

University of North Texas
Department of Audiology and Speech-
Language Pathology

Clinical Practicum Student Handbook

January 1st, 2026

Table of Contents

Clinical Practicum Guidelines and Policies	3
ASHA Code of Ethics.....	4
About the UNT Speech and Hearing Center	6
Responsibility of Clinical Supervisors	7
The Role of the Student Clinician	9
Policy on Student Criminal Background Checks	10
Policy on Student Vaccinations	11
Research/Evidence-Based Practice.....	12
Individualized Action Plans for Students Requiring Additional Support.....	13
Suggestions to Students for a Successful Clinical Practicum Experience.....	14
Off-Campus Practicum Placement.....	16
Evaluation Practices for SLP Clinic	18
Clinic Practicum Pass/Fail Grading Criteria:.....	19
Graduate Student Clinical Performance Reviews and Guidelines For Remediation	20
Notification of Concern/Student Intervention Plan	22
Recording Clinical Clock Hours	24
ASHA Countable Time	24
Computing Clinic Clock Hours.....	25
Reporting Clinic Hours using CALIPSO.....	25
CALIPSO Online Tracking System	26
Key to Clinical Competency Ratings.....	27
Essential Functions Skills and Expectations.....	29
Clinical Student Essential Function Skills Checklist.....	30
Essential Functions Agreement	33
English Proficiency Policy Statement	36
Treatment Plan and Semester Clinical Conferences	38
Evidence-Based Practice Guidelines (EBP).....	39
Statement on Required Clinic Hours	40
Statement Concerning Procedures for Making Clinic Assignments.....	41
UNT Speech and Hearing Center General Clinic Procedures and Policies.....	42
Clinic Work Environment.....	42
Policy for Attendance and Cancellation of Clinic Sessions.....	42
Externship/Offsite Assignment Procedures	45

Health Insurance Portability and Accountability Act (HIPAA)	46
Client Confidentiality.....	49
Policy on Department Identification Cards and Name Badges	51
Policy on Department and Clinic Closing Hours.....	52
Policy Regarding the Closing of Clinic due to Bad Weather.....	53
CounselEAR	54
Client Records/Documentation	55
One Drive Files	57
Cultural Diversity	58
Dress Code.....	59
Equipment and Materials.....	60
Diagnostic Test Material Policy	61
Involvement of Family/Caregivers	62
Infection Control Policy	63
Observation Area/Video Recording Equipment.....	64
Safety/Emergency Procedures.....	65
UNT College of Health and Public Service (HPS) Programs for Minors Procedures and Responsibilities.....	66
Incident Reporting Policy.....	68
UNT Speech and Hearing Center Suspected Child Abuse Reporting Policy.....	70
Quality Improvement.....	72
Important Summary Points	73
Preparation for Medical Offsite.....	74
Preparation for School Offsite.....	75
General Offsite Information	76
Student Evaluation of Clinical Externship Site	77
Resources for Students.....	78
Clinical Externship Forms.....	80
Clinical Orientation Acknowledgement.....	81
Graduate Clinical Student Essential Functions Requirement AgreementUNT Department of Audiology and Speech Pathology	82
Notification of Concern.....	85
Health Insurance Portability and Accountabillity Act (HIPAA)	87
Telepractice Procedures	90
Policy on Case Simulations.....	93

Clinical Practicum Guidelines and Policies

Introduction

The University of North Texas Department of Audiology and Speech-Language Pathology offers undergraduate and graduate programs in audiology and speech-language pathology. Curriculum for these degrees includes required clinical practicum. These practicums, together with academic coursework, are designed to develop students' professional knowledge and skills by involving them in clinical service delivery to clients, under the guidance and direction of licensed, certified professionals who serve as practicum instructors. At the graduate level, clinical practicum will enable the student to obtain the necessary supervised clinical clock hours required for certification by the American Speech-Language and Hearing Association (ASHA). Students will enroll in clinical practicum during the entire program of graduate studies. Students must satisfactorily complete the clinical practicum requirements in order to complete the degree requirements.

Students complete the required clinical practicum at the University of North Texas Speech and Hearing Center, as well as through assignments to approved off-campus practicum sites. The Clinic Director or Assistant Clinic Director of the Speech and Hearing Center will coordinate assignments to clinical practicum. Students will be given the opportunity to request specific practicum experiences consistent with their professional interests; however, assignments may differ from requests due to availability of a practicum setting and/or the student's readiness for the setting.

The purpose of this handbook is to orient the student to the clinical practicum experience and to provide the student with an understanding of the requirements for the clinical practicum. Students will find that the information contained within the handbook provides important information about the University of North Texas Speech and Hearing Center, as well as information about off-campus practicum placements.

ASHA Code of Ethics

The UNT Speech and Hearing Center is committed to adherence to the American Speech-Language-Hearing Association's (ASHA) Code of Ethics in all its service delivery and student training practice policies and procedures. See below for preamble to ASHA Code of Ethics and web links.

The ASHA Code of Ethics reflects what we value as professionals and establishes expectations for our scientific and clinical practice based on principles of duty, accountability, fairness, and responsibility. The ASHA Code of Ethics is intended to ensure the welfare of the consumer and to protect the reputation and integrity of the professions. The ASHA Code of Ethics is a framework and focused guide for professionals in support of day-to-day decision-making related to professional conduct. The Code is partly obligatory and disciplinary, and partly aspirational and descriptive in that it defines the professional's role. The Code educates professionals in the discipline, as well as students, other professionals, and the public, regarding ethical principles and standards that direct professional conduct.

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

- A member of the American Speech-Language-Hearing Association holding the Certificate of Clinical Competence (CCC)
- A member of the Association not holding the Certificate of Clinical Competence (CCC)
- A nonmember of the Association holding the Certificate of Clinical Competence (CCC)
- An applicant for certification or for membership and certification

The fundamentals of ethical conduct are described by Principles of Ethics and by Rules of Ethics. The four Principles of Ethics form the underlying philosophical basis for the Code of Ethics and are reflected in the following areas: (I) responsibility to persons served professionally and to research participants, both human and animal; (II) responsibility for one's professional competence; (III) responsibility to the public; and (IV) responsibility for professional relationships. Individuals shall honor and abide by these Principles as affirmative obligations under all conditions of applicable professional activity. Rules of Ethics are specific statements of minimally acceptable as well as unacceptable professional conduct.

The Code is designed to provide guidance to members, applicants, and certified individuals as they make professional decisions. Because the Code is not intended to address specific situations and is not inclusive of all possible ethical dilemmas, professionals are expected to follow the written provisions and to uphold the spirit and purpose of the Code. Adherence to the Code of Ethics and its enforcement results in respect for the professions and positive outcomes for individuals who benefit from the work of audiologists, speech-language pathologist, and speech, language, and hearing scientists (ASHA, 2016).

For a complete version of the ASHA Code of Ethics, go to <https://www.asha.org/policy/et2016-00342/>

The mailing address for self-reporting in writing is:

American Speech-Language-Hearing Association, Standards and Ethics
2200 Research Blvd., #309
Rockville, MD 20850-3289

Reference for this material was taken directly from the ASHA website:

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

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State of Texas Code of Ethics

Texas Code of Ethics

111.155. Standards of Ethical Practice (Code of Ethics). (New section adopted effective October 1, 2016, 41 TexReg 4441)

[https://texreg.sos.state.tx.us/public/readtac\\$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=16&pt=4&ch=111&rl=155](https://texreg.sos.state.tx.us/public/readtac$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=16&pt=4&ch=111&rl=155)

Texas Department of Licensing and Regulations for Speech-Language Pathologists and Audiologists: <https://www.tdlr.texas.gov/slpa/slpa.htm>

About the UNT Speech and Hearing Center

The mission of the UNT Speech and Hearing Center is to serve individuals with speech, language, hearing, and related disorders by providing excellent diagnostic and treatment services, and to provide excellence in clinical education for students in the Department of Audiology and Speech-Language Pathology. The Center operates as a state-of-the-art speech and hearing center, providing speech-language pathology and audiology services to adults and children. All services are provided under the direction of licensed, certified audiologists and speech-language pathologists who are accountable for the outcomes of assessment and treatment and the satisfaction of the client. These speech-language pathologists and audiologists also assume the role of clinical instructors for the student clinicians enrolled in practicum. Practicum students work directly with clinical instructors in service delivery to clients. Thus, the UNT Speech and Hearing Center fulfills a dual mission; providing excellent service delivery to clients and excellent clinical education to students.

The UNT Speech and Hearing Center provides many services to clients, including:

- Full audiological assessment
- Hearing aid evaluations
- Dispensing of hearing aids
- Musician's ear plugs
- Specialized audiological assessments including ABR and ENG/VNG
- Educational audiology services
- Aural rehabilitation
- Assessment and treatment: Articulation, augmentative and alternative communication, cognition, fluency, language, motor speech, pediatric feeding, swallowing, transgender communication, voice
- Group treatment based on the need of the clientele served in the Center

Students are assigned to different clinical practicum experiences within the Center, providing varied experiences to develop professional knowledge and skills across the scope of practice of the profession.

Clients come to the UNT Speech and Hearing Center to receive excellent clinical services for speech/ language/ hearing and related disorders. They are seeking the help of professionals who are not only committed to helping them but are committed to educating students as well.

Responsibility of Clinical Supervisors

The clinical instructors of the Center are professionals committed to providing excellent clinical service delivery to clients of the Center and excellent clinical instruction to students within the Department of Audiology and Speech-Language Pathology. Clinical instructors help students develop clinical competence by encouraging the application of academic theory and knowledge within the clinical setting, guiding and instructing the student in clinical methods, and assisting the student in understanding clinical operations and decision-making. Clinical supervision within the Center adheres to the guidelines provided by ASHA. Supervisors assume roles and responsibilities outlined by ASHA and follow the ASHA ethical guidelines for clinical supervision of students. In accordance with ASHA guidelines, instructors provide direct supervision during at least 25% of diagnostic sessions provided by student clinicians and during at least 25% of therapy intervention provided to student clinicians. The amount of direct supervision must be commensurate with the student's knowledge, skills, and experience. For students in the early phases of practicum, supervision often well exceeds these minimum requirements.

Clinical instructors within the Center utilize an apprenticeship mode of supervision. This supervisory model involves ongoing collaboration between the instructor and the student in training, so that excellent service delivery is provided to the client and the student can develop their clinical skills in a supportive environment, rich with instruction and modeling. The goal of the apprenticeship model is to develop self-discovery and self-evaluation skills of the student.

The following are key features of the apprenticeship model of clinical supervision:

- The student and clinical instructor work together to provide excellent clinical services to clients.
- The clinical instructor serves as an instructor and guide, providing modeling, direction, and consistent feedback to the student.
- The student assumes responsibility and personal accountability for learning.
- Sound communication between the student and clinical instructor is essential for learning.
- The role of the clinical instructor is to teach specific clinical skills as well as to develop the student's ability to make appropriate clinical decisions.
- The clinical instructor provides various amounts of support to the student in the form of explanation, direction, modeling, questioning, and feedback to the student.
- The amount of support provided to the student by the clinical instructor varies depending on the complexity of the situation, the student's familiarity and experience with the information, and unique circumstances of the clinical situation.
- Maximal support is usually provided to students in the initial phase of practicum, with the expectation that the student will gain independence through instruction and experience; however, clinical instructors and students will find that various situations may influence the amount of supports required.
- Evaluation of the student clinician is based on the amount of support required with the expectation that the student gains independence as the practicum experience progresses.

- Students work to become independently capable of providing excellent clinical service delivery, utilizing the knowledge and experience of clinical instructors to help them develop and refine their clinical skills.

The outcome of the apprenticeship model of supervision is excellent service delivery to clients and continued growth and independence in clinical knowledge and skills of the student.

The Role of the Student Clinician

Students enrolled in clinical practicum are expected to embrace the desire to provide excellent services to clients and assume personal responsibility and accountability for learning. Students must respect the responsibility of the clinical instructor to hold paramount the needs of the client while providing opportunity and support to the student during acquisition of clinical knowledge and skills. This requires students to understand that the clinical instructor must make decisions regarding how much independence to allow that student based on the student's readiness to provide excellent clinical services. Therefore, students who demonstrate a clear understanding of the clinical situation, the ability to apply the necessary knowledge and skills, and ongoing self-evaluation and refinement of methods will have the most independence in the practicum experience. Students who are unable to assess the clinical situation, do not demonstrate necessary knowledge and skills, and are unable to independently evaluate, refine, and improve their methods will receive the greatest input and guidance from the clinical instructors. Ultimately, the goal of the clinical practicum is for students to be able to provide quality clinical services, with minimal guidance and direction from instructors, consistent with expectations for entry level professionals.

Policy on Student Criminal Background Checks

All students entering the graduate program in Speech-Language Pathology will be required to undergo a criminal background check through UNT's Risk Management Dept. This will be paid for by the department of ASLP. Any student with a record involving crimes against children will be banned from enrolling in the 5060 Clinic Practicum course.

Policy on Student Vaccinations

All students entering Texas communication disorders graduate programs, including UNT, are required to have specific vaccinations (per Texas public health guidelines)
Texas Administrative Code - Rule 97.64.

[https://texreg.sos.state.tx.us/public/readtac\\$ext.TacPage?sl=T&app=9&p_dir=N&p_rloc=179070&p_tloc=&p_ploc=1&pg=5&p_tac=&ti=25&pt=1&ch=97&rl=62](https://texreg.sos.state.tx.us/public/readtac$ext.TacPage?sl=T&app=9&p_dir=N&p_rloc=179070&p_tloc=&p_ploc=1&pg=5&p_tac=&ti=25&pt=1&ch=97&rl=62)

If vaccinations are declined for religious or personal reasons, a student must apply for a conscientious exemption (see link below), and inform the graduate coordinator and clinic director immediately upon entry into the graduate program. A student exempt from vaccinations may not be eligible for certain offsite clinical placements.

Affidavit application link from the Texas Government for a Conscientious Exemption:

<https://corequest.dshs.texas.gov/>

Research/Evidence-Based Practice

The Department of Audiology and Speech-Language Pathology and the UNT Speech and Hearing Center is committed to expanding scholarly knowledge of the professions and using the knowledge in the evaluation and treatment of communication disorders. Research and clinical practice are interdependent. Evidence-based practice is the use of current best evidence (obtained through research and scholarly study), clinical expertise (obtained through experience in assessment and treatment of communication disorders), and client/patient values (ASHA, 2005). Evidence-based practice is the cornerstone of all service delivery at the UNT Speech and Hearing Center.

As a result, student's clinical experiences should include:

- Application/integration of research evidence presented in coursework
- Opportunity to pursue evidence as a guide in clinical decision-making
- Opportunity to present research to clients/family members to help them make informed decisions about care
- Opportunity to identify potential research questions

Students participating in clinical practicum are encouraged to take advantage of opportunities for research/scholarly work related to clinical practice.

Examples of these may include:

- Writing up a case study for a professional presentation/publication
- Studying the outcome or effectiveness of a clinical intervention
- Implementing clinical protocols based on emerging research
- Evaluating economic/sociological factors related to clinical service delivery, such as cost-benefit ratios for intervention, or patient satisfaction

Individualized Action Plans for Students Requiring Additional Support

Clinical service delivery can be challenging, even for experienced clinicians. For students working to acquire professional knowledge, understand the complexities of clinical service delivery, and develop beginning clinical skills, it can sometimes be overwhelming. To support students and encourage success in the clinical practicum, instructors will often formulate additional instructional activities for students. These activities are designed to provide the student with a better knowledge base, more direct instruction or modeling, more detailed explanation, or just more opportunity to practice a skill for refinement.

Examples of instructional activities include:

- Reading assignments from textbooks or journal articles
- More frequent individualized meetings with the clinical instructor
- Direct explanation or demonstration of a skill or activity
- A specific assignment by the clinical instructor for the student to practice a skill
- A skill check-off by the clinical instructor

It is important that when instructors suggest or assign instructional activities, students take responsibility for completing the work. It is also important that students and instructors communicate clearly about the exact expectation for the student. For example, if the clinical instructor says, “I would like you to practice giving this test,” the student will probably understand that the clinical instructor means go through the test and practice administration as if you were giving it. If, however, the clinical instructor says, “You need to look over the test before tomorrow,” what exactly is the student expected to do? In this case, the student may want to verify exactly what the clinical instructor would like the student to be prepared to do. Students should also be open and honest about time constraints they may have as clinical instructors may be able to assist them in prioritizing the many demands of clinical work.

