation				
Std. V-B 1g. Refer clients/patients for appropriate services				
• Hearing, including the impact on speech and language				
Std. V-B 1a. Conduct screening and prevention procedures, including prevention activities				
Std. V-B 1b. Collect case history information and integrate information from clients/patients, family, caregivers, teachers, relevant others, and other professionals				
Std. V-B 1c. Select and administer appropriate evaluation procedures, such as behavioral observations nonstandardized and standardized tests, and instrumental procedures				

Std. V-B 1d. Adapt evaluation procedures to meet the needs of individuals receiving services				
Std. V-B 1e. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention				
Std. V-B 1f. Complete administrative and reporting functions necessary to support evaluation				
Std. V-B 1g. Refer clients/patients for appropriate services				
• Swallowing/Feeding, including (a) structure and function of orofacial myology and (b) oral, pharyngeal, laryngeal, pulmonary, esophageal, gastrointestinal, and related functions across the lifespan				
Std. V-B 1a. Conduct screening and prevention procedures, including prevention activities				
Std. V-B 1b. Collect case history information and integrate information from clients/patients, family, caregivers, teachers, relevant others, and other professionals				
Std. V-B 1c. Select and administer appropriate evaluation procedures, such as behavioral observations nonstandardized and standardized tests, and instrumental procedures				
Std. V-B 1d. Adapt evaluation procedures to meet the needs of individuals receiving services				
Std. V-B 1e. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention				
Std. V-B 1f. Complete administrative and reporting functions necessary to support evaluation				
Std. V-B 1g. Refer clients/patients for appropriate services				
• Cognitive aspects of communication, including attention, memory, sequencing, problem solving, executive functioning				

Std. V-B 1a. Conduct screening and prevention procedures, including prevention activities				
Std. V-B 1b. Collect case history information and integrate information from clients/patients, family, caregivers, teachers, relevant others, and other professionals				
Std. V-B 1c. Select and administer appropriate evaluation procedures, such as behavioral observations nonstandardized and standardized tests, and instrumental procedures				
Std. V-B 1d. Adapt evaluation procedures to meet the needs of individuals receiving services				
Std. V-B 1e. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention				
Std. V-B 1f. Complete administrative and reporting functions necessary to support evaluation				
Std. V-B 1g. Refer clients/patients for appropriate services				
• Social aspects of communication, including challenging behavior, ineffective social skills, and lack of communication opportunities				
Std. V-B 1a. Conduct screening and prevention procedures, including prevention activities				
Std. V-B 1b. Collect case history information and integrate information from clients/patients, family, caregivers, teachers, relevant others, and other professionals				
Std. V-B 1c. Select and administer appropriate evaluation procedures, such as behavioral observations nonstandardized and standardized tests, and instrumental procedures				
Std. V-B 1d. Adapt evaluation procedures to meet the needs of individuals receiving services				
Std. V-B 1e. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention				
Std. V-B 1f. Complete administrative and reporting functions necessary to support evaluation				

Std. V-B 1g. Refer clients/patients for appropriate services				
• Augmentative and alternative communication modalities				
Std. V-B 1a. Conduct screening procedures				
Std. V-B 1b. Collect case history information and integrate information from clients/patients, family, caregivers, teachers, relevant others, and other professionals				
Std. V-B 1c. Select and administer appropriate evaluation procedures, such as behavioral observations nonstandardized and standardized tests, and instrumental procedures				
Std. V-B 1d. Adapt evaluation procedures to meet the needs of individuals receiving services				
Std. V-B 1e. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention				
Std. V-B 1f. Complete administrative and reporting functions necessary to support evaluation				
Std. V-B 1g. Refer clients/patients for appropriate services				
2. Intervention (must include all skill outcomes listed in a-g below for each of the 9 major areas)				
• Speech Sound Production, to encompass articulation, motor planning and execution, phonology, and accent modification				
Std. V-B 2a. Develop setting-appropriate intervention plans with measurable and achievable goals that meet clients'/patients' needs. Collaborate with clients/patients and relevant others in the planning process				
Std. V-B 2b. Implement intervention plans that involve clients/patients and relevant others in the intervention process.				
Std. V-B 2c. Select or develop and use appropriate materials and instrumentation for prevention and intervention				
Std. V-B 2d. Measure and evaluate clients'/patients' performance and progress				

