

2013-2014

University of Montana Department of
Communicative Sciences and Disorders



CSD GRADUATE STUDENT HANDBOOK

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Phyllis J. Washington College of Education
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Communicative Sciences and Disorders
The University of Montana
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Welcome to the Department of Communicative Sciences and Disorders (CSD) and the Phyllis J. Washington College of Education and Human Sciences at the University of Montana. It is a great privilege to chair the CSD Department in this time of exciting new programs and change.

The CSD Graduate Handbook is designed to provide information essential to your success in the program, so please take the time to read the contents and web links. If you need clarification or have any further questions, don't hesitate to ask any member of the faculty or staff. You are expected to know the essential information in the handbook, in particular, sections that deal with policies and procedures.

The faculty would like to emphasize our commitment to your education through our partnership with you. The next few years will be both demanding and rewarding – for you as well as for us. Our goal is to provide a path that permits you to become an outstanding entry-level speech-language pathologist. That goal will require a collaborative effort between all of us based on mutual respect, cooperation, and an ongoing enthusiasm to build your knowledge base and professional skill set. The knowledge and skills you acquire during your time with us will greatly benefit your future clients.

We anticipate the next few years will be the beginning of a life-long commitment to your continued learning in the profession of speech-language pathology. Best wishes for a rewarding, enjoyable experience as you make new friends and future colleagues and embrace the curriculum.

On behalf of the faculty and staff,

Lucy Hart Paulson, Ed.D., CCC-SLP
Department Chair
Communicative Sciences and Disorders

Roberta D. Evans, Ed.D.
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CSD ACADEMIC AND CLINICAL OVERVIEW

The University of Montana Communicative Sciences and Disorders Department (UMCSD) offers Bachelor of Arts (BA) and Master of Science (MS) degrees. These programs are designed to provide students with the academic coursework and clinical practicum experiences required by the American Speech Language and Hearing Association (ASHA) to fulfill the requirements for the Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP). The CSD program is designed to prepare students to provide competent diagnostic, therapeutic, and consultative services to individuals with communication, cognitive, hearing, language-literacy, and/or swallowing disorders of all ages. The CSD program is committed to the high ethical standards described by ASHA and emphasizes research methods and evidence-based clinical practice.

The undergraduate program provides students with a theoretical understanding of the nature of typical communication process and an introduction to communicative disorders. The graduate program provides students with theoretical and evidence-based frameworks for understanding clinical management including prevention, assessment, and treatment of communicative and swallowing disorders. Clinical practicum experiences provide students with opportunities to apply knowledge and problem solving skills in closely supervised on- and off-campus clinical settings. All aspects of the graduate program are designed to meet the learning outcomes documented in the Knowledge and Skills Acquisition (KASA) standards described by ASHA.

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UM CSD MISSION AND OBJECTIVES

THE UM CSD MISSION STATEMENT

The mission of the University of Montana, Department of Communicative Sciences and Disorders academic and clinical program is to mentor students of strong personal character and to establish in them a commitment to lifelong learning and interest in the process of communication. The mission of the program is to develop, within each student, compassion toward their clients and a research posture in their service delivery. Through the program's emphasis on typical and atypical speech, language, swallowing, and hearing, students gain knowledge, skills, and values that foster their individual growth as well as a passion for contributing to society and improving the lives of others.

EXPECTED STUDENT OUTCOMES

Student outcomes are consistent with the Department of Communicative Sciences and Disorders program goals and the ASHA Clinical Competency and certification standards. Graduates will be meeting the 2014 Standards for the Certificate of Clinical Competence in Speech-Language Pathology. These standards can be found at <http://www.asha.org/Certification/2014-Speech-Language-Pathology-Certification-Standards>

At the conclusion of the UMCS D speech-language pathology graduate program, students are expected to:

1. **ASHA Standard IV-A.** Demonstrate knowledge of the biological sciences, physical sciences, statistics, and the social/behavioral sciences. These skills are typically obtained prior to graduate school.
2. **ASHA Standard IV-B.** Demonstrate knowledge of basic human communication and swallowing processes, including the appropriate biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases. The applicant must demonstrate the ability to integrate information pertaining to normal and abnormal human development across the life span. This standard is typically obtained prior to graduate school).
3. **ASHA Standard IV-C.** Demonstrate knowledge of communication and swallowing disorders and differences, including the appropriate etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates in the following 9 major areas:
 - a. articulation
 - b. fluency
 - c. voice and resonance, including respiration and phonation
 - d. receptive and expressive language (phonology, morphology, syntax, semantics, pragmatics, pre-linguistic communication and paralinguistic communication) in speaking, listening, reading, writing
 - e. hearing, including the impact on speech and language
 - f. swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding, orofacial myology)

- g. cognitive aspects of communication (attention, memory, sequencing, problem-solving, executive functioning)
 - h. social aspects of communication (including challenging behavior, ineffective social skills, and lack of communication opportunities)
 - i. augmentative and alternative communication modalities
4. **ASHA Standard IV-D.** Demonstrate knowledge of the principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, linguistic and cultural correlates of the disorders.
 5. **ASHA Standard IV-E.** Practice therapy and diagnoses in a safe, ethical and legal manner and demonstrate knowledge of ASHA code of ethics.
 6. **ASHA Standard IV-F.** Demonstrate effective clinical decision-making skills including clinical reasoning, clinical judgment, and reflective practice incorporating knowledge of processes used in research and of the integration of research principles into evidence-based clinical practice.
 7. **ASHA Standard IV-G.** Demonstrate knowledge of professional issues including trends in professional practice, ASHA practice policies and guidelines and reimbursement procedures.
 8. **ASHA Standard V-A.** Demonstrate effective oral and written communication or other forms of communication while engaged with clients, client's family/caretakers, supervisors, other professionals while engaged in clinical practicums, research, and education. Demonstrated by ability to write and comprehend technical reports, diagnostic and treatment reports, treatment plans, and professional correspondence.
 9. **ASHA Standard V-B.** Effectively, efficiently, and independently diagnose, evaluate, create a clinical plan, and assess outcomes for clients, and communicate effectively and ethically with the client, caregivers/family and other professionals. These skills must be demonstrated across the 9 major areas as described in Standard IV-C.
 10. **Collaborate** with other health care professionals to achieve the optimum delivery of care and determine the need for further examination or consultation by another speech-language pathologist, audiologist, or for referral to another health care professional.
 11. **Effectively document** client information and speech-language pathology services in an organized, logical, and concise manner consistent with legal and ethical norms.
 12. **Demonstrate** an awareness of life-long learning and engage in collaborative research and the dissemination of new knowledge.

A detailed list of the requirements needed for ASHA Certificate of Clinical Competence (CCC) can be found at: <http://www.asha.org/certification/AboutCertificationGenInfo.htm> (Adopted January, 2009).

PROGRAM ACCREDITATION

The Communicative Sciences and Disorders (CSD) graduate program at the University of Montana–Missoula is a candidate for Accreditation by the Council on Academic Accreditation (CAA) in Speech-Language Pathology of the American Speech-Language-Hearing Association (ASHA). The CSD graduate

program is in a “pre-accreditation” status with the CAA, awarded to developing programs for a maximum period of five years. For more information, visit <http://www.asha.org/about/credentialing/accreditation/>. The CSD Department will be eligible for full accreditation in 2014 after completing a five-year cycle.

GENERAL POLICIES AND PROCEDURES

ACADEMIC PROCEDURES

CLASS ATTENDANCE AND PARTICIPATION

Graduate courses require weekly synchronous participation (in class or via online participation using a headset with a microphone). Courses will be scheduled during the day and in the evening. Graduate study requires a greater participation and more independent work compared to undergraduate study.

ABSENCES/TARDINESS

Students should notify instructors in advance, whenever possible, if they are not able to be present. Students must take the initiative to make up any missed work. Mandatory attendance may be required at the discretion of the instructor. Excessive unexcused absences, as determined by the instructor, may be grounds for requiring remedial work, retaking of the class, or dismissal from the program. Excessive absences and tardiness may be judged as unprofessional behavior and recorded in the student's record.