Supervisors often get frustrated when remedial work is assigned, and the student does not complete the assignment. This is often interpreted by the clinical instructor as a lack of interest or desire to learn by the student.

Suggestions to Students for a Successful Clinical Practicum Experience

It's not what you know, it's what you learn!

Supervisors don't expect students to know everything; in fact, they generally understand that students may know very little initially. Supervisors do expect to see students learn. Students can facilitate the learning process by following these suggestions.

Be prepared: Take the time to review the client's records and plan what you will do in a clinical session or appointment. Prepare equipment and materials in advance. Arrive on time, prepared to inform your clinical instructor how you intend to manage that appointment.

Ask specific questions: Analyze what you are not clear about and formulate specific questions for the clinical instructor. Telling the clinical instructor "I don't know what to do" or "I'm lost" will prompt them to begin questioning you, which can sometimes make you feel put on the spot.

Self-Evaluate: Develop the habit of assessing what went well and what did not. This will help you identify where you need to focus your learning and what assistance you need from the clinical instructor.

Seek guidance when needed: Make certain your clinical instructor is aware of things you are unsure about. Don't pretend to know something or try to cover-up uncertainties. Explain to the clinical instructor what you think you should do and then listen for confirmation or additional suggestions.

Be sure you know exactly what is expected: If you are uncertain what the clinical instructor wants you to do, ask for clarification or further explanation. If you are still unclear, ask for reading material or a demonstration.

Be open to feedback: Your clinical instructor needs to tell you honestly what went well and not so well. Getting defensive or overly emotional can make this difficult and create a communication barrier that prevents optimal learning.

Take initiative and responsibility: Show interest, curiosity, and a desire to learn. Seek out extra learning opportunities. Be willing to do what it takes to learn.

Show respect: Demonstrate care and concern for the client and recognition of the efforts of the clinical instructor. Recognize that the clinical instructor must maintain a difficult balance of providing excellent care to the client and optimal learning for the student.

Set realistic expectations: Don't expect perfection from yourself. If you make a mistake, learn from it and move forward.

Be accountable: To yourself, to your client, and to your clinical instructor. Take responsibility for being prompt, well prepared, and ready to work in the best interest of the client.

Be flexible: Be willing to do whatever it takes to serve the client, to learn, and to be the best you can be.

Off-Campus Practicum Placement

Students will be placed in off-campus practicum assignments as part of their overall clinical practicum experience. These off-campus assignments generally occur in the fourth and fifth semester of the graduate program for speech-language pathology (SLP) students, and in the second and third year of the Au.D. program. The fifth semester of the SLP program and the fourth year of the Au.D. program are composed of intensive off-campus externship experiences. The students will be placed in off-campus practicum experiences that prepare them for entry level practice in the professions.

All off-campus practicums are arranged by offsite placement coordinator as assigned by the chair of the department. Professionals working in the off-campus practicum sites serve as clinical instructors for the students placed at the site. Off-campus clinical instructors are provided evaluation criteria by UNT to assess the student's performance in the off-campus practicum. Communication between the off-campus clinical instructor and UNT faculty is maintained to assure that supervision is consistent with UNT practices.

Off-campus practicum provides the student with opportunities to experience clinical service delivery models and client populations that often differ from those present in the UNT Speech and Hearing Center. For example, students may be placed in hospital settings, schools, physician offices, or birth to three programs. Off-campus practicum serves as a means of developing students' clinical skills across the broad scope of practice of the professions of speech-language pathology and audiology, thereby preparing the student for professional practice.

Off-campus practicum provides new challenges and learning opportunities for the student. Students may observe differences between practicum experiences at the UNT Speech and Hearing Center and the off-campus setting.

These differences may include:

- A faster pace of work with less time for supervisory meetings and consultation
- Different methods of service delivery such as more group treatments, streamlined assessment protocols, or more indirect service delivery
- Multidisciplinary service delivery models that require extensive coordination with other professionals such as teachers, physicians, physical therapists, occupational therapists, and others involved in treatment of the client
- Different methods of documentation such as Individualized Education Plans (IEPs), Integrated Family Service Plans (IFSPs), Medicare documentation, or computerized formats
- Workload management practices such as utilizing assistant, prioritizing tasks, and managing productivity
- Working within the guidelines of eligibility criteria or reimbursement demands

Because these actions require additional learning by the student, it is important that the student demonstrates a readiness to apply previously learned clinical skills acquired within the UNT Speech and Hearing Center within the context of new demands expected in the off-campus practicum setting. In other words, students must show a level of proficiency in their clinical skills during their practicum within the UNT Speech and Hearing Center that suggests they will be successful with the new demands presented in the off-campus setting.

UNT faculty will determine a student's readiness for placement in off-campus practicum by evaluating the following prior to their placement:

- Understanding of theoretical components of clinical service delivery as demonstrated in coursework and practicum
- Basic clinical assessment skills such as obtaining a case history, determining an assessment plan, completing assessment activities according to standards and practice guidelines, interpreting results, and sharing results with clients and family members
- Professional communication skills as demonstrated by the ability to document clinical service delivery in a clear, concise, and accurate manner and the ability to discuss issues related to clinical service delivery in an organized and coherent manner appropriate to the audience
- Professional and interpersonal skills to engage positively in the supervisory process under potentially stressful and demanding situations
- Ability to self-evaluate performance, seek assistance when indicated, and modify behavior based on feedback and experience.

Students should recognize that throughout their coursework and clinical practicum experiences within the UNT Speech and Hearing Center, faculty and clinical instructors will be evaluating each student's readiness for off-campus practicum. Students will be provided the opportunity for remediation if their level of performance does not indicate readiness for placement. Students will not be placed in an off-campus practicum when their level of performance in coursework or clinical assignments suggests a significant likelihood of failure in the off-campus placement. Students should be aware that their placements are carefully made with consideration of skill level and need for well-rounded experiences over the course of the program; placement requests may be considered but are not guaranteed of your placement. The placements, once assigned by the clinical instructor for the semester, are final.

Evaluation Practices for SLP Clinic

Students will receive continued feedback about their performance in clinic through both formal and informal feedback, skills check-off, and mid-term and final evaluations. A mid-term evaluation will be conducted as a means of providing structured, formal feedback from the clinical instructor to the student. If the clinical instructor feels that the student's performance during client service delivery is not adequate for successful completion of the practicum assignment, the clinical instructor will clearly indicate this concern to the student. At that time, the student and the clinical instructor will develop precise goals that must be achieved by the student during the remainder of the practicum assignment which will be documented on a Notice of Concern. The clinical instructor will usually provide the student with instructional assignments to support the student's learning and facilitate achievement of the goals. Failure of the student to complete the instructional activities or achieve the stated goals may result in a non-passing (NP) grade for the practicum assignment.

Students enrolled in clinical practicum will be provided a course syllabus outlining the objectives of the clinical practicum as well as the competency requirements for the practicum, other course requirements, and grading practices. Students should refer to the syllabus for information regarding grading.

Students who obtain a passing grade in practicum may count the client contact hours toward the supervised clinical clock hour requirements for ASHA certification.

Student clinicians are expected to make satisfactory progress in clinical practicum/externship throughout their program. If a student does not earn a passing grade in clinical practicum/externship in any given term, the student will not receive credit for the clinical clock hours associated with said term. Clinical hours for a term in which the student does not pass clinical practicum/externship may not be applied toward the clinical clock hours required for clinical certification and licensure.

Clinic Practicum Pass/Fail Grading Criteria:

Level 1:

Level 1 Grading:				
4.00	to	5.00	=	A
3.50	to	3.99	=	A-
3.25	to	3.49	=	B+
3.00	to	3.24	=	B
2.50	to	2.99	=	B-
2.25	to	2.49	=	C+
2.00	to	2.24	=	C
1.00	to	1.99	=	D

Courses:	
ASLP 5060-1	1 st Semester – Fall Year 1 Practicum
ASLP 5060-R1	Repeat/Complete Level 1 (repeat 1 st semester)

Level 2:

Level 2 Grading:				
4.25	to	5.00	=	A
3.75	to	4.24	=	A-
3.50	to	3.74	=	B+
3.25	to	3.49	=	B
3.00	to	3.24	=	B-
2.75	to	2.99	=	C+
2.50	to	2.74	=	C
1.00	to	2.49	=	D

Courses:	
ASLP 5060-2	2 nd Semester – Spring Year 1 Practicum
ASLP 5060-R2	Repeat/Complete Level 2 (repeat 2 nd semester)

Level 3:

Level 3 Grading:				
4.50	to	5.00	=	A
4.25	to	4.49	=	A-
4.00	to	4.24	=	B+
3.75	to	3.99	=	B
3.50	to	3.74	=	B-
3.25	to	3.49	=	C+
3.00	to	3.24	=	C
1.00	to	2.99	=	D

Courses:	
ASLP 5060-3	3 rd Semester – Summer Year 1 Practicum
ASLP 5060-4	4 th Semester – Fall Year 2 Practicum
ASLP 5060 – R3 or R4	Repeat/Complete Level 3 or 4 (repeat 3 rd or 4 th)

Level 4:

Level 4 Grading:				
4.60	to	5.00	=	A
4.35	to	4.59	=	A-
4.10	to	4.34	=	B+
3.85	to	4.09	=	B
3.60	to	3.84	=	B-
3.35	to	3.59	=	C+
3.10	to	3.34	=	C
1.00	to	3.09	=	D

Courses:	
ASLP 5065-SLP Externship	5 th Semester – Spring Year 2 Offsite Practicum
ASLP 5065-R	Repeat/Complete Level 5 (repeating externship)

1st Semester 5060 Pass/Fail Guidelines (Clinic Practicum): Graduate Student clinicians must score an average letter grade of B or better across all sections of the CALIPSO final evaluation form. If a first semester graduate student clinician fails to score an average of a B (B- or lower is NOT a passing grade) or better on the CALIPSO final clinical evaluation, they will be assigned a Fail for the first semester 5060 clinic practicum and will be required to repeat the clinical practicum portion of 5060 (retake/re-register 5060 practicum) in a subsequent semester.

2nd- 5th Semester 5060 Pass/Fail Guidelines (Clinic Practicum): Graduate student clinicians must score an average letter grade of B or better on each and all sections of the CALIPSO final evaluation form. If a 2nd-5th semester graduate student clinician fails to score a B or better on each section of the CALIPSO final clinical evaluation (B- or lower is NOT a passing grade), they will be assigned a Fail for that semester of 5060 clinic practicum and will be required to repeat the clinical practicum portion of 5060 (retake/re-register 5060 clinic practicum) in a subsequent semester.

1st-4th Semester Pass/Fail Guidelines (Classroom Portion): Students must earn a score of 80% or better on any assignments. If a clinical student in any semester of 5060 clinic practicum fails to score 80% or better on classroom assignments and/or classroom exams, they will be given a remediation assignment to complete.

Note: A clinician must hold 90% of the possible clinic sessions with each of the clients assigned in order to receive credit for the clinical practice course, unless extenuating circumstances occur, in which case clinical instructor and clinic director and/or assistant clinic director will review to determine if and when credit will be awarded"

Graduate Student Clinical Performance Reviews and Guidelines For Remediation

All graduate student clinicians in SLP practicum and externship assignments will be reviewed twice a semester in a large group format, consisting of clinical supervisory staff and faculty and the graduate student advisor. Student clinicians will be reviewed with full consideration towards ASHA and KASA standards, whereby students' clinical performances will be measured in accordance with expectations for the specific academic semester and year of the student's graduate training program. Specific clinical competencies for treatment and diagnostic clinical skills are listed in the UNT CALIPSO tracking system, as well as being included on a different UNT practicum evaluation checklists, that are based on the specific semester and year of student's graduate training program.

If a graduate student clinician in their first four semesters of graduate school is not performing up to said standards and expectations by the mid-semester review time, a remediation plan and NOTIFICATION OF CONCERN (NOC) will be specifically tailored toward that student's individual needs and clinical goals (see attached form). The remediation plan, including specific clinical performance expectations, will be communicated to the student, likely in a joint meeting involving the clinic director, clinic instructors for that student, and the graduate student advisor. The graduate student will be asked to approve the remediation plan and the expected clinical performance competencies as outlined on the NOC. The NOC and other supporting documents (if applicable) will be placed in the student's permanent file and/or downloaded to the student's clinic CALIPSO.

An additional student meeting will be scheduled at or near the end of the academic semester to review student's clinical progress, current performance, and to determine if student is meeting stated expectations as outlined on the NOC. The NOC will be updated accordingly, as will be decisions based on the student's final clinical Pass/Fail grade.

If a student is in their 5th semester of graduate training, or clinical externship semester, the review process will be guided by the input of the externship clinical instructor. In most circumstances, the clinic director will gather all supporting evidence regarding the student performance concerns and then proceed with a meeting that will include the clinic director and graduate student advisor. The student will be presented with a specific contract outlining student performance expectations on multiple parameters of treatment and diagnostic clinical skills and competencies for the remainder of the externship semester. Standards for meeting clinical performance expectations will be communicated to the student in a contract form if a student is allowed to return to the externship site for completion. In the event that a student externship is curtailed due to substandard performance, the clinic director and graduate student advisor will devise a remedial clinical plan suited to meet the particular student's clinical deficiencies. If the student is ultimately assigned a failing grade for the externship assignment and has received a failing clinic grade in a previous clinical practicum semester, they will not be allowed to complete another clinical practicum at UNT.

The clinic director, graduate student advisor, and department head (and not the externship site clinical instructor) will ultimately decide whether a student's clinical externship performance meets ASHA and KASA clinical standards to warrant a passing grade.

Notification of Concern/Student Intervention Plan

The Notification of Concern (NOC) form is used by the UNT Audiology and Speech-Language Pathology (ASLP) Department to alert students and to provide record for the ASLP Department of concerns that may prevent a student from successfully completing the ASLP program. The NOC should be reserved for only those situations that, if not corrected or addressed, would be a significant barrier to success in the Speech-Language Pathology profession. The process involved with the NOC form is focused on helping a student improve skills and to provide a tracking mechanism for identifying and applying action plans designed to alleviate the concerns. In some cases, however, it may also be used to identify students who should seriously consider changing majors. Faculty or staff should complete this form as completely and specifically as possible and should involve the student by reviewing the information and issues of concern as indicated below. The student intervention plan should be outlined in the Action Plan. A student should sign the NOC before it is saved to the student CALIPSO system and departmental records.

Student Information					
Student Name:		UNT ID:		Email Address:	
Major:	Audiology and Speech-Language Pathology				
UG or Grad Level:					

General Information					
Date Issued:		Received By:		Date Resolved:	
Course No:		Course Title:		Semester:	
Originator:		Title of Originator:	Supervisor/ Clinic Director	Date Student Responded:	

- | |
|--|
| <ul style="list-style-type: none"> • Identify the area of your concern: Please check all areas that apply and rate your level of concern for each area • Low=Alert Status: <ul style="list-style-type: none"> <input type="checkbox"/> The actions already taken were sufficiently successful in the clinic or academic program. <input type="checkbox"/> No action has been taken yet, but this concern should be monitored. • Medium= In need of remediation: <ul style="list-style-type: none"> <input type="checkbox"/> The student needs assistance formulating an action plan and identifying services and resources to help them be successful. • High= Serious action needed: <ul style="list-style-type: none"> <input type="checkbox"/> Extension of the student's academic or clinic program. <input type="checkbox"/> The issue may warrant possible removal from the program. |
|--|

<input type="checkbox"/> SKILLS	<input type="checkbox"/> CONTENT KNOWLEDGE	<input type="checkbox"/> PEDAGOGY or PERFORMANCE	<input type="checkbox"/> PROFESSIONAL DISPOSITION
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May include concerns in: Speaking Writing Reading Listening or other skills	Many include concerns in factual accuracy, conceptual understanding, procedural understanding, theoretical bases, problem solving or other knowledge issues.	May include concerns with client rapport, developing therapeutic goals and training strategies, data collection, behavior management, treatment preparation and implementation, client tracking, clinical confidence, or other clinic performance issues.	May include concerns with attendance, respect, responsibility, initiative, judgement, teamwork, clinic, attire, honesty, emotional coping, meeting deadlines, following procedures, or other professional behaviors.
RATE YOUR LEVEL OF CONCERN IN THIS AREA (see above): <input type="checkbox"/> high <input type="checkbox"/> medium <input type="checkbox"/> low <input type="checkbox"/> none of the above	RATE YOUR LEVEL OF CONCERN IN THIS AREA (see above): <input type="checkbox"/> high <input type="checkbox"/> medium <input type="checkbox"/> low <input type="checkbox"/> none of the above	RATE YOUR LEVEL OF CONCERN IN THIS AREA (see above): <input type="checkbox"/> high <input type="checkbox"/> medium <input type="checkbox"/> low <input type="checkbox"/> none of the above	RATE YOUR LEVEL OF CONCERN IN THIS AREA (see above): <input type="checkbox"/> high <input type="checkbox"/> medium <input type="checkbox"/> low <input type="checkbox"/> none of the above

Describe your concern as specifically as possible. Explain what you have already done to assist the student in resolving this concern. (Recommend resources/services, accommodations, discussing the concern, allowing additional opportunities to demonstrate competence, etc.) This information will help the ASLP staff to recommend effective interventions and to avoid repeating strategies that have already proven unsuccessful (include attachment if appropriate).