Std. V-B 2e. Modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients				
Std. V-B 2f. Complete administrative and reporting functions necessary to support intervention				
Std. V-B 2g. Identify and refer clients/patients for services as appropriate				
• Fluency and Fluency Disorders				
Std. V-B 2a. Develop setting-appropriate intervention plans with measurable and achievable goals that meet clients'/patients' needs. Collaborate with clients'/patients and relevant others in the planning process				
Std. V-B 2b. Implement intervention plans that involve clients'/patients and relevant others in the intervention process.				
Std. V-B 2c. Select or develop and use appropriate materials and instrumentation for prevention and intervention				
Std. V-B 2d. Measure and evaluate clients'/patients' performance and progress				
Std. V-B 2e. Modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients				
Std. V-B 2f. Complete administrative and reporting functions necessary to support intervention				
Std. V-B 2g. Identify and refer clients/patients for services as appropriate				
• Voice and resonance, including respiration and phonation				
Std. V-B 2a. Develop setting-appropriate intervention plans with measurable and achievable goals that meet clients'/patients' needs. Collaborate with clients'/patients and relevant others in the planning process				
Std. V-B 2b. Implement intervention plans that involve clients'/patients and relevant others in the intervention process.				
Std. V-B 2c. Select or develop and use appropriate materials and instrumentation for prevention and intervention				
Std. V-B 2d. Measure and evaluate clients'/patients' performance and progress				
Std. V-B 2e. Modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients				
Std. V-B 2f. Complete administrative and reporting functions necessary to support intervention				
Std. V-B 2g. Identify and refer clients/patients for services as appropriate				

Receptive and expressive language to include phonology, morphology, syntax, semantics, pragmatics (language use and social aspects of communication), prelinguistic communication, and paralinguistic communication (e.g., gestures, signs, body language), and literacy in speaking, listening, reading, and writing				
Std. V-B 2a. Develop setting-appropriate intervention plans with measurable and achievable goals that meet clients'/patients' needs. Collaborate with clients'/patients' and relevant others in the planning process				
Std. V-B 2b. Implement intervention plans that involve clients'/patients' and relevant others in the intervention process.				
Std. V-B 2c. Select or develop and use appropriate materials and instrumentation for prevention and intervention				
Std. V-B 2d. Measure and evaluate clients'/patients' performance and progress				
Std. V-B 2e. Modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients'/patients'				
Std. V-B 2f. Complete administrative and reporting functions necessary to support intervention				
Std. V-B 2g. Identify and refer clients'/patients' for services as appropriate				
• Hearing, including the impact on speech and language				
Std. V-B 2a. Develop setting-appropriate intervention plans with measurable and achievable goals that meet clients'/patients' needs. Collaborate with clients'/patients' and relevant others in the planning process				
Std. V-B 2b. Implement intervention plans that involve clients'/patients' and relevant others in the intervention process.				
Std. V-B 2c. Select or develop and use appropriate materials and instrumentation for prevention and intervention				
Std. V-B 2d. Measure and evaluate clients'/patients' performance and progress				
Std. V-B 2e. Modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients'/patients'				
Std. V-B 2f. Complete administrative and reporting functions necessary to support intervention				
Std. V-B 2g. Identify and refer clients'/patients' for services as appropriate				
• Swallowing/Feeding, including (a) structure and function of orofacial myology and (b) oral, pharyngeal, laryngeal, pulmonary, esophageal, gastrointestinal, and related functions across the lifespan				
Std. V-B 2a. Develop setting-appropriate intervention plans with measurable and achievable goals that meet clients'/patients' needs. Collaborate with clients'/patients' and relevant others in the planning process				