Action Plan: Identify what needs to be completed and/or demonstrated so that the student may move forward in the ASLP program. Specify the completion date(s). If applicable, identify other faculty/staff who will participate in determining the student's success in resolving this concern.

Staff Signature(s): _____

Student Signature: _____

Discussed with _____ (indicate personnel) on _____ (date).

Recording Clinical Clock Hours

Practicum experiences are designed to meet requirements for certification by the American Speech-Language-Hearing Association, therefore, maintaining records and monitoring accumulation of clinical clock hours is an important responsibility of the student and the program. Students are encouraged to keep record of their individual diagnostic and therapy clinic clock hours throughout the semester. Students should keep a log of all client evaluation including client's name, age, date of service, and clock hours. These should be totaled at the end of the semester and entered in the diagnostics portion of clock hours on CALIPSO. If a client is enrolled in therapy, students should use CounselEAR records to assist in calculation of the total number of clock hours for a client and record it in the diagnostics or therapy portion of clock hours on CALIPSO. Each clinical instructor will verify the student's record of the clock hours by approving the hours entered on CALIPSO.

Students are encouraged to monitor their clock hours, throughout their time in the program, to assure that they are obtaining the necessary clock hours for completion of ASHA required hours for certification. Students who have concerns about their clock hours should schedule an appointment with the clinical director.

Hours should be counted and calculated as follows:

ASHA Countable Time

Clinicians may define countable time to be reported for ASHA certification as any time spent when a student is engaged in a clinical speech-language pathology task and is supervised by a professional in speech-language pathology.

Expectations and inclusions of these activities include:

- Students may only report time spent in direct contact with clients. This excludes preparation time, report writing, scoring tests or language samples, and writing lesson plans.
- Prevention hours may be reported if the clinician is providing information or participating in activities that are directly related to prevention of communication disorders (e.g. education on noise exposure, alcohol-related birth defects).
- Evaluation hours may be reported for time spent assessing and diagnosing communication disorders, prior to initiation of an intervention program. Hours may also be reported for informal testing, re-evaluation, and non-standardized tests.
- Treatment or evaluation time may be counted for time spent in professional meetings and/or individual education (IEP) meetings only if the family or client is present. This excludes time spent meeting with clinical instructors.
- Observation hours may only be reported as observation and count towards the 25 required hours. These hours may also be reported in the KASA competencies.
- Clinical clock hours with clients who present with more than one communication disorder should distribute the time spent working on each disorder accordingly.

- Hours spent working with children can be defined as birth through elementary school age. Adults may be defined as those 18 or older.

Computing Clinic Clock Hours

A clinician should record the exact number of minutes/hours that they are in direct contact with the client during treatment or assessment activities. This can include time spent escorting a client to and from therapy/assessment rooms, as this is engaging in a therapeutic interaction. This can also include time spent conferencing with a parent/spouse/caretaker prior to, or after, a treatment/assessment session. Amount of time spent in direct contact with the client or clinical conference should be recorded exactly in terms of minutes/hours. Rounding up to the nearest hour of time increment is not appropriate.

Division of therapy minutes/hours is ultimately determined by the clinical instructor and should be agreed upon by clinicians. Division of minutes/hours should be dictated by the amount of direct time each clinician was engaged in treatment or assessments activities with the client during a session.

If a client is shared between two clinicians, the time must be split. For example, if a treatment session is 50 minutes, each clinician can earn 25 minutes. For an assessment, each clinician on a team can only count the time that they are directly working with the client.

Reporting Clinic Hours using CALIPSO

Students will be required to use the electronic program: Clinical Assessment of Learning, Inventory of Performance, and Streamlined-Office Operations (CALIPSO). Students should submit their clinical clock hours via the CALIPSO program, and clinical instructors will approve these hours prior to the end of each semester. All clock hours must be submitted and approved, along with a clinical evaluation, before a final grade will be entered into the student CALIPSO system. Students may also use a hard copy to keep track of their hours throughout the semester using the student clock hour worksheet. If you have any questions or concerns regarding CALIPSO, please ask your clinical instructor, or the general CALIPSO website can be found at: <http://www.calipsoclient.com/>. All clinic hours obtained at assigned offsite centers should be logged into and verified via CALIPSO as well.

CALIPSO Online Tracking System

The Department of Audiology and Speech-Language Pathology and the UNT Speech and Hearing Center utilizes the online student evaluation grading and tracking portal known as CALIPSO. All students in ASLP are required to have and maintain an account. A one-time expense is required for students to set up and own an account, which they will have access to indefinitely. All clinical clock hours and clinical evaluations for treatment and diagnostics will be maintained in the CALIPSO system.

Performance Rating Scale: CALIPSO utilizes a 5- point rating scale.

1 = not evident; 2 = emerging; 3 = present; 4 = adequate; 5 = consistent

Clinical Competency Levels with Associated Performance Expectations: CALIPSO utilizes 3 clinical levels. See “Keys to Clinical Competency” on pages 19-20.

Clinical Competency Score: CALIPSO utilizes a competency score of 3.0 for skills reported as competent in the formative assessment.

Key to Clinical Competency Ratings

	4: Exceeds Performance Expectations	3: Needs Improvement in Performance	2: Needs Improvement in Performance	1: Performs Unsatisfactorily
<p><u>Level I</u> Beginning 0 – 100 Clinical Hours</p>	<p>Inconsistently demonstrates the clinical behavior. Displays minor technical problems, which do not hinder the therapeutic process. Exhibits awareness of the need to monitor and adjust and makes changes. Modifications are generally effective.</p>	<p>The clinical skill/behavior is beginning to emerge. Efforts to modify skill may result in varying degrees of success.</p>	<p>Implements the behavior/skill with difficulty. Efforts to modify are generally unsuccessful.</p>	<p>The clinical behavior is not evident. Makes no apparent effort to modify. Is not aware of the need to change.</p>
<p><u>Level II</u> Intermediate 100 – 200 Clinical Hours</p>	<p>Adequately implements the clinical skill/behavior. Beginning to demonstrate some independent and creative problem solving. Displays minor technical problems, which do not hinder the therapeutic process.</p>	<p>Inconsistently demonstrates the clinical behavior. Exhibits awareness of the need to monitor and adjust and make changes. Modifications are generally effective.</p>	<p>The clinical skill/behavior is beginning to emerge. Efforts to modify skill may result in varying degrees of success.</p>	<p>Implements the skill with difficulty. Efforts to modify are generally unsuccessful.</p>
<p><u>Level III</u> Advanced 200 – 350 Clinical Hours</p>	<p>Adequately and effectively implements the clinical skill/behavior. Demonstrates independent and</p>	<p>Displays minor technical problems, which do not hinder the therapeutic process.</p>	<p>Inconsistently demonstrates clinical behavior/skill. Exhibits awareness of the need to monitor</p>	<p>The clinical skill/behavior is beginning to emerge. Efforts to modify may result in varying</p>

	creative problem solving.		and adjust and make changes. Modifications are generally effective.	degrees of success.
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Essential Functions Skills and Expectations

To acquire the knowledge and skills requisite to the practice of speech-language pathology, to function in a broad variety of clinical situations, and to render a wide spectrum of patient care, graduate student clinicians must have skills and attributes in five areas, according to ASHA and the Council of Academic Programs in Communication Sciences and Disorders (2007). These professional skill areas, while not exclusive, include: communication, motor, intellectual-cognitive, sensory-observational, and behavioral-social. Such skills enable a student to meet graduate and professional requirements as measured by state licensure and national certification. Many of these skills can be learned and developed during the graduate program through coursework and clinical experience.

All graduate students entering the UNT graduate program in SLP will be provided a *Graduate Clinical Student Essential Functions Requirement Agreement* (pg. 34-36) to read and sign, thus ensuring understanding of the essential functions and professional skills required for graduate clinical training in the SLP program.

In the event that a graduate student clinician fails to demonstrate any of the essential function skills, a *Clinical Student Essential Function Skills Checklist* (see below) will be completed so as to designate the specific function(s) that are not being met or sustained. In this event, a student may be subject to remediation practices and/or subject to temporary suspension from clinic-related training activities. In certain applicable cases, a *Notification of Concern* or *NOC* (see below) will be filed to document specific essential function weakness(es) and to designate a remediation plan including student expectations. If a student fails to demonstrate any or all of the essential functions required in clinical practicum, the student may be considered for termination from the clinical training component of the master's degree requirements. Any type of action subsequent to a student's failure to meet or sustain demonstration of essential function skill(s) will be determined by the SLP clinical director, graduate program director, and ASLP department head.

The original CAPCSD Essential Functions document may be located at the following link: <https://www.capcsd.org/academic-and-clinical-resources/>. Then click on Essential Functions References Appendix A.

Clinical Student Essential Function Skills Checklist

SLP clinical students must have skills and attributes in five areas: communication, motor, intellectual-cognitive, sensory-observational, and behavioral-social. These skills enable a student to meet graduate and professional requirements as measured by state licensure and national certification. The started items (*) are skills that are most inherent and should be present when a student begins the program. If any of these skills are not met, remedial or other action may be taken (see pg. 33)

Communication Skills:	Met	Not Met
Communicate proficiently in both oral and written English language*		
Possess reading and writing skills sufficient to meet curricular and clinical demands*		
Perceive and demonstrate appropriate non-verbal communication for culture and context *		
Modify communication style to meet the communication needs of patients, caregivers, and other persons served.		
Communicate professionally and intelligibly with patients and college colleagues, other healthcare professionals, and community or professional groups.		
Communicate professionally, effectively, and legibly on patient documentation reports and scholarly papers required as a part of coursework and professional practice.		
Convey information accurately with relevance and cultural sensitivity.		

Motor Skills:	Met	Not Met
Sustain necessary physical activity level in required classroom and clinical activities*		
Respond quickly to provide a safe environment for patients in emergency situations, including fire, choking, etc. *		
Access transportation to clinical and academic placements. *		
Participate in classroom and clinical activities for the defined workday.*		
Efficiently manipulate testing and treatment environments and materials without violation of testing protocol and with best therapeutic practice.		
Manipulate patient-utilized equipment (e.g., durable medical equipment to include AAC devices, hearing aids) in a safe manner.		

Access technology for clinical management (i.e., billing, charting, therapy programs).		
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Intellectual/Cognitive Skills	Met	Not Met
Comprehend, retain, integrate, synthesize, infer, evaluate, and apply written and verbal information sufficiently to meet curricular and clinical demands. *		
Identify significant findings from history, evaluation, and data to formulate a diagnosis and develop a treatment plan.		
Solve problems, reason, and make sound clinical judgements in patient assessment, diagnostic and therapeutic plan, and implementation.		
Self-evaluate, identify, and communicate limits of one's own knowledge and skill to appropriate professional level and be able to identify and utilize resources in order to increase knowledge.		
Utilize detailed written and verbal instruction in order to make unique and dependent decisions.		

Sensory/Observational	Met	Not Met
Visually and auditorily identify normal and disordered: fluency, articulation, voice, resonance, respiration characteristics, oral language, and written language in the areas of semantics, pragmatics, syntax, morphology, and phonology; hearing and balance disorders; swallowing disorders; cognition disorders; and social interaction related to communication.		
Identify the need for alternative modalities of communication.		
Visualize and identify anatomic structures.		
Visualize and discriminate imaging findings and findings on imaging studies.		
Discriminate text, numbers, tables, and graphs associated with diagnostic instruments and tests.		
Recognize when a patient's family does or does not understand the clinician's written and or verbal communication.		
Behavior/Social Skills	Met	Not Met

Display mature empathetic and effective professional relationships by exhibiting compassion, integrity, and concern for others. *		
Recognize and show respect for individuals with disabilities and for individuals of different ages, genders, races, religions, sexual orientations, and cultural and socioeconomic backgrounds. *		
Conduct oneself in an ethical and legal manner, upholding the ASHA Code of Ethics and University and federal privacy policies. *		
Maintain general good physical health, mental health, and self-care in order not to jeopardize the health and safety of self and others in the academic and clinical settings. *		
Adapt to changing and demanding environments, which includes maintaining both professional demeanor and emotional health.		
Manage the use of time effectively to complete professional and technical tasks within realistic time constraints.		
Accept appropriate suggestions and constructive criticism and respond by modification of behaviors.		
Dress appropriately and professionally.		
Function in accordance with clinical training standards, requirements, and expectations in such a way that emotional, physical, and mental health do not negatively impact client-clinician clinical interactions in the UNT Speech and Hearing Center or at off-site practicum sites.		

Essential Functions Agreement

This agreement is intended as a guide for incoming students in the Speech-Language Pathology graduate program to understand the necessary professional and functional requirements associated with successful completion of the clinical program. In order to acquire the knowledge and skills requisite to the practice of speech-language pathology, to function in a broad variety of clinical situations, and to render a wide spectrum of patient care, graduate student clinicians must have skills and attributes in five areas: communication, motor, intellectual-cognitive, sensory-observational, and behavioral-social. These skills enable a student to meet graduate and professional requirements as measured by state licensure and national certification. Many of these skills can be learned and developed during the course of the graduate program through coursework and clinical experience. In the event that a graduate student clinician fails to demonstrate any of the essential function skills, the student may be subject to remediation and/or suspension from clinic-related training activities at the discretion of the clinical director, graduate program director, and department head. The starred items (*), however, are skills that are most inherent and should be present when a student begins the program.

Communication – A student must possess adequate communication skills to:

- Communicate proficiently in both oral and written English language. (Language to be determined by program). *
- Possess reading and writing skills sufficient to meet curricular and clinical demands. *
- Perceive and demonstrate appropriate non-verbal communication for culture and context. *
- Modify communication style to meet the communication needs of patients, caregivers, and other persons served.
- Communicate professionally and intelligibly with patients, colleagues, other healthcare professionals, and community or professional groups.
- Communicate professionally, effectively, and legibly on patient documentation, reports, and scholarly papers required as a part of coursework and professional practice.
- Convey information accurately with relevance and cultural sensitivity.

Motor – A student must possess adequate motor skills to:

- Sustain necessary physical activity level in required classroom and clinical activities. *
- Respond quickly to provide a safe environment for patients in emergency situations including fire, choking, etc. *
- Access transportation to clinical and academic placements. *
- Participate in classroom and clinical activities for the defined workday. *
- Efficiently manipulate testing and treatment environments and materials without violation of testing protocol and with best therapeutic practice.
- Manipulate patient-utilized equipment (e.g. durable medical equipment to include AAC devices, hearing aids) in a safe manner.
- Access technology for clinical management (i.e. billing, charting, therapy programs)

Intellectual/Cognitive – A student must possess adequate intellectual and cognitive skills to:

- Comprehend, retain, integrate, synthesize, infer, evaluate, and apply written and verbal information sufficiently to meet curricular and clinical demands. *
- Identify significant findings from history, evaluation, and data to formulate a diagnosis and develop a treatment plan.
- Solve problems, reason, and make sound clinical judgements in patient assessment, diagnostic, and therapeutic plan and implementation.
- Self-evaluation, identify, and communicate limits of one's own knowledge and skill to appropriate professional level and be able to identify and utilize resources in order to increase knowledge.
- Utilize detailed written and verbal instruction in order to make unique and dependent decisions.

Sensory/Observational – A student must possess adequate sensory skills of vision, hearing, tactile, and smell in order to:

- Visually and auditorily identify normal and disordered: fluency, articulation, voice, resonance, respiration characteristics, oral language, and written language in the areas of semantics, pragmatics, syntax, morphology, and phonology; hearing and balance disorders; swallowing disorders; cognition disorders; and social interaction related to communication.
- Identify the need for alternative modalities of communication.
- Visualize and identify anatomic structures.
- Visualize and discriminate imaging findings and findings on imaging studies.
- Discriminate text, numbers, tables, and graphs associated with diagnostic instruments and tests.
- Recognize when a patient's family does or does not understand the clinician's written and or verbal communication.

Behavioral/Social – A student must possess adequate behavioral and social attributes to:

- Display mature empathetic and effective professional relationships by exhibiting compassion, integrity, and concern for others. *
- Recognize and show respect for individuals with disabilities and for individuals of different ages, genders, races, religions, sexual orientations, and cultural and socioeconomic backgrounds. *
- Conduct oneself in an ethical and legal manner, upholding the ASHA Code of Ethics and University and federal privacy policies. *
- Maintain general good physical health, mental health, and self-care in order not to jeopardize the health and safety of self and others in the academic and clinical settings. *
- Adapt to changing and demanding environments, which includes maintaining both professional demeanor and emotional health.
- Manage the use of time effectively to complete professional and technical tasks within realistic time constraints.

- Accept appropriate suggestions and constructive criticism and respond by modification of behaviors.
- Dress appropriately and professionally.
- Function in accordance with clinical training standards, requirements, and expectations in such a way that emotional, physical, and mental health do not negatively impact client-clinician clinical interactions in the UNT Speech and Hearing Center or at off-site practicum sites.

Adapted from the *Council of Academic Programs in Communication Sciences and Disorders (2008)* at <https://www.capcsd.org/academic-and-clinical-resources/> in Appendix A.

I understand and agree to adhere to the *Clinical Student Essential Functions* guidelines upon entrance into the UNT ASLP department. In addition, I understand that if these skills are not demonstrated at any level of my graduate student clinic training, I may be subject to remedial, and/or disciplinary- and/or possible suspension-related outcomes according to the discretion of the SLP clinical direction, graduate student advisor, and department chair.

Student Name

Date

English Proficiency Policy Statement

The Department of Audiology and Speech-Language Pathology and the Speech and Hearing Center at the University of North Texas (UNT) support the position of the American Speech-Language-Hearing Association in encouraging people of diverse backgrounds to enter the field of communication disorders. ASHA states that, “students and professionals in communication sciences and disorders who speak with accents and/or dialects can effectively provide speech, language, and audiological services to persons with communication disorders as long as they have the expected level of knowledge in normal and disordered communication, the expected level of diagnostic and clinical case management skills, and when necessary, the ability to model target phonemes, grammatical features, and other aspects of speech and language that characterize a client’s particular problems” (<https://www.asha.org/policy/TR1998-00154/>).

At UNT, all students in the Department of Audiology and Speech-Language Pathology must possess adequate written and verbal communication skills in Standard American English necessary to meet academic and clinical requirements. In particular, graduate clinical students will be judged on the following skills and abilities in their supervised clinical practicum when applicable to client/patient service delivery and related student-professional interactions. These skills will be judged by licensed and experienced clinical instructors at the UNT Speech and Hearing Center.

Students must be able to:

- Communicate effectively, sensitively, and efficiently with clients, professors, and colleagues
- Comprehend technical, procedural, and professional materials while demonstrating consistent ability to follow clinically related instructions and supervisory input
- Possess the ability to readily communicate observations and findings, prepare progress notes, correspond, and complete evaluation or treatment reports in a clear, logical and professional manner
- Perceive the speech of clients and accurately judge its quality and specific patterns of usage
- Readily comprehend language expressed in oral, graphic, and gestural forms
- Show acceptable intelligibility to allow for administration of speech, language, or audiological assessment instruments in a reliable and valid manner and to effectively relay all types of clinical information, instructions, and clinical feedback to clients in the treatment setting
- Demonstrate appropriate pragmatic skills, including eye contact and use of appropriate social and professional language and communication in the academic and clinical context
- Modify communication in order to match the context and needs of the listener
- Demonstrate understanding of non-literal, figurative, or ambiguous language
- Demonstrate understanding of indirect and non-verbal communications in the clinical setting
- Speech-language pathology students must be able to model desired voice, fluency, articulation, and oral/nasal resonance, as well as features associated with English grammatical structure (syntax, morphology), semantics, literacy teaching, and other areas consistent with the objectives of a client in the assessment and treatment setting

Non-native speakers of English will work closely with clinical instructors toward establishing this proficiency, prior to and during enrollment in clinical practicum. Students who speak with accents and/or dialects may seek out OR be asked to obtain assistance in improving English proficiency skills. This can be at the recommendation of the clinical direction, clinical supervisory, and departmental instructional faculty. English proficiency services will be provided at the UNT Speech and Hearing Center at no cost to the student. Other related English proficiency services which are available to UNT students, including UNT's Intensive English Language Institute (<https://international.unt.edu/content/academic-English>), will also be recommended as appropriate.

Progress towards improving English proficiency skills will be formally reviewed each semester at mid and final review points. Continuation in, and modification of, a student's clinical and academic program will be determined by the department chair, clinic director, and other instructional or supervisory personnel. This will be based on different factors, including, but not limited to, the amount of demonstrated improvement and the degree of student's English competency skills as required for effective assessment and intervention implementation in a clinical practicum setting, in and outside of the UNT clinic.

Treatment Plan and Semester Clinical Conferences

For purposes of (a) providing better clinical training for students, (b) providing increased information to parents, and (c) generally increasing the quality of our service delivery model, two procedures should be incorporated into each student's clinical experience during each semester:

The student clinician, along with their clinical instructor and client's parents, caretakers, or spouses, should have a scheduled conference at the beginning of the semester, wherein the parent, spouse, and/or client should be encouraged to take an active role in designing the treatment plan or plan of care for the semester.

The student clinician, along with their clinical instructor and client's parents, caretakers, or spouse, should schedule a during a client's therapy time in order to review treatment progress and provide a specific update regarding the client's therapeutic status. With many of our pediatric clients, especially those who are not typically observed by a parent, an inter-semester conference focusing on providing therapy information to parents and spouses would be an excellent experience for students (one that is needed in the "real world"), as well as an added service to our clinic patrons.

Note: As usual, the implementation of these procedures is up to each clinical instructor's discretion.

Evidence-Based Practice Guidelines (EBP)

Every student enrolled in Clinical Practicum ASLP 5060 will be expected to adhere to Evidence-Based Practice (EBP) procedures and practices for all clinical assessment and treatment assignments. Supervisors will incorporate different requirements to ensure that clinical students are utilizing EBP principals in their clinical decision making. This may include requiring graduate student clinicians to identify and/or review different peer reviewed articles, book chapters, assessment/intervention regimens based on current scientific evidence, prepare written reports on EBP literature/journal sources, create assessment/treatment protocols based on EBP information, create ASHA evidence maps, and other types of EBP assignments relevant to a clinical case.

Required EBP clinical assignments are based on discretion of clinical instructors, and will be evaluated according to individual supervisory standards. Failure to complete specific EBP assignments according to supervisory standards will negatively impact a student's 5060 clinical grade.

Statement on Required Clinic Hours

The Speech-Language Pathology major is accredited by the Council on Academic Accreditation of the American Speech-Language-Hearing Association. The faculty of the Department of Audiology and Speech-Language Pathology makes every effort to assure that student clinicians are appropriately supervised and that they receive the appropriate number of hours in each of the required areas; however, all required hours may not be obtained in ASLP 5060 Clinical Practicum. Graduate clinicians will be responsible for completing their required hours in their internship semester. The clinic director and/or assistant clinic director should be kept apprised of the type of internship each graduate student is planning to complete. If a student wishes to do both child and adult-based internships, or other specialized internships, the clinic director and/or assistant clinic director will attempt to make assignments at the UNT Speech and Hearing Center that satisfy hours not likely to be obtained during the internship experience.

Statement Concerning Procedures for Making Clinic Assignments

Any student enrolled in ASLP 5060 Clinical Practicum will be required to accept clinical assignments, on and off campus, that are made by the clinic director during a given semester. These assignments may be scheduled at any time between the hours of 9:45AM – 6:00PM Monday through Thursday and from 8:00AM to 12:00PM Friday. The assignment of clinical practicum experiences will be based on student training needs, American Speech-Language-Hearing Association (ASHA) requirements, and service demands of the UNT Speech and Hearing Center. Clinical assignments will NOT be made or modified because of student's personal preferences, altered work schedules, academic loads, or individual travel constraints (e.g. lack of transportation, commuting schedules). During a given semester, a student can expect to be assigned up to 2 or 3 full-semester assignments (this includes offsite centers, individual clients, and groups). If more than three clinical assignments are made, the student may refuse to accept them.

Clinic assignments are determined based on the student's need to fulfill the nine areas included in the Knowledge and Skills Acquisition (KASA) areas. Students need to be competent in all nine areas to gain the Certificate of Clinical Competence (CCC) in Speech-Language Pathology. Student's clinical assignments will be based on the ages, cultural distribution, and the nine KASA areas that have not been fulfilled. For further information on the nine KASA areas, see the section on the standards for the Certificate of Clinical Competence (CCC) in Speech-Language Pathology Part C.

UNT Speech and Hearing Center General Clinic Procedures and Policies

As student clinicians, you are a member of the clinical team providing services to clients of the UNT Speech and Hearing Center. Part of your clinical learning experiences is to gain an understanding of procedures involved in service delivery to clients. Clients of the Center view students as beginning professionals and expect the same level of professionalism from students that they do from instructors and staff of the Center. It is important that students understand and follow the procedures of the clinic and maintain professionalism at all times.

Clinic Work Environment

The first-floor area of the Speech and Hearing Center is utilized for assessment and treatment of clients and operates as a professional work area. The Center employs a full-time secretary and a full-time billing clerk as well as part-time student workers to support the operations of the Center. These employees manage important aspects of clinical operations such as scheduling clients, managing documentation, billing for clinical services, and ordering clinical supplies and re-sale equipment. Because confidential health information and billing information is stored in the clinic office area, students are restricted from the area behind the reception desk. Students should be mindful of the need to maintain a professional work atmosphere in the clinic work area at all times.

The clinic operates as a fee-for-service provider. This means that most of the clients pay for services received, although some may be seen at a reduced rate or on scholarship according to Center policies. Methods of reimbursement for services include:

- Private pay by the individual receiving services
- Third party reimbursement (insurance companies)
- UNT students receive speech services at the Center free of charge

Students will have the opportunity to learn important information about billing and reimbursement during their practicum experience at the Center but the clinical instructors will submit all invoices in CounselEAR.

Policy for Attendance and Cancellation of Clinic Sessions

1. Attendance

In order to assure professional responsibility on the part of the clinicians and in order to simplify the problems of deciding between excused and unexcused absences, the following clinic attendance policy has been established.

A clinician must hold 90% of the possible clinic sessions with each of the clients assigned in order to receive credit for the clinical practice course, unless extenuating circumstances occur, in which case supervisor and clinic director will review to determine if and when credit will be awarded.

Absences caused by the client do not count against the clinician. Clinicians may make up absences when proper arrangements can be made for room and supervision time. No more than one make-up session may be scheduled in a given week without your supervisor's approval. The department head may assign a faculty member to review the situation, in cases of extreme illness and prolonged absence.

2. *Cancellations*

Student clinicians must contact their instructors before they miss therapy sessions. For emergent situations, students need to contact their clinical instructor by 8:00 am on the day a therapy session is scheduled unless extenuating circumstances prevent it. If a student will be absent, the clinical instructor will determine if a session needs to be cancelled. If the clinic needs to be closed due to inclement weather or other extenuating circumstances, the personnel of the Center or the clinical instructor will notify clients of the closure. It is not the responsibility of the student to notify clients of session cancellations.

3. *Externship Site Attendance Policy*

An attendance policy will be in place for all student clinicians enrolled in ASLP 5060 and attending a school or other outside practicum site.

The following requirements and procedures will apply:

1. Students are required to attend every session of their outside practicum assignments. If a student misses a session due to medical reasons or other extenuating circumstances, a make-up session should be arranged if possible. This session should be arranged by the student and practicum site supervisor unless a make-up session is not possible. If more than one session is missed due to medical reasons, a doctor's statement is required.
2. If the UNT Center is cancelled for weather-related reasons, most surrounding schools will be cancelled; however, if students are assigned to a non-school site, attendance is required if safe travel permits. In any event, a student should call the practicum to confirm attendance or not.
3. If a student attends the TSHA or ASHA conference, they will be excused from their outside practicum site on that day; however, make-up sessions are encouraged if possible. Students are also excused on the date the COMP exam is required by the ASLP department.
4. If a student's supervisor is absent, the student will still be required to attend if the supervisor is able to arrange for someone else to supervise the student or if another observational learning opportunity is available. If therapy is cancelled due to staffing, parent conference, or other types of professional meetings, the student is required to attend and at least observe, unless the student's supervisor does not think it would be instructive or appropriate. These types of professional activities can be valuable learning experiences.
5. Students must keep a specific record of hours they are engaged in direct treatment and diagnostic activities with the client(s). Clock hours need to reflect exact hours/minutes student is engaged in treatment/diagnostic activities (no rounding

of clock hours/minutes). A student should consult with their SLP supervisor or the clinic director if there are any questions on how to count offsite hours. Clock hours will be entered into CALIPSO for supervisor approval during or at the end of the semester, based on the SLP supervisor's guidelines.

Externship/Offsite Assignment Procedures

1. Clinic students should contact their offsite supervisor when alerted by off-campus placement coordinator to thank them for the opportunity and to confirm details such as dress code, hours, parking etc.. You should plan on starting the offsite assignment on the first day that UNT classes begin, if not before, based on agreement with UNT and the offsite supervisor.
2. The days/times you will be attending the offsite center will be provided by the off-campus placement coordinator.
3. For all offsite assignments, students should keep track of all therapeutic and diagnostic hours including dates and exact hours and minutes.
 - a. The offsite supervisor determines what clinical activities students will do and with what types of clients.
 - b. The offsite supervisor will (a) determine the kinds of lesson plans and logs the student will maintain, (b) provide ongoing supervision and evaluation, (c) hold student evaluation sessions, and (d) determine student's clinic grade for the offsite center.
 - c. Students do not have to comply with policies and procedures of the UNT Speech and Hearing Center that do not apply the offsite center; however, attendance is mandatory! See offsite attendance policy under policy section.
 - d. At the end of the semester, the offsite supervisor will verify the number of student hours and enter evaluation information into student's CALIPSO.
4. If a clinic student has questions, they should first be directed to the offsite supervisor. If student has irresolvable issues with offsite center placement or supervisor, they should consult with the off-site placement coordinator.

Health Insurance Portability and Accountability Act (HIPAA)

As a health care provider, the University of North Texas (UNT) Speech and Hearing Center in the Department of Audiology and Speech-Language Pathology (ASLP) must comply with the Federal Health Insurance Portability and Accountability Act (HIPAA) regulations. Faculty, staff, and student clinicians of UNT must comply with these regulations.

1. *What is HIPAA?*

HIPAA is the Health Insurance Portability and Accountability Act of 1996 that was designed to protect health insurance coverage for workers and their families when they changed or lost jobs. These are Federal regulations being developed by the Department of Health and Human Services, of which only the first two have been published; the Electronic Data Interchange (EDI) Rule and the Privacy Rule.

2. *How does HIPAA affect me and the UNT Speech and Hearing Center?*

The rules state that any health care provider that maintains or transmits “individually identifiable health information” is subject to HIPAA. It is intended to protect the privacy of individually identifiable health information contained in a patient’s medical record. Making a reasonable effort to protect our client’s confidentially is the primary focus of HIPAA as it applies to us.

3. *As a student, I understand that I need to adhere to the following guidelines and procedures in order to honor client privacy and HIPAA regulation in the UNT Speech and Hearing Center.*

- Never discuss or reveal any identifying information about a client(s) in public areas inside or outside of the UNT Clinic building and/or ASLP department. Even casual discussion about any of our clients outside of the UNT clinic is prohibited.
- Never leave papers or materials with client name(s) in public places in or outside of the UNT clinic. Never leave any PHI on dept. printer, worktable or other surface in department or clinic.
- Never take written materials out of the UNT clinic with any type of client information on them: lesson plans, logs, clinical reports may be written outside of the UNT clinic, ONLY if no identifying information is included on them.
- Never take video/audio recordings of clients outside of UNT clinic or ASLP department; if using personal computer/iPhone to tape client, this should be erased immediately after analysis, and must never leave the UNT clinic.
- Storage devices such as flash drives, DVDs, cameras, or others containing client personal information (e.g., clinic reports, photos), should never be taken outside of the UNT clinic or ASLP department.
- When printing clinic-related reports, delete all related PHI (name, BD, age, address, parent names, etc), until printing the final draft, which should only be printed inside the UNT clinic.
- All copies of clinic report drafts should be shredded when you are finished with them; the final draft must be printed in the UNT clinic or ASLP department.