Std. V-B 2b. Implement intervention plans that involve clients/patients and relevant others in the intervention process.				
Std. V-B 2c. Select or develop and use appropriate materials and instrumentation for prevention and intervention				
Std. V-B 2d. Measure and evaluate clients'/patients' performance and progress				
Std. V-B 2e. Modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients				
Std. V-B 2f. Complete administrative and reporting functions necessary to support intervention				
Std. V-B 2g. Identify and refer clients/patients for services as appropriate				
• Cognitive aspects of communication, including attention, memory, sequencing, problem solving, executive functioning				
Std. V-B 2a. Develop setting-appropriate intervention plans with measurable and achievable goals that meet clients'/patients' needs. Collaborate with clients/patients and relevant others in the planning process				
Std. V-B 2b. Implement intervention plans that involve clients/patients and relevant others in the intervention process.				
Std. V-B 2c. Select or develop and use appropriate materials and instrumentation for prevention and intervention				
Std. V-B 2d. Measure and evaluate clients'/patients' performance and progress				
Std. V-B 2e. Modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients				
Std. V-B 2f. Complete administrative and reporting functions necessary to support intervention				
Std. V-B 2g. Identify and refer clients/patients for services as appropriate				
Social aspects of communication, including challenging behavior, ineffective social skills, and lack of communication opportunities				
Std. V-B 2a. Develop setting-appropriate intervention plans with measurable and achievable goals that meet clients'/patients' needs. Collaborate with clients/patients and relevant others in the planning process				
Std. V-B 2b. Implement intervention plans that involve clients/patients and relevant others in the intervention process.				
Std. V-B 2c. Select or develop and use appropriate materials and instrumentation for prevention and intervention				
Std. V-B 2d. Measure and evaluate clients'/patients' performance and progress				

Std. V-B 2e. Modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients				
Std. V-B 2f. Complete administrative and reporting functions necessary to support intervention				
Std. V-B 2g. Identify and refer clients/patients for services as appropriate				
Augmentative and alternative communication modalities				
Std. V-B 2a. Develop setting-appropriate intervention plans with measurable and achievable goals that meet clients/patients' needs. Collaborate with clients/patients and relevant others in the planning process				
Std. V-B 2b. Implement intervention plans that involve clients/patients and relevant others in the intervention process.				
Std. V-B 2c. Select or develop and use appropriate materials and instrumentation for prevention and intervention				
Std. V-B 2d. Measure and evaluate clients/patients' performance and progress				
Std. V-B 2e. Modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients				
Std. V-B 2f. Complete administrative and reporting functions necessary to support intervention				
Std. V-B 2g. Identify and refer clients/patients for services as appropriate				
3. Interaction and Personal Qualities				
Std. V-B 3a. Communicate effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the individual(s) receiving services, family, caregivers, and relevant others.				
Std. V-B 3b. Manage the care of individuals receiving services to ensure an interprofessional, team-based collaborative practice.				
Std. V-B 3c. Provide counseling regarding communication and swallowing disorders to clients/patients, family, caregivers, and relevant others.				
Std. V-B 3d. Adhere to the ASHA Code of Ethics and behave professionally.				

Appendix M

Site Orientation Checklist

Daily Schedule: Arrival Time: _____ Dismissal Time: _____

Supervisor Vacation/Days Off:

Protocol for notification of absence(s) or inclement weather:

- Who is the person to be notified?
- How should the notification be made?
- Phone number or email address to be used?
- By what time should notification be made?

Dress code:

- Lab coat? YES / NO
- Scrubs? YES / NO
- General Attire Required:

Cell Phone Policy:

Down time procedures:

Procedures for scheduling meetings/client reviews:

Important office policies:

Site/department orientation completed (dates): _____

Observations completed (dates): _____

Office personnel (name/title/contact information):

Student Name Printed: _____ Date Reviewed/Signed: _____

Student Signature: _____ Supervisor Signature: _____

Appendix N

Supervisor’s Evaluation of the Department of Communication Disorders/MS-SLP Program

Site: _____ Date: _____

Site Supervisor’s Name: _____

For the purpose of this evaluation, please compare the Department of Speech-Language Pathology at Salus University to either: a) other programs you have worked with, or b) programs that you are familiar.

Please evaluate your experience by checking your response and sharing any additional comments regarding the following items. Please be sure to complete both sides of this form.

Rating Scale:

- » **Excellent** = Program provides consistent evidence of excellence in student training.
- » **Above Average** = Provides evidence of above average skills in the competency.
- » **Average** = Provides evidence of average skills in the competency.
- » **Below Average** = Provides evidence of below average skills in the competency.