- Never save client-related reports on a computer, storage device, or other outside of the UNT clinic. Never take storage device containing client report with identifying information outside of UNT clinic or ASLP department.
- Counselor may only be accessed on computers in the ASLP building that are hard-wired (plugged into) ASLP network. Students will not have ability to access Counselor on their personal devices via any Wi-Fi outlet.
- Client permanent files, accessed via Counselor, can only be read or utilized inside the UNT clinic on UNT desktops. Client files must never leave the clinic or department under any circumstances.
- Client reports and other documents containing client PHI must never be left on a computer lab desktop. If a student is reading a client file in Counselor, or writing a report on a computer lab desktop, Counselor and/or the report should be closed down until the student returns to the computer station.
- Clients should never be phoned or texted with a student's personal phone. A client's phone number should never be saved on a student phone.
- Cell phones are not allowed in clinic areas unless special permission is granted by supervisor to utilize cell phone as timing/recording device in clinical session.
- Any communications sent to clients must be sent through Counselor, and NOT from a student's personal phone or computer, under any circumstance
- All requested client-related files, reports, or other client-related information must be sent via postal mail; faxes are not secure devices.
- Information about a client can only be sent if there is a current permission for release of information in the client's file.
- Any printed copies of client reports should have all PHI and related information completely redacted.
- When exchanging information about a client, use only the minimum amount of information that is necessary to accomplish the purpose of the disclosure. Never use a client's full name.
- Persons outside of the ASLP major are not allowed in clinical treatment/diagnostic areas, or areas in which client information is available or stored (e.g. student computer lab, library, assessment labs, clinic rooms). ASLP students are not to bring friends, relatives, or others into these areas of the clinic or department without special clearance from the clinic director. Persons outside of the ASLP major are never allowed to observe clinic treatment or diagnostic activities without clearance from the clinic director and special permission from a client or client's guardian, spouse, or parent.
- Whenever conducting teletherapy/teleassessment sessions with a UNT clinic client, TEAMS will be used, per guidance from UNT HPS IT.

It is understood that exchanging information about clients with faculty and fellow student clinicians is part of your educational and clinical experience at UNT, but it is necessary that you make every effort to respect UNT clients' privacy. Due to the configuration of most university speech and hearing clinic areas, clients in the waiting areas may easily overhear personal and professional conversations. Thus, any discussions about clients or clinical activity that are not directed at a specific client or family member should be conducted in a

private area of the UNT clinic or ASLP department. In the event that you are unsure if a particular action would be a potential violation of a client's privacy rights, you are encouraged to err on the side of caution and whenever possible, consult with the Speech or Audiology clinic director!

HIPAA Student Agreement Form

I have read the UNT client privacy protection guidelines above and agree to adhere to each procedure as long as I am a student in the Department of ASLP. In the event that I am determined to be out of compliance with any of the HIPAA-related guidelines, my privileges and/or affiliation with the UNT Speech and Hearing Center and/or Department of ASLP may be revoked, or I will be subject to another disciplinary action

Printed Student Name

Date

Student Signature

Client Confidentiality

Clients who receive services at the UNT Speech and Hearing Center have the right to confidentiality. The Health Insurance Portability and Accountability Act (HIPAA) is a federal law that mandates specific requirements all health care providers must follow related to client confidentiality. The UNT Speech and Hearing Center has specific guidelines to comply with HIPAA requirements. It is important that students follow these guidelines at all times.

Notice of Health Information Practices – All clients of the Center receive this information before receiving services at the Center. The notice describes how each client's health information (known as protected health information or PHI) may be used.

The notice describes client's rights regarding their PHI, including:

- The right to confidential services
- The requirement that client authorize release of PHI to others not directly involved in the client's care or necessary for reimbursement before release
- The right to read records related to services received and, if requested by the client, the right to amend those records if deemed appropriate
- The right to request an accounting of all release of PHI to others

Students are required to sign agreement form outlining specific guidelines assuring client confidentiality and protection of PHI. Guidelines include:

- Students will not discuss any information about clients of the Center, including the names of clients receiving services at the Center, with anyone not involved in the care of the client (anyone other than instructors, faculty, staff, or other professionals involved directly in the client's care).
- Students will be mindful of discussion with family/caregivers in the clinic waiting area where others are present. If specific or sensitive information needs to be discussed, ask the client or family/caregivers to come back to the treatment area where privacy is possible. Do not conduct case history interviews or engage in extensive counseling in the waiting area.
- Students will keep all clinical records secure. Counselor should never be accessed outside of the UNT Speech and Hearing Center. Clinical files should never leave the UNT Speech and Hearing Center. Reports, clinical files, or lesson plans will be kept out of sight, in private, secure places in the clinic/department. Clinical reports will not be left on computer lab desktops or any unattended computer screens.
- If client information is to be present in case studies, classroom learning activities, or class projects, all identifying information (client's name, address, record number, etc.) must be removed. If a videorecording of a session is to be shown to others not directly involved in the client's care, written authorization must be received by the client. The authorization must specify who will view the tape and what the information will be used for.

- Client information may be used in research activities only if all identifying information is removed from the data. If any identifying information is included, written authorization must be obtained from the client.

Client information can be disclosed/released under the following circumstances **without** written authorization from the client:

- Information release to the client or guardian of the client. The client does not need to sign a release or when they receive the information
- For purposes of ongoing treatment, for example, consultation with a supervisor or consultant on the case
- For payment purposes, for example, when information is sent to an insurance company for payment
- For organizational needs, for example, if information is reviewed for quality assurance purposes by clinic administration

Policy on Department Identification Cards and Name Badges

Students must obtain a University of North Texas student identification card and a UNT Speech and Hearing nametag. These nametags should be worn in every practicum setting including the UNT Speech and Hearing Center.

Questions or concerns about nametags and ID cards should be taken to the administrative office in room 260 of the UNT Speech and Hearing Center.

Note: You must be wearing a badge to maintain HIPAA compliance. Students who are not wearing a badge will be unable to engage in clinical activities.

Policy on Department and Clinic Closing Hours

The Audiology and Speech-Language Pathology Department and UNT Speech and Hearing Center is open from 8:00AM to 6:00PM on Monday through Thursday (as designated each semester by the clinic director), and from 8:00AM to 5:00PM on Friday. It is the clinician's responsibility to have all materials, including therapy materials, assessment materials, clinic iPads, clinic equipment, recording devices, and other items returned to the clinic before clinic closing on a given check-out day.

Policy Regarding the Closing of Clinic due to Bad Weather

If **UNT cancels classes**, all clinic activities are automatically CANCELED. If UNT delays the start of classes, the Clinic will start when UNT classes start. Clinic personnel and/or clinic directors will notify clients of the clinic closure and session cancellations.

CounselEAR

CounselEAR is an online, cloud-based system specifically designated to make the clinic more efficient and effective. Students will register for CounselEAR at the beginning of the semester.

CounselEAR Student Setup:

- When beginning CounselEAR, Center personnel will send you an email including your username (this will be your UNT email) and a temporary password
- Login to CounselEAR using this information
- Once signed in, click your name in the upper right-hand corner. This will pull up your user profile
- In the box *Password*, type in your desired new password
- In the box below, retype your new password
- Click *save*

General Rules and Guidelines:

- CounselEAR may NOT be accessed outside of the clinic/department computers for any reason. It is a HIPAA violation if done and will be penalized accordingly.
- There are tutorial videos on CounselEar for additional support
 - Click *Help* on the blue bar and a drop-down menu will appear
 - Under *Support Information* click *Tutorial Videos*
- Do not share your login information
- When using CounselEAR, you must always be logged into your own account. All changes made must be done on your own account.
- Attendance will be tracked using the patient visits on CounselEar
- When a client shows up for their appointment, a pop-up will appear on your screen to let you know they have arrived

Client Records/Documentation

Learning to document clinical service delivery is an important professional skill and one that many students find challenging. The ASHA Code of Ethics states that “individuals must maintain accurate records of professional services rendered and produces dispensed and shall allow access to these records when appropriately authorized” (American Speech-Language-Hearing Association, Code of Ethics, 2003). Part of your practicum experience will include learning to write evaluation reports, treatment plans, and progress notes in a clear, concise, and professional manner.

When a client receives services at the UNT Speech and Hearing Center, a permanent client record is established that will contain all relevant documentation of services provided to the client on CounselEAR.

It is important that students keep in mind the following important points about the client record:

- Students are not to log in to their CounselEAR account outside of the UNT Speech and Hearing Center desktop computers.
- Records must be kept confidential at all times. Records may not be printed or distributed to individuals not involved in the client’s treatment, reimbursement, or operations of the center without authorization from the client.
- The client record serves as a legal document of all professional services provided. The record may be subpoenaed for legal matters.
- Clients may access their clinical records by requesting in writing to do so.
- Client reports are sent to referring physicians, schools, and other agencies.
- Client reports must be completed within the Center guidelines and must reflect standards of the Center.

After registering for CounselEAR, students may access the clinical file of a client by searching their name in the patient search bar, clicking on their client’s name, and then clicking on the documents tab. The documents tab includes folders, including: Outside Assessment-SP, UNT Assessments-SP, And UNT Speech-Language Program. Students will find that the documents tab contains all relevant documentation of information related to services provided to the client including case history information, evaluation reports, treatment plans and progress notes, and correspondence with other professionals. Students will find that the clinical record contains all relevant documentation of information related to services provided to the client including case history information, evaluation reports, treatment plans, and progress notes, and correspondence with other professionals.

Learning to document services in a professional style is an important skill that often requires considerable effort for students. Similar to clinical skills, students usually require a great deal of guidance and input from instructors when learning to write clinical reports. Students can easily feel overwhelmed and frustrated by the amount of revisions instructors request on reports and clinic

notes. It is important for students to keep in mind that clinical instructors have two important goals when working with students on clinical reports. One is assuring that the report clearly and accurately documents the clinical services provided to the client in a professional manner. The second is helping the student learn the skill of clinical documentation.

Unfortunately, some students do not take full advantage of the learning opportunities provided in the editing and revision process and work only to finish the task.

Students are provided the following suggestions to assist them in learning to document clinical services:

- When reading clinical reports, pay attention to the style and wording of the report. Note how the report conveys factual and interpreted information in a professional style. Take the time to read and study reports written by others.
- Think about the major points which need to be conveyed in the report. Including nonsignificant or irrelevant detail results in a report that is lengthy and cumbersome to read.
- Take time to proof-read and edit a report. Assess the report for spelling, grammar, clarity, and conciseness.
- When receiving a report back from a supervisor with revisions, take time to analyze the revisions, and understand why the supervisor made the changes.
- Keep electronic or hard copies of reports complete with revisions to refer to in the future. For confidentiality purposes, remove the client's name and all identifying information. Electronic copies with identifying information may only be saved on a clinic computer; completed reports may not be saved on external drives that may be removed from the Center. All electronic reports must be de-identified before leaving the Center.
- Consult with clinical instructors regarding ways to improve clinical documentation skills.
- Keep in mind that correct spelling, grammar, and punctuation is expected of college students on all writing assignments.

It is important for students to recognize that clients and other professionals draw conclusions about the capabilities of a professional based on the thoroughness, accuracy, and completeness of their documentation. Each report is an opportunity to build a good professional reputation.

One Drive Files

Clients who receive ongoing treatment in the Center may have a one drive maintained by their clinical educator/instructor. Clinical educator/instructor will share one drive file to each for each client assigned.

One Drive files may include:

- Treatment plans for individual sessions
- Raw data or summary data about treatment sessions
- Records of practice activities or homework assignments given to clients
- Records of educational information provided to clients and/or family members
- Articles with pertinent evidence for client's treatment
- Client materials such as visual schedules, word lists, pictures, etc.

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Cultural Diversity

One of the challenges and rewards of professional practice is the opportunity to work with individuals from varied cultural backgrounds. During practicum, students generally have the opportunity to participate in service delivery to individuals from diverse cultural and racial backgrounds. Some students have previous experience that transfers well to these situations. Perhaps they have attended schools with a multicultural or multiracial student body. Perhaps they have studied other cultures. Perhaps they themselves are from a culturally diverse background. Some students, though, have few experiences to draw upon. They may be unaware of the enormous impact of culture on communication and how culture can influence attitudes about disability. Even slight cultural differences may influence a client or family's decision about whether to seek evaluation for a problem, enroll in treatment, or express concerns or questions to service providers. During practicum, students should learn to recognize and respect cultural diversity. As a service provider, students are expected to always work in the best interest of the client regardless of race, gender, religion, sexual orientation, ethnic background, social beliefs, or ability to pay. This does not mean that everyone is treated the same. This means that everyone's individual circumstances, values, and belief systems are taken into consideration during clinical service delivery and decision-making.

Students are provided these suggestions to assist them in learning to serve individuals from varied cultural backgrounds:

- Do not be judgmental. It is our responsibility to educate and inform but not to decide what is right for others.
- Treat everyone with care, concern, and respect. This is the hallmark of professionalism.
- Learn how cultural diversity can affect typical clinical activities. For example, in some cultures it is considered rude to ask personal questions such as those associated with childbirth that might appear on a case history form. It is important for students to learn how to ask such questions in a manner that respects the culture of the individual.
- Take the time and effort to learn about individuals' cultures and belief systems and incorporate this knowledge into all aspects of clinical service delivery.

Dress Code

The Speech and Hearing Center provides professional services to clients from a diverse community. Clinical Educators and students are expected to maintain a clean, professional appearance at all times during patient care. **Name tags are expected to be worn at all times during patient care.**

Approved Attire:

- Solid-colored scrub tops and matching-colored bottoms, excluding pastel shades, neon colors, and white, are the standard clinic attire for students. Contrasting color piping along the neckline only is permissible.
- Undergarments should not be visible through tops or pants. Scrubs that allow skin to be seen when bending down or over are not appropriate. Solid color, unobtrusive undershirts/camisoles are allowed and do not have to be the same color as the scrubs.
- Appropriate footwear includes closed-toe shoes such as athletic footwear or clogs or cros with socks, but excludes flip flops, rain boots and Vibram “barefoot” shoes.
- Non-obtrusive piercings and jewelry that do not interfere with or inhibit performance of clinical or patient services may be worn.
- UNT Speech and/or Audiology approved jackets or pullovers are also acceptable tops that can be worn with scrub pants.
- Business casual wear including:
 - Collared shirts, blouses, or professional tops (no crop tops, stomach and lower back should not be visible when moving)
 - Sweaters, cardigans, or pullovers
 - Dress slacks, khakis, chinos, or tailored pants
 - Knee-length or longer skirts and dresses
 - Closed-toe shoes, loafers, flats, or dress boots

Attire Not Appropriate for Patient Care:

- Tattoos of any sort that portray vulgarity or hate speech, must be covered by a long-sleeve shirt, if on the arms, or removable bandage, if located on any visible portion of the body. Questions about tattoos should be discussed with the clinical director. The clinical director has final discretion regarding visibility of tattoos.
- Shorts, jeans, T-shirts, midriff shirts, flip flops, leggings, and other “street clothes.”

It is important for students to keep in mind that professional demeanor significantly influences a client’s assessment of the competence of the professional. Professional

appearance is a key component of professional demeanor. Individuals who are not compliant with the clinical dress code will be asked by their supervisor to leave clinic and return when in compliance with this dress code.

Equipment and Materials

The Department of Audiology and Speech-Language Pathology invests significant resources in equipment and materials for the education of students and service delivery to clients. Part of learning clinical service delivery involves learning to use and manage equipment, keeping in mind that treatment space and equipment is generally utilized hour after hour by many students and instructors. Therefore, equipment must be returned to designated storage areas immediately after use, and treatment spaces must be cleaned and ready for the next client.

Students should utilize the following guidelines for responsibly managing equipment and materials of the Center:

- Learn to operate all equipment safely and according to guidelines. If a student is unsure how to operate equipment, they should seek assistance from the clinical instructor.
- Follow guidelines regarding maintenance and calibration of equipment.
- Report any equipment malfunctions to the clinical instructor immediately. It is important that malfunctioning equipment not be utilized in service delivery to clients.
- Return all equipment and materials to designated storage areas. Materials should be sorted and cleaned before returning.
- Notify the clinical instructor, clinic secretary, or clinic teaching assistants if clinic supplies are low or empty so that they may be reordered promptly.
- Do not leave toys, electrical cords, or materials on the floor where they may be a fall hazard to others.
- Keep in mind safety when choosing materials for use with small children. Do not select materials with small parts that may be a choking hazard to a child under three years of age.

Students and instructors may make requests for additional materials or equipment to the Center director. Every effort will be made to secure equipment or materials needed for client intervention. Students may make copies of reproducible worksheets or therapy materials on the copies in the student work room. Laminating material, construction paper, markers, and other therapy supplies are available in the students work area or the clinic office.

Diagnostic Test Material Policy

1. Unless you have explicit permission from a supervisor, student clinicians are not permitted to take diagnostic tests (located on the library shelves) home. If a student has permission to remove a test from the clinic, the test must be checked out after 6:00PM and returned by 8:00AM the following day. Make sure this is indicated when you check out the test. You know the policy for checking out tests.
2. When practicing test administration, DO NOT use original test protocols; these are expensive. Students may use the photocopies located in the library filing cabinet. When administering tests with one's diagnostic team and/or during an assessment, a practice test protocol may be used, then the information needs to be transferred to the original test protocol. Sometimes in the test situation, it is nice to be able to scribble notes in margins and/or mark up your protocols and to complete the protocol after going back and listening to tape, etc. Only ONE original test protocol should be used per assessment given.
3. After you finish scoring the test and the report is finalized, you will turn the completed original test protocol into the front desk personnel to be scanned in to CounselEAR. This protocol must be completely filled out with the client's identifying information, chronological age, all composite scores, and all subtest scores. This should be done in ink so as to be permanent. No completed protocols should leave the clinic.
4. If you are asked to use some of our protocols at an off-site, please indicate that to the clinic director in an email.
5. If we are down to the last 5 protocols in the drawer, please contact the GSA office to replenish as soon as possible. The GSA email is sphs-gsaoffice@unt.edu.

Involvement of Family/Caregivers

The UNT Speech and Hearing Center encourages active involvement of family members and caregivers in the evaluation and treatment process. Family members, particularly parents of children, should be viewed as important partners in the treatment process. Every effort should be made to advance their knowledge and understanding of the assessment and intervention process, assist them in understanding how to facilitate the client's communication, and develop their ability to advocate effectively for the client.

As a means of facilitating involvement of the family/caregiver, the supervisor and student clinician may:

- Invite the family/caregiver to observe sessions in the observation or treatment area
- Request that the family/caregiver actively participate in the treatment activities
- Model or demonstrate treatment techniques for the family/caregiver and coach them in learning to do the same techniques outside of treatment
- Provide ongoing education to the family/caregiver in a clear and understandable manner
- Elicit feedback from the family/caregiver about the client's communication abilities outside of the treatment setting
- Encourage the family/caregiver to express questions or concerns about the treatment process and respond accordingly
- Conduct formal counseling sessions with the client/family/caregivers
- Provide home programs that the family or caregivers can be involved in

An important part of professional preparation is learning to establish a positive, effective working relationship with the client, and the client's family and caregivers. Students sometimes feel challenged to answer questions or provide specific suggestions, particularly when they are struggling to understand a client's status or behaviors. If a client or family expresses concerns or doubts about assessment results or treatment activities, students may feel defensive or unappreciated for their efforts. Sometimes these feelings prevent clinicians from engaging the family/caregivers actively in treatment. Students should keep in mind that these situations are part of the challenges of professional practice. Effective professionals learn how to encourage input and questions from clients and family/caregivers, respond to concerns or complaints in a helpful, non-defensive manner, and to value the contribution of the client and their family/caregivers in the assessment and treatment process. Students should seek input from clinical instructors about ways of engaging the client and the family/caregivers in intervention, methods of explaining sometimes complicated clinical information in understandable terms and techniques to encourage input and feedback from the client and family/caregiver.

Infection Control Policy

Infection Control – “The conscious management of the environment or the purposes of minimizing the potential spread of disease” (Bankaitis & Kemp, 2003)

- I. Universal Precautions
 - a. Wash hands after each therapy session
 - b. Wear gloves when performing an oral mechanism examination
- II. Cleaning and Disinfection
 - a. All cleaning and disinfection should be completed immediately after each therapy session.
 - Communal toys that are shared between children should be disinfected after each therapy session.
 - Small toys with inside spaces should have all surfaces of the toy wiped down with a disinfectant wipe including hinges, nooks and crannies, etc.
 - Large toys with inside spaces should be immersed in cleaning liquids.
 - General surfaces such as tables and chairs should have all surfaces immediately wiped down after each session.
 - b. Sterilization must be done when an object is contaminated with any infectious substances such as blood, mucous, or other bodily fluids.
 - c. Feeding supplies will be sterilized using sanitizer by supervising clinician who completes feeding session.
 - d. Toys made of metal can be sanitized by using a mixture of bleach and water. Use a tablespoon of bleach diluted in a quart of water and allow the toys to air dry.
 - e. Objects made of fabric can be spot cleaned with a disinfectant wipe.
 - f. Books can be cleaned with a cloth that has been dipped into a 50/50 mixture of distilled white vinegar and water or mild soapy water. Stand the books upwards and separate the pages while they dry.

(Geddes, 2017)
- III. Standard Therapy Room Items
 - a. Each therapy room should always be stocked with the following items:
 - i. Flavored/unflavored tongue depressors
 - ii. Hand sanitizer
 - iii. Tissue boxes
 - iv. Disinfectant wipes
- IV. Locating Cleaning/Infection Control Supplies
 - a. Cabinet 17 (Middle Hallway) – Infection control/clean up kit, personal protection kit, blood borne pathogen clean up kit, latex gloves, etc.
 - b. Cleaning Supplies (contact GSA office – sphs-gsaoffice@unt.edu) – Paper towels, hand sanitizer, Windex, Lysol, wipes/disinfectant wipes, tissues, etc.

Observation Area/Video Recording Equipment

Many treatment areas of the UNT Speech and Hearing Center are equipped with observation areas and/or video recording equipment that may be utilized for clinical supervision activities and/or family/caregiver education. Clinical instructors may observe speech therapy treatment sessions from the observation room, their computer, or they may choose to observe in the treatment room where they can provide direct assistance or modeling to the student clinician. Sometimes instructors may invite the family/caregiver to observe sessions with them so that they can explain intervention techniques to the family/caregiver while the student clinician works with the client. Clinical instructors may also request the student clinicians review a recorded treatment session for analysis. Video recording is also utilized for family/caregiver education purposes as well. Computers will be available in the student work room for students to view recorded sessions. Students are not permitted to download sessions to their personal flash drives to view outside of the clinic.

Safety/Emergency Procedures

Students are expected to adhere to the following guidelines to assure the safety of all clients and co-workers of the Center:

- In the event of a fire, the student should immediately remove any clients from the area and activate an alert to co-workers. Upon hearing a fire alarm, all students and staff will proceed with the fire evacuation plan.
- Space heaters will not be used in any treatment areas.
- Electrical cords should not be run across a floor where they could pose a fall hazard to others.
- Materials and toys will not be left on the floor as to cause a fall hazard to others. Age-appropriate materials and toys will be used in treatment.
- Children will be supervised at all times, including in the waiting area. If a parent or caregiver is not present at the conclusion of treatment, the student clinician or supervisor should wait with the child or ask a member of the clinic staff to wait.
- Children should only be released to the care of a custodial parent or designated caregiver at the conclusion of treatment. If someone other than a custodial parent or designated caregiver is to pick up the child, the parent should provide notice to the clinician, and the clinician should verify the identity of the person prior to releasing the child.
- All accidents or injuries to staff, student clinicians, clients, or visitors should be reported immediately to the clinical supervisor and Center director.

UNT College of Health and Public Service (HPS) Programs for Minors Procedures and Responsibilities

Purpose: The purpose of this document is to establish defined processes for any HPS events, programs or research initiatives that involve minors so they are designed and administered in a manner that protects the health, safety and welfare of all participants. It was developed to be used in conjunction with **University of North Texas Policy 04.025 Youth Protection Program** and its supporting documents outlined in Section IV.

Scope: These procedures and responsibilities pertain to all faculty, staff, students and volunteers who are involved in planning or managing HPS events, programs or research involving minors, or interacting in any way with their participants.

Procedure

I. Program Implementation

A. The Program Director will follow all Procedures outlined in the **UNT Policy 04.025 Youth Protection Program**. This includes notifying the **UNT Youth Protection Program (YPP)** at least three (3) months prior to the start date of the proposed program. In addition, HPS Program Director Courtney Taylor must be notified at 940-369-7349 or courtney.taylor@unt.edu.

II. Criminal History Background Checks

1. All program faculty, staff, students and volunteers are required to have a current (within 12 months) background check on file with HPS and the University. Employees who have completed a background check within 12 months prior to the start date of the program can submit a letter to the UNT YPP in place of a UNT background check. The letter must include:
 1. Name of faculty or staff member, student or volunteer
 2. Date of background check
 3. Vendor name (must be a nationwide criminal history and sex offender register search)
 4. Results must meet the requirements outlined in **UNT Policy 04.025 Youth Protection Program**.
2. For those who do not have a current background check on file (within 12 months), a Criminal History Authorization and Release Form must be submitted to YPP, and a fee of \$10 will be required for each criminal history background check (Note: Costs are subject to change year to year).
3. To complete Criminal History Background Checks, contact Nadia Guevara, director of the UNT YPP, at 940-565-2813 or nadia.guevara@unt.edu.

III. Abuse Awareness Training

A. All faculty, staff, students and volunteers who interact with minors must complete sexual abuse and child molestation awareness training and an exam approved by the Texas Department of State

Health Services every two years. To make it easier for HPS employees and volunteers who work with minors to complete the training, it has been integrated into orientations for all programs that include minors. To set up Abuse Awareness Training, contact Nadia Guevara, director of the UNT YPP, at 940-565-2813 or nadia.guevara@unt.edu.

IV. Policies and Procedures Mandatory Awareness

1. All faculty, staff, students and volunteers who interact with minors will be presented with, must carefully read and must follow the following documents:
 1. **UNT Policy 04.025 Youth Protection Program**
 2. **UNT Policy 04.010 Reporting of Child Abuse and Neglect**
2. Upon acceptance of copies of these documents, recipients must sign the **UNT College of Health and Public Service (HPS) Acknowledgement of Receipt of Policies for Programs for Minors** form acknowledging they were provided the policies and procedures and that they understand that they must adhere to them as a condition of their employment. Scanned copies of the signed form must be sent to Courtney Taylor, HPS program director, via a secure Microsoft Teams folder. Email courtney.taylor@unt.edu for access to the HPS Programs for Minors Microsoft Teams folder.

V. General HPS Programs for Minors Practices

A. HPS maintains a central inventory of all programs involving minors and their attributes to guarantee accurate maintenance of records and to ensure that all background checks and trainings of faculty, staff, students and volunteers are up to date.

1. This inventory for each program includes:

1. a) Title and description of each program and name of program director
2. b) Names of faculty, staff, students and volunteers
3. c) Completion date of each person's cleared background check
4. d) Completion date of each person's Abuse Awareness Training
5. e) Signed copy of each person's **UNT College of Health and Public Service (HPS) Acknowledgement of Receipt of Policies for Programs for Minors** form

B. All HPS programs for minors are reviewed annually in June by the HPS program director to guarantee that all records are accurate and that the programs are in compliance with University policies and procedures, and are coordinated appropriately through UNT YPP.

Incident Reporting Policy

It is the policy of the University of North Texas Speech and Hearing Center to utilize an incident reporting and management system as an integral tool in ensuring the health and welfare of individuals receiving services administered by clinicians of the University of North Texas Speech and Hearing Center. All significant incidents associated with the University of North Texas Speech and Hearing Center personnel, clients, or the public will be documented and reported to the clinical supervisor and a copy forwarded to the clinic director. A significant incident is defined as any incident that is unexpected or has an unexpected outcome. All employees, contact personnel, volunteers, and/or agents of the UNT Speech and Hearing Center will follow the Incident Reporting policy.

Incident Reporting Policy Rationale:

A mechanism for handling reportable incidents must be established in an effort to ensure proper management of incidents, determine any potential legal liability, and to enhance the quality of care to our clients by identifying problem areas in an effort to prevent the occurrence of future incidents. It is also done to document threatening incidents to staff so that potential safety hazards can be addressed.

Reportable Incidents:

Any event which is not consistent with the routine operation of the University of North Texas Speech and Hearing Center and that adversely affects or threatens to affect the well-being of the employees, faculty members, clients, students, visitors, or property of the University, regardless of whether an actual injury is involved or not

1. Classification of Injury:
 - a. None: no injury
 - b. Minor: application of a dressing, ice, cleaning of wound, limb evaluation, or topical medication
 - c. Moderate: suturing, application of steri-strips/skin glue, or splinting
 - d. Major: surgery, casting, traction, or required consultation for neurological or internal injury
 - e. Catastrophic: disability or death

Violent Disturbance Incidents:

Everyone is asked to assist in making the Speech and Hearing Center a safe and peaceful place to carry on business as normally as possible. However, disturbances sometimes do occur, and everyone should be aware of actions to take. For clinic purposes, “violent” disturbances are defined as any physical or non-physical act that results in threatened or actual harm to a person or property.

It also includes any threatening words or actions whether verbal or non-verbal. Take the following steps if a violent disturbance occurs:

1. Stop the session; alert the front desk to call for police assistance. For emergencies, immediately dial 911. For non-emergency threats, call the campus police first (940) 565-3000.
2. In the event of a violent disturbance, front desk employees should move other clients in the reception area and other spaces to a secure location. Clients already in therapy rooms should stay in their room and keep the door closed.
3. If the client is being physically violent, a clinician should not try to engage with, or restrain, that client in any way. Do not take any unnecessary chances.
4. Assist the campus police when they arrive by supplying them with all additional information and ask others to do the same.

Reporting Guidelines:

1. The involved person reports all incidents causing injury or property damage, or where there was the potential for such injury or property damage, to appropriate supervisor and/or clinic director immediately.
2. In the event that there is suspected abuse, incidents should be directly reported to Texas Department of Family Protective Services at (940) 387-8544.
3. In the event that the incident warrants contact with a public safety or law enforcement agency, the UNT Police Department should be contacted directly at (940) 565-3000 and/or the Denton Police Department (940) 349-8181 or 911 in the case of an emergency situation.
4. All reportable incidents should be additionally reported by telephone call to the UNT Risk Management Services at (940) 565-2109 and/or UNT Office of Institutional Compliance at (940) 565-4080. In the case of reporting an incident to the UNT Risk Management Services or UNT Office of Institutional Compliance, details of the incident are not required, just a call notifying the office that there was an incident.
5. The Incident Report Form is filled out immediately by the supervisor, employee or faculty member, or anyone else witnessing the incident.

UNT Speech and Hearing Center Suspected Child Abuse Reporting Policy

Suspected Child Abuse Reporting Policy Statement:

The University of North Texas Speech and Hearing Center places the highest emphasis on the safety and well-being of its students, faculty, and staff. The University of North Texas Speech and Hearing Center places the same emphasis on the safety and well-being of its visitors and particularly those visitors who are minors.

Suspected Child Abuse Reporting Policy Rationale:

Minors may visit the University of North Texas Speech and Hearing Center for a number of reasons, including but not limited to visits as a client or visits as someone who is accompanying a client. The protection of minors, especially from physical or sexual abuse, is a core value of the University of North Texas Speech and Hearing Center, and every member of the center has an obligation to comply with the provisions of this policy.

Reportable Incidents:

All students, volunteers, and third-party contractors are required by University of North Texas Speech and Hearing Center policy to report suspected cases of child abuse and/or neglect.

These incidents include the following instances:

1. *Abused Child:* A child is abused when an individual:
 - a) Inflicts, causes to be inflicted, or allows to be inflicted physical injury, by other than accidental means, which causes death, disfigurement, impairment of physical
OR
Emotional health or loss of impairment of any bodily function to such child; or
 - b) Creates a substantial risk of physical injury to the child by other than accidental means which would be likely to cause death, disfigurement, impairment of physical or emotional health, or loss or impairment of any bodily function; or
 - c) Commits or allows to be committed any sex offense upon such child, including all sexual acts, fondling a child, or having the child touch the person in a sexual manner; or
 - d) Commits or allows to be committed an act or acts of torture upon such child; or
 - e) Inflicts excessive corporal punishment upon such child; or
 - f) Causes an illegal controlled substance to be sold, transferred, distributed, or given to a child
2. *Neglected Child:* A neglected child is any child who is not receiving the proper or necessary nourishment or medically indicated treatment including food or care, or otherwise is not receiving the necessary support, medical or other remedial care, or other care necessary for his or her well-being, including adequate food, clothing, or shelter; or who is abandoned by his or her parents or other person responsible for the child's welfare. Neglect may also include failure to provide adequate supervision to a child, such as when a child is left unsupervised or left in the care of someone incapable.