	Excellent	Above Average	Average	Below Average	Not Applicable
1. The program demonstrates an awareness of ethical guidelines, and confidentiality. <i>Comments:</i>					
2. The program seeks to understand agency’s policy, legal issues, and interacts courteously and respectfully with agency personnel. <i>Comments:</i>					
3. The program complies with agency policies. <i>Comments:</i>					
4. The program collaborates effectively with agency in providing services that address the academic, personal, social, and career development needs of its students. <i>Comments:</i>					
5. The program demonstrates effective relationships, establishes and builds rapport with students, demonstrates sensitivity to cultural/linguistic differences, of its students and the agency. <i>Comments:</i>					

	Excellent	Above Average	Average	Below Average	Not Applicable
6. The program demonstrates the ability to integrate interprofessional education as evidenced by the student's ability to consult effectively with colleagues, staff, and the school. <i>Comments:</i>					
7. The program uses supervision feedback well. Program actively seeks input when necessary, is receptive to feedback about its students and suggestions from agency. <i>Comments:</i>					
8. The program demonstrates accountability of its students. <i>Comments:</i>					
9. The program demonstrates a commitment to professional leadership. <i>Comments:</i>					
10. The program responds to the agency's needs and requests in a timely manner. <i>Comments:</i>					

11. What were the positive aspects of the practicum for you and/or your organization?

12. What were the challenges of the practicum for you and/or your organization?

13. Are there any areas of our student's educational background that you feel could be added to, improved, or made more complete? What are these?

Any additional comments with regard to how the program is functioning as it educates the next generation of SLPs.

Appendix O:

Auburn University at Montgomery MS-SLP Graduate Program Academic Intervention Plan

Minimum Grade for All Courses

The minimum passing score for all graduate program courses is 80%.

To ensure that students meet each certification standard, the following grading criteria will be implemented:

- ◆ The minimum passing score for each exam is 80%.
- ◆ The minimum passing score for each major class assignment is 80%.

Academic Intervention Plan

If necessary, an intervention plan will be initiated by the faculty member teaching the course. If the faculty member determines that the student needs a plan, the faculty member will inform the student and will initiate a plan. If a student does not earn a passing grade (i.e., 80% or higher) on an exam, the following steps will be taken:

1. The instructor will meet with the student to conduct an item-by-item analysis of the student's performance on the exam to identify areas of strength and areas of weakness.

Errors will be categorized into:

- A. Errors resulting from misunderstanding or careless reading of the question
 - B. Errors resulting from not following exam instructions (e.g., forgetting to answer one part of the question)
 - C. Errors resulting from lack of knowledge or lack of skills
1. Errors resulting from lack of knowledge or lack of skills
The instructor will further analyze the errors resulting from lack of knowledge or lack of skills and identify the specific certification standard(s) addressed.
 2. The instructor will design one alternative, make-up exam that focuses to a greater extent on the identified areas of weakness. The instructor and the student will agree on a mutually convenient date for the make-up exam.
 3. If the student needs help understanding the material, the student will first study and develop questions (or a list of specific concepts that need clarification), and seek help from the course instructor.

If a student does not earn a passing grade on a major class assignment, the following intervention steps will be taken:

1. The instructor will conduct an error analysis of the student's performance to identify patterns of errors and areas of need.
2. The instructor will meet with the student to discuss performance and provide feedback.
3. The instructor will give the student one opportunity to re-submit the assignment, and the student will be asked to put significantly more emphasis on the targeted areas.

4. The instructor will be available via electronic conferencing, phone, or email to provide support as needed.

If the student does not meet criteria on the second exam or assignment attempt, the final grade will be based on the better grade of the two. If the final grade falls below 80%, a committee will be convened at the discretion of the Department Chair to review student performance overall and make a decision regarding progression in the program. A student failing to achieve proficiency in any competency following participation in an Intervention Plan, may not proceed to externship placements, until proficiency has been proven.

Clinical Supervisor **Acknowledgement Statement**

I have read the MS-SLP Supervisor Handbook. I understand that I must abide by the policies set herein. I certify that I have had ample time to discuss the Handbook and its contents with the Clinical Site Coordinator and I fully understand its contents.

I acknowledge that I am licensed/certified by the State to practice Speech-Language Pathology and hold the Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP) from the American Speech-Language Hearing Association (ASHA). I also agree to maintain these credential current throughout the duration of the supervisory experience. Should anything change in my licensure or certification status, I will immediately contact the Clinical Site Coordinator and/or Department Chair.

With this knowledge, I accept the policies outlined herein as a condition of accepting the duties of supervision in the graduate program.

Supervisor's Signature

Date

Clinical Site Coordinator

Date