Reporting Guidelines:

1. In the event that there is suspected abuse, incidents should be directly reported to Texas Department of Family Protective Services at (940) 387-8544.
2. The Suspected Child Abuse Incident Report Form is filled out immediately by the supervisor, employee or faculty member, or anyone else witnessing the incident and delivered to the front desk of the UNT Speech and Hearing Center or faxed to (940) 369-7701.
3. In the event that the incident warrants contact with a public safety or law enforcement agency, the UNT Police Department should be contacted directly at (940) 565-3000 and/or the Denton Police Department (940) 349-8181 or 911 in the case of an emergency situation.
4. All reportable incidents should be additionally reported by telephone call to the UNT Risk Management Services at (940) 565-2109 and/or UNT Office of Institutional Compliance at (940) 565-4080. In the case of reporting an incident to the UNT Risk Management Services or UNT Office of Institutional Compliance, details of the incident are not required, just a call notifying the office that there was an incident.

Quality Improvement

Like most professional practices, the UNT Speech and Hearing Center maintains a program for quality improvement of services. This program involves ongoing collection and analysis of information and data with the objective of identifying opportunities to improve the quality of services to clients receiving services at the Center, as well as the educational services to students. Because the UNT Speech and Hearing Center has a dual mission of excellent service delivery to clients and excellent clinical education to students, quality improvement activities encompass both missions.

The UNT Speech and Hearing Center Quality Improvement Plan includes the following:

- Collection and analysis of client satisfaction surveys
- Collection and analysis of student satisfaction surveys, including satisfaction with clinical instructors and satisfaction with the clinical practicum experience
- Auditing of clinical records and billing information
- Peer review of clinical documentation
- Analysis and review of operational information such as denials or reimbursement, waiting lists for services, and compliance with confidentiality guidelines
- Tracking of feedback or complaints from clients, referral agencies, and other stakeholders
- Tracking the timelines of documentation

For a quality improvement program to work most effectively, each individual in the organization must take responsibility for identifying and sharing information to improve the quality of services. Professional practice involves an ongoing commitment to improve the quality of services.

As student clinicians, you can contribute to the quality improvement process in the following ways:

- Work to develop a positive working relationship with your supervisor that allows for the sharing of new ideas and identification of ways to improve service delivery to clients as well the clinical education process.
- Approach problems or obstacles with an improvement ideology/growth mindset. If something goes wrong, think about what might make it work better. Instead of blaming others, think of ways a process may be changed to encourage accuracy or quality.
- Identify problems and opportunities for improvement in a positive manner. Don't just complain; think about possible solutions. Don't be afraid to share ideas.
- Be committed to doing whatever it takes to provide the best clinical services to your clients and the best educational environment for yourself.

Important Summary Points

- The UNT Speech and Hearing Center provides professional audiology and speech-language pathology services to the community. Clients often judge the quality of the services they receive based on the professionalism of the students, instructors, and staff of the Center.
- Students should know and follow guidelines for confidentiality at all times. HIPAA laws that affect the use and disclosure of protected health information (PHI) in the Center are the same as guidelines followed by hospitals, clinics, and private practices.
- The client record is considered a legal document and may be subpoenaed by a court of law. Records should support clinical decision making and recommendations. Ask yourself if the documentation would allow you, the provider, to explain or defend a clinical decision perhaps a year or two when you may have little recollection of the evaluation or treatment episode. Also, records must support billing.
- Students are expected to follow the dress code of instructors and staff of the Center at all times.
- Clinical education involves learning to use equipment and materials in a safe, appropriate manner that is considerate of the workflow of the entire Center. Students are responsible for managing the resources of the Center responsibly.
- Clinical research supports that the involvement of family and caregivers in management of communication disorders improves the outcomes for persons with the disorder. Students are expected to learn how to engage the family/caregivers actively in evaluation, treatment and decision-making and to respect the culture of all individuals involved in services.
- Students are expected to maintain a safe environment for clients, co-workers, and themselves. Students must learn and follow all environmental safety guidelines including infection control, equipment safety, fire safety, and emergency procedures.
- Quality improvement is key to long-term success of any organization. Audiologists and speech-language pathologists must be committed to continually assessing and improving the quality of services they provide. Begin your commitment to quality improvement now. Identify ways of improving the services you provide to clients. When asked for feedback about your clinical education experience, be honest and open while respecting the efforts of others. Work together with other students, instructors, and accurately provide excellent clinical service delivery to clients of the Center and excellence in clinical education to students of the department.

Preparation for Medical Offsite

Students will be required by the affiliate facility to complete SOME or ALL of the following contract conditions.

MOST places require the following:

- Criminal Background Check
- Liability Insurance – ASHA endorses a plan or student liability insurance coverage that typically covers \$1,000,000 to \$3,000,000.
- Immunizations
 - Rubella, or immune status
 - History of chicken pox (varicella) or evidence of immunization
 - Tuberculosis skin test (must be obtained within one month of internship)
 - Two measles vaccinations after the age of one
- Hepatitis B Series Shots
- Health Insurance
- CPR Certification
- First Aid
- Blood Born Pathogens (OSHA)
- High Risk Substance Abuse
- Mandatory Reporter Training

Preparation for School Offsite

Many school districts will provide a criminal background check through the school. However, it is important that students check with their school offsite supervisor regarding background check/immunization requirements.

General Offsite Information

Clinical offsite placement requests are submitted to the UNT Clinical Supervisor that organizes the externship placements. Not all students will receive their first choice of externship placement. Once externships are assigned, the student is responsible for contacting their offsite supervisor regarding any forms or certificates needed. The student will also be asked to create a “student profile” including their clinical experiences at UNT that will be sent to the offsite supervisor. Students will receive treatment and diagnostic competency forms that are to be taken to offsite instructors and brought back to the clinic when the offsite is completed.

Student Evaluation of Clinical Externship Site

After completing a clinical externship, students must complete an evaluation of their clinical offsite. This information provides the clinic director with knowledge of the student's overall experience and knowledge gained while in their externship.

Resources for Students

The American Speech-Language-Hearing Association (ASHA) provides excellent resources for students considering, or in the process of, pursuing a career as an audiologist or speech-language pathologist. These resources are available at www.asha.org/students. The UNT Audiology and Speech-Language Pathology Department holds accreditation from the Council of Academic Accreditation or the graduate audiology and speech-language pathology programs. CAA accreditation requires programs to continually evaluate the quality and effectiveness of their graduate education programs. The CAA also provides a procedure for students to register formal complaints. Students may review this procedure at www.asha.org/Academic/accreditation/accredmanual/section8.htm.

Students who wish to file a complaint to the CAA may submit that complaint to:

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



Suspected Child Abuse Incident Report Form

Please complete the following information within 24 hours of an incident involving any suspected child abuse or neglect of a Program Participant. This form should be delivered to the front desk of the UNT Speech and Hearing Center or faxed to (940) 369-7702.

Reporting Party Information:

Name of Reporter: _____ Title: _____

Did reporter witness the incident? (Y/N): _____ Reporter Phone Number: () _____

Reporter Signature: _____ Today's Date: _____

Victim Party Information:

Name of Victim: _____ Birthdate or approx. age: _____

Sex: _____ Victim Phone Number: () _____

Address: _____ State: _____ Zip: _____

Present location of victim: _____ School: _____ Grade: _____

Physically disabled? (Y/N): _____ Developmentally Disabled (Y/N): _____

Type of Abuse (circle one or more): PHYSICAL MENTAL. SEXUAL. NEGLECT. OTHER

(Specify): _____

Relationship to suspect: _____

Incident Information:

Date/Time of Incident: _____ Place of Incident: _____

Narrative description (what victim said/what the mandated reporter observed/what person accompanying the victim said/similar or past incidents involving the victim or suspect):

Clinical Externship Forms

The following forms will be provided to you by the clinical supervisor responsible for assigning clinical externships:

- Externship Placement Request Form
- Student Profile Form

Clinical Orientation Acknowledgement

_____ I verify that I have read the UNT Speech and Hearing Center Clinic Manual and that I understand the policies/procedures related to clinical practicum in the Center. I agree to abide by the policies and procedures described in the clinic manual. I understand that failure to follow polices/procedures could potentially impact my grade in clinical practicum. Furthermore, I understand that failure to follow policies and procedures that place my clients, my fellow students, or myself at risk for injury may result in suspension from clinical assignments.

_____ I verify that I have read information regrading patient's protected health information and confidentiality requirements. I agree to abide by the practices described in the manual regarding patient confidentiality.

_____ I verify that I have read the Safety/Emergency Procedures, and I agree to abide by them at all times.

_____ I acknowledge receiving information on infection control practices. I agree to follow Universal Precautions, including body substance isolation procedures.

_____ I acknowledge receiving information on incident reporting polices. I agree to abide by them at all times.

Student Clinician

Date

Graduate Clinical Student Essential Functions Requirement Agreement UNT Department of Audiology and Speech Pathology

This agreement is intended as a guide for incoming students in the Speech Pathology graduate program to understand the necessary professional and functional requirements associated with successful completion of the clinical program. In order to acquire the knowledge and skills requisite to the practice of speech-language pathology, to function in a broad variety of clinical situations, and to render a wide spectrum of patient care, graduate student clinicians must have skills and attributes in five areas: communication, motor, intellectual-cognitive, sensory-observational, and behavioral-social. These skills enable a student to meet graduate and professional requirements as measured by state licensure and national certification. Many of these skills can be learned and developed during the course of the graduate program through coursework and clinical experience. In the event that a graduate student clinician fails to demonstrate any of the essential function skills, the student may be subject to remediation and/or suspension from clinic related training activities at the discretion of the clinical director, graduate program director, and department head.

The starred items (*), however, are skills that are most inherent and should be present when a student begins the program.

Communication – A student must possess adequate communication skills to:

- Communicate proficiently in both oral and written English language. (Language to be determined by program.) *
- Possess reading and writing skills sufficient to meet curricular and clinical demands. *
- Perceive and demonstrate appropriate non-verbal communication for culture and context. *
- Modify communication style to meet the communication needs of patients, caregivers, and other persons served.
- Communicate professionally and intelligibly with patients, colleagues, other healthcare professionals, and community or professional groups.
- Communicate professionally, effectively, and legibly on patient documentation reports, and scholarly papers required as a part of coursework and professional practice.
- Convey information accurately with relevance and cultural sensitivity. Essential functions of Speech-Language Pathology Students.

Motor – A student must possess adequate motor skills to:

- Sustain necessary physical activity level in required classroom and clinical activities. *
- Respond quickly to provide a safe environment for patients in emergency situations including fire, choking, etc. *
- Access transportation to clinical and academic placements. *
- Participate in classroom and clinical activities for the defined workday. *
- Efficiently manipulate testing and treatment environment and materials without violation of testing protocol and with best therapeutic practice.
- Manipulate patient-utilized equipment (e.g. durable medical equipment to include AAC devices, hearing aids) in a safe manner.

- Access technology for clinical management (i.e. billing, charting, therapy programs)

Intellectual/Cognitive – A student must possess adequate intellectual and cognitive skills to:

- Comprehend, retain, integrate, synthesize, infer, evaluate, and apply written and verbal information sufficiently to meet curricular and clinical demands. *
- Identify significant findings from history, evaluation, and data to formulate a diagnosis and develop a treatment plan.
- Solve problems, reason, and make sound clinical judgements in patient assessment, diagnostic, and therapeutic plan and implantation.
- Self-evaluate, identify, and communicate limits of one’s own knowledge and skill to appropriate professional level and be able to identify and utilize resources in order to increase knowledge.
- Utilize detailed written and verbal instruction in order to make unique and dependent decisions.

Sensory/Observational – A student must possess adequate sensory skills of vision, hearing, tactile, and smell in order to:

- Visually and auditorily identify normal and disordered – fluency, articulation, voice, resonance, respiration characteristics, oral and written language in the areas of semantics, pragmatics, syntax, morphology, and phonology, hearing and balance disorders, swallowing cognition, social interaction related to communication.
- Identify the need for alternative modalities of communication
- Visualize and identify anatomic structures
- Visualize and discriminate imaging findings
- Identify and discriminate findings on imaging studies
- Discriminate text, numbers, tables, and graphs associated with diagnostic instruments and tests
- Recognize when a patient’s family does or does not understand the clinician’s written and or verbal communication.

Behavioral/Social – A student must possess adequate behavioral and social attributes to:

- Display mature empathetic and effective professional relationships by exhibiting compassion, integrity, and concern for others. *
- Recognize and show respect for individuals with disabilities and for individuals of different ages, genders, races, religions, sexual orientations, and cultural and socioeconomic backgrounds. *
- Conduct oneself in an ethical and legal manner, upholding the ASHA Code of Ethics and University and federal privacy policies. *
- Maintain general good physical and mental health and self-care in order not to jeopardize the health and safety of self and others in the academic and clinical settings. *
- Adapt to changing and demanding environments, which includes maintain both professional demeanor and emotional health

- Manage the use of time effectively to complete professional and technical tasks within realistic time constraints.
- Accept appropriate suggestions and constructive criticism and respond by modification of behaviors
- Dress appropriately and professionally
- Function in accordance with clinical training standards, requirements, and expectations in such a way that emotional, physical, and mental health do not negatively impact clinic-clinician clinical interactions in the UNT Speech and Hearing Center or at off-site practicum sites.

Adapted from the *Council or Academic Programs in Communication Sciences and Disorders (2008)*
<https://www.capcsd.org/proceedings/2007/talks/EFchecklist.pdf>

I understand and agree to adhere to the *Clinical Student Essential Functions* guidelines upon entrance into the UNT ASLP department. In addition, I understand that if these skills are not demonstrated at any level of my graduate student clinical training, I may be subject to remedial, and/or disciplinary-, and/or possible suspension-related outcomes, according to the discretion of the SLP clinical director, graduate student advisor, and departmental chair.

Student Name

Date

Notification of Concern

The Notification of Concern (NOC) form is used by the UNT Audiology and Speech-Language Pathology (ASLP) Department to alert students and to provide record for the ASLP Department of concerns that may prevent a student from successfully completing the ASLP program. The NOC should be reserved for only those situations that, if not corrected or addressed, would be a significant barrier to success in the Speech-Language Pathology profession. The process involved with the NOC form is focused on helping a student improve skills and to provide a tracking mechanism for identifying and applying action plans designed to alleviate the concerns. In some cases, however, it may also be used to identify students who should seriously consider changing majors. Faculty or staff should complete this form as completely and specifically as possible and should involve the student by reviewing the information and issues of concern as indicated below. A student should sign the NOC before it is saved to the student CALIPSO system and departmental records.

Student Information					
Student Name:		UNT ID:		Email Address:	
Major:	Audiology and Speech-Language Pathology				
UG or Grad Level:					

General Information					
Date Issued:		Received By:		Date Resolved:	
Course No:		Course Title:		Semester:	
Originator:		Title of Originator:	Supervisor/ Clinic Director	Date Student Responded:	

- **Identify the area of your concern:** Please check all areas that apply and rate your level of concern for each area
- **Low=Alert Status:**
 - a The actions already taken were sufficiently successful in the clinic or academic program.
 - b No action has been taken yet, but this concern should be monitored.
- **Medium= In need of remediation:**
 - The student needs assistance formulating an action plan and identifying services and resources to help them be successful.
- **High= Serious action needed:**
 - a Extension of the student's academic or clinic program.
 - b The issue may warrant possible removal from the program.

<input type="checkbox"/> SKILLS	<input type="checkbox"/> CONTENT KNOWLEDGE	<input type="checkbox"/> PEDAGOGY or PERFORMANCE	<input type="checkbox"/> PROFESSIONAL DISPOSITION
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May include concerns in: Speaking Writing Reading Listening or other skills	Many include concerns in factual accuracy, conceptual understanding, procedural understanding, theoretical bases, problem solving or other knowledge issues.	May include concerns with client rapport, developing therapeutic goals and training strategies, data collection, behavior management, treatment preparation and implementation, client tracking, clinical confidence, or other clinic performance issues.	May include concerns with attendance, respect, responsibility, initiative, judgement, teamwork, clinic, attire, honesty, emotional coping, meeting deadlines, following procedures, or other professional behaviors.
RATE YOUR LEVEL OF CONCERN IN THIS AREA (see above): <input type="checkbox"/> high <input type="checkbox"/> medium <input type="checkbox"/> low <input type="checkbox"/> none of the above	RATE YOUR LEVEL OF CONCERN IN THIS AREA (see above): <input type="checkbox"/> high <input type="checkbox"/> medium <input type="checkbox"/> low <input type="checkbox"/> none of the above	RATE YOUR LEVEL OF CONCERN IN THIS AREA (see above): <input type="checkbox"/> high <input type="checkbox"/> medium <input type="checkbox"/> low <input type="checkbox"/> none of the above	RATE YOUR LEVEL OF CONCERN IN THIS AREA (see above): <input type="checkbox"/> high <input type="checkbox"/> medium <input type="checkbox"/> low <input type="checkbox"/> none of the above

Describe your concern as specifically as possible. Explain what you have already done to assist the student in resolving this concern. (Recommend resources/services, accommodations, discussing the concern, allowing additional opportunities to demonstrate competence, etc.) This information will help the ASLP staff to recommend effective interventions and to avoid repeating strategies that have already proven unsuccessful (include attachment if appropriate).

Action Plan: Identify what needs to be completed and/or demonstrated so that the student may move forward in the ASLP program. Specify the completion date(s). If applicable, identify other faculty/staff who will participate in determining the student's success in resolving this concern.

Staff Signature(s): _____

Student Signature: _____

Discussed with _____ (indicate personnel) on _____ (date).

Health Insurance Portability and Accountability Act (HIPAA)

As a health care provider, the University of North Texas (UNT) Speech and Hearing Clinic in the Department of Audiology and Speech-Language Pathology (ASLP) must comply with the Federal Health Insurance Portability and Accountability Act (HIPAA) regulations. Faculty, staff, and student clinicians of UNT must comply with these regulations.

1. *What is HIPAA?*

HIPAA is the Health Insurance Portability and Accountability Act of 1996 that was designed to protect health insurance coverage for workers and their families when they changed or lost jobs. These are Federal regulations being developed by the Department of Health and Human Services, of which only the first two have been published; the Electronic Data Interchange (EDI) Rule and the Privacy Rule.

2. *How does HIPAA affect me and the UNT Speech and Hearing Center?*

The rules state that any health care provider that maintains or transmits “individually identifiable health information” is subject to HIPAA. It is intended to protect the privacy of individually identifiable health information contained in a patient’s medical record.

Making a reasonable effort to protect our client’s confidentiality is the primary focus of HIPAA as it applies to us.

3. *I understand that I need to adhere to the following guidelines and procedures in order to honor client privacy and HIPAA regulation in the UNT Speech and Hearing Center.*

- Never discuss or reveal any identifying information about a client(s) in public areas inside or outside of the UNT Clinic building and/or ASLP department. Even casual discussion about any of our clients outside of the UNT clinic is prohibited.
- Never leave papers or materials with client name(s) in public places in or outside of the UNT clinic.
- Never take written materials out of the UNT clinic with any type of client information on them: lesson plans, logs, clinical reports may be written outside of the UNT clinic, ONLY if no identifying information is included on them.
- Never take video/audio recordings of clients outside of UNT clinic or ASLP department; if using personal computer/iPhone to tape client, this should be erased immediately after analysis, and must never leave the UNT clinic.
- Storage devices such as flash drives, DVDs, cameras, or others containing client personal information (e.g., clinic reports, photos), should never be taken outside of the UNT clinic or ASLP department.
- When printing clinic related reports, use only the client’s initials until printing the final draft, which should only be printed inside the UNT clinic.
- All copies of clinic report drafts should be shredded when you are finished with them; the final draft must be printed in the UNT clinic or ASLP department.

- Never save client related reports on a computer, storage device, or other outside of the UNT clinic. Never take storage device containing client report with identifying information outside of UNT clinic or ASLP department.
- Client permanent files, accessed via CounselEAR, can only be read or utilized inside the UNT clinic on UNT desktops. Client files must never leave the clinic or department under any circumstances.
- Any phone calls pertaining to UNT clinic clients should not be made in public areas in or outside of the UNT clinic.
- All requested client-related files, reports, or other client-related information must be sent via postal mail; faxes are not secure devices.
- Emails pertaining to clients should contain initials only when emailing to or from a source outside of the UNT clinic or department.
- Information about a client can only be sent if there is a current permission for release of information in the client's file.
- When exchanging information about a client, use only the minimum amount of information that is necessary to accomplish the purpose of the disclosure.
- Persons outside of the ASLP major are not allowed in clinical treatment/diagnostic areas, or areas in which client information is available or stored (e.g. student computer lab, library, assessment labs, clinic rooms). ASLP students are not to bring friends, relatives, or others into these areas of the clinic or department without special clearance from the clinic director. Persons outside of the ASLP major are never allowed to observe clinic treatment or diagnostic activities without clearance from the clinic director and special permission from a client or client's guardian, spouse, or parent.
- Whenever conducting teletherapy/teleassessment sessions with a UNT clinic client, HIPAA secure ZOOM connections will be used, per UNT guidelines on page 51.

It is understood that exchanging information about clients with faculty and fellow student clinicians is part of your educational and clinical experience at UNT, but it is necessary that you make every effort to respect UNT clients' privacy. Due to the configuration of most university speech and hearing clinic areas, clients in the waiting areas may easily overhear personal and professional conversations. Thus, any discussions about clients or clinical activity that are not directed at a specific client or family member should be conducted in a private area of the UNT clinic or ASLP department. In the event whereby you are unsure if a particular action would potentially be in violation of a client's privacy rights, you are encouraged to err on the side of caution!

I have read the UNT client privacy protection guidelines above and agree to adhere to each procedure as long as I am a student in the Department of ASLP. In the event that I am determined to be out of compliance with any of the HIPAA related guidelines, my privileges and/or affiliation with the UNT Speech and Hearing Center and/or Department of ASLP may be revoked, or I will be subject to another disciplinary action.

Printed Student Name

Date

Student Signature

Telepractice Procedures

1. Student and supervisor will follow current practice standards as well as the code of ethics according to ASHA:
 - a. <https://www.asha.org/practice-portal/professional-issues/telepractice/>
2. Supervisor must follow state requirements in the state which the clinician provides services and the state in which the client resides
3. Consider if the client is appropriate to participate in telepractice. The following factors will be accounted for: hearing, vision, manual dexterity, physical endurance, cognitive skills, behavior, attention, communication skills, client support, as well as session time/length
 - a. Supervisors should complete the *Determination of Candidacy for Telepractice* document for each teletherapy client which will be kept with the client's electronic records in the clinic.
4. Consent from clients, parents or caregivers will be obtained using the UNT consent paperwork annually. Teletherapy consent will be confirmed in each SOAP note by stating *"With client/caregiver consent, session was conducted via teletherapy using a secure virtual platform."*
5. Supervisor will check for both parties to have the appropriate equipment (iPad works for client only)
 - a. Internet speed of no less than 5 MB
 - b. Web camera or a computer with a built-in camera featuring 15 FPS (frames per second)
 - c. Headset with attached microphone (analog or USB) or an external microphone
 - d. Quiet environment
 - e. Touch screen capabilities for writing, only if deemed necessary
6. When conducting teletherapy sessions, student and supervisor should login through UNT's secure preferred video conferencing platform.
7. If using UNT Microsoft Teams, the client/caregiver should be advised to log into meetings through the desktop app.
8. Prior to initiating treatment through telepractice, a brief session (non-billable) should be scheduled to complete an equipment and technology check.
9. When using a UNT secure virtual platform, the following meeting options should be enabled for telepractice:
 - a. Who can bypass the lobby? *People in my organization (for Teams)
 - b. Waiting room – toggle on (Zoom)
 - c. Who can present/share? *Everyone
 - d. Allow mic for attendees – toggle on
 - e. Allow camera for attendees – toggle on
 - f. Record automatically – toggle on
 - g. Meeting chat – toggle on
10. Other virtual settings should be implemented at the discretion of the supervisor and student.

11. Prior to conducting any teletherapy sessions, supervisor will use UNT credentials to create a secure and unique meeting link for each client. That link should be reoccurring for the duration of the semester. Supervisor will send the link to the student and client/caregiver through an email and/or calendar invite.
12. For teletherapy sessions, supervisor should be the designated “organizer” and can choose to assign the student(s) as “co-organizer.”
13. HIPAA Standards
 - a. Video-conferencing
 - i. Use of a HIPAA compliant platform through the UNT secure platform account
 - b. Protected Environment
 - i. Client’s face should not be openly visible to anyone other than the therapist
 - ii. Virtual Background – Student's background view should reflect a professional area or image. Blurring of the background is recommended.
 - iii. All teletherapy sessions should be conducted within the designated areas of the UNT Speech and Hearing Clinic
 - c. Student must be wearing a scrub top or professional business casual blouse when performing teletherapy sessions.
 - d. Camera usage during a session
 - i. Clinician’s camera should be turned on throughout the session with the clinician being viewable
 - ii. Client’s camera should be in working order with client viewable throughout the session.
 - e. Screen Sharing
 - i. Make sure all private info is removed/blacked out
 - ii. Make sure there are no tabs open with private information (emails, reports, etc.) on the computer when screen sharing
 - f. Recordings
 - i. Supervisors will manage the recording and storage of all sessions
 - ii. Can only re-watch recorded sessions by following HIPAA guidelines
 - g. Documentation
 - i. Students will complete documentation through CounselEAR using required procedures.
 - h. Billing
 - i. Students submit billing information to the supervisor by following the supervisor’s typical protocol.
14. Supervision Requirements:
 - a. The amount of direct supervision should be based on the student’s knowledge, skill, and experience and should be no less than 25%. This must be provided in real time either side by side with the student or with the student and clinical instructor in different locations. The student must always remain in the line of sight of the supervisor.
 - i. Supervisor and student should maintain own record of therapy time. Student can earn up to a maximum of 125 telepractice contact hours that count towards their total required 375 patient contact hours.
 - ii. Sessions cannot be initiated early or run over time.

- iii. Supervisor may join/leave meeting 2-3 minutes late/early if scheduling necessitates.
 - a. Those initial minutes can only be used for greetings, establishing rapport, and equipment/settings checks.
 - b. Those last minutes can only be used to share information with parents/caregivers similar to face-to-face sessions (taking client back to the waiting room).
15. Virtual Activities:
- a. Possible activities can be located through a designated electronic file in the clinic resources/materials
 - b. All materials, websites, videos, etc. should be previewed prior to the session to ensure appropriateness.
 - c. Most visuals, PowerPoint presentations, scanned documents, PDF's, pictures, games, or other therapy materials can be shared on screen.
 - d. Websites, YouTube videos or digital books can be utilized if appropriate
16. Trial Run: Students should practice with virtual platform prior to initiating telepractice sessions. Students can contact clinic GSA's for assistance.
17. Connectivity or Sound Problems
- a. Supervisor and student will communicate by text over phone or through the chat feature in platform used
 - b. Supervisor will obtain contact information from client in case of technological problems in or the case of an emergency
 - c. If client is having trouble managing the virtual platform, student should be ready to trouble shoot.
 - d. If client is having difficulty with connectivity or sound, supervisor will contact the client/parent.
 - e. If supervisor loses connectivity, student must refrain from continuing the session until supervisor re-establishes connectivity.
 - f. If student loses connectivity, supervisor will continue or pause the session at their discretion.
 - g. If either the student or the client loses camera functioning and it cannot be recovered, the session must be terminated at that time.
 - h. Any lost session time should be documented in the SOAP note and subtracted from the total time for the billing submission.
18. Participation and Assistance
- a. When necessary, client and/or parent/caregiver will be provided basic help/ instructions for initiating sessions and using virtual tools
 - b. If a client doesn't show/login for a teletherapy session, supervisor and student must remain logged on for 15 minutes. The no-show should be documented in CounselEAR.
 - c. Use of UNT's secure virtual platform account should be for UNT associated meetings only.
 - d. Parent/caregiver can provide support for the client as needed for attention/reinforcement purposes

- e. Supervisor and/or student can use the last five minutes of session for
 - i. Training for home practice
 - ii. Summary of client's performance
 - iii. Planning for future sessions
19. When a student is assigned to treat a client through teletherapy, they are required to attend telepractice training prior to initiating treatment.

Policy on Case Simulations

According to ASHA, up to 75 direct contact hours may be obtained through clinical simulations. Only the time spent in active engagement with the clinical simulation can be counted. The UNT Department of Audiology and Speech and Language Pathology has elected to use the tool, Simucase as well as simulations developed by faculty. Students will be awarded clock hours based on the published time provided by Simucase or average time calculated by faculty. Although students may spend more time on a case than the published allotment, they will only receive clockhours for the published time provided by Simucase or the time calculated by faculty. For example, the time for Case A is published as 120 minutes. The student spends 150 minutes to complete the case simulation. Only 120 minutes are awarded to the student towards their direct contact hours. If a student spends less than the published time, then only the time that they spent on the case will be approved. In addition, a student must complete the case with 90% accuracy in no more than four attempts to receive credit unless guided by student's professor. If a student is having difficulty with a case, the student should contact the supervisor or faculty member who assigned the case.

Debriefing activities may include face to face discussions and/or written evaluation with feedback. For clinical practicum, face to face discussions will be utilized for debriefing. Debriefing does not count as part of the ASHA clock hour; however, it is used to meet the 25% supervision requirement. If a case simulation is 120 minutes, then a supervisor must debrief with the student for at least 30 minutes. When a group of students are participating in a debrief, all students must actively participate in the debrief for the supervisor to approve their clinical hours. If a debrief discussion is held through Teams or Zoom, students must have their camera on and need to be sitting at a table or desk without distractions present. If a student joins from their car or has noise present, the student will be asked to leave the debrief and will not receive credit for the simulation. For large groups of students, the supervisor or faculty member may require a written assignment in addition to the verbal discussion.

Policy on AI

Use Policy for Graduate Student Clinicians

To support clinical skill development while maintaining academic and professional integrity, the following policy outlines appropriate and

prohibited uses of Artificial Intelligence (AI) tools, including but not limited to ChatGPT, Claude, Gemini, Grok, and similar platforms.

Rationale

Clinical documentation and clinical decision-making are essential components of graduate training. Use of AI for these tasks undermines clinical competency, professional growth, and accreditation standards.

Student Responsibility

Students are responsible for understanding and adhering to this policy. If unsure whether a specific use of AI is permitted, students must seek clarification from their supervisor before using AI tools.

Permitted Uses of AI

Graduate student clinicians may use AI tools only for:

- Therapy material development, such as generating stimuli, word and sentence lists, visual supports, or activity ideas.
- Grammar and mechanics checks using Grammarly or comparable grammar-only platforms. Make sure to remove all identifying information prior to running the check to ensure HIPAA compliance. **If this type of check was utilized, then you must alert your supervisor that you used this tool to check your work.**

Prohibited Uses of AI

Graduate student clinicians may NOT use AI tools for any aspect of clinical documentation or clinical decision-making, including:

- Goal writing or goal revision
- Daily notes
- Progress notes
- Evaluation reports or evaluation notes
- Diagnostic impressions, recommendations, or treatment rationales
- Any written or digital assignment that requires demonstration of independent clinical reasoning

Consequences for Misuse

If a student is found to have used AI in any prohibited manner:

- 5 points will be deducted from the student's total CALIPSO score for each incident.

- Additional academic or clinical professionalism actions may be taken at the discretion of SLP graduate director and assistant clinic director.

ASHA Resources:

[Audiology and Speech-Language Pathology Associations Outside of the United States](#)

[Health Insurance Portability and Accountability Act](#)

[HIPAA Security Rule: Frequently Asked Questions](#)

[HIPAA Security Technical Safeguards](#)

[HIPAA: Electronic Data Interchange \(EDI\) Rule](#)

[Model Language for Interstate Telepractice](#) [PDF]

[Reimbursement of Telepractice Services](#)

[Telepractice for Speech and Hearing Services Brochure](#) [PDF]

[2014 SIG 18 Telepractice Survey Results](#) [PDF]

[2016 SIG 18 Telepractice Survey Results](#) [PDF]