TELEPHONES

Cell phones must be turned OFF (not on silent or vibrate mode) and not used for texting or other social media when class is in session – see instructor for emergencies but this is a firm policy.

GRADING SYSTEM

Faculty may provide their own grading scale. The scale below is the University of Montana standard:

Percentage	Grade	Grade Point
95 – 100	A	4.0
90 – 94	A-	3.7
87 – 89	B+	3.3
83 – 86	B	3.0
80 – 82	B-	2.7
77 – 79	C+	2.3
73 – 76	C	2.0
70 – 72	C-	1.7
67 – 69	D+	1.3
63 – 66	D	1.0
60 – 62	D-	0.7
< 60	F	0.0

N grade (in progress) – work related to the course may be continued in later semesters and when the work is completed the final grade will be granted. This will require the completion of a grade change form.

I grade (incomplete) – this grade is given at the discretion of the instructor within the following guidelines:

- The student has been in attendance and doing passing work up to three weeks before the end of the semester. For reasons beyond their control and which are acceptable to the instructor, the student has been unable to complete the requirements of the course on time. Negligence and indifference are not acceptable reasons.
- The instructor must also record an alternate grade, which will be assigned if a grade change is not filed within one calendar year. This grade should typically be an F or NCR.
- Instructors post grades for activities, assignments, and exams in courses on the Moodle Grade book. Students are expected to check their grades in Moodle within 24 hours of an instructor announcing that grades are posted. Final course grades are posted on CyberBear. Students do not receive written notification of grades.

ADVISING

Each graduate student is assigned a faculty advisor. Students must meet with their advisor at least once each semester and should see their instructors or advisor early for help in courses in which they are having difficulty. This may be accomplished face to face, through teleconferencing, or using internet-based technology such as Skype.

PLAGIARISM

Plagiarism is the representing of another's work as one's own. Plagiarism is a particularly intolerable offense in the academic community and is strictly forbidden. Students who plagiarize may fail a course and may be remanded to Academic Court for possible suspension or expulsion. Students must always be very careful to acknowledge any kind of borrowing that is included in their work. This means not only borrowed wording but also ideas. Acknowledgement of whatever is not one's own original work is the proper and honest use of sources. Failure to acknowledge whatever is not one's own original work is plagiarism (UM Student Conduct Code). See the Mansfield Library's webpage on plagiarism for more information: <http://libguides.lib.umt.edu/plagiarism>.

Unless otherwise indicated by the course instructor, students in the CSD program are expected to cite all sources of information using the American Psychological Association (APA) Publication Manual (Edition 6) format. The APA Style Manual is available at the Information Desk of the Mansfield Library; however, it is strongly recommended that all students purchase the most current version of the APA Manual.

SATISFACTORY PROGRESS, PROBATION, AND DISMISSAL

Full-time students enrolled in the program are expected to maintain a full-time academic course load during each semester of the program. Program completion is four semesters plus a summer session for on-campus students and four semesters plus two summer sessions for distance students. Students enrolled on a part-time basis must enroll in academic coursework based upon a part-time expected academic load outlined in their course of study determined with their advisor. Exceptions will be considered on a case-by-case basis. All students must have their course of study reviewed and approved every semester by their advisor.

All students must meet academic and clinical competencies in each course. If a student does not pass the academic or clinical competencies in a required course, he/she will be required to successfully complete a remediation plan. Remediation plans are at the discretion of the academic or clinical instructor; examples are described in the syllabi of each course. A lack of competency in an academic or clinical course may result in modified opportunities for clinical placements.

All students must achieve a minimum grade of B- in all CSD courses. If a student achieves a C-, C, or C+ grade, he or she will be placed on academic probation and will be required to retake the course. No more than two graduate courses may be retaken as per the requirements of the UM Graduate School. A grade of D or F, or a third C grade is grounds for automatic dismissal from the program. Courses are typically offered only once an academic year. As a result, the standard curriculum course sequence will likely be disrupted and may extend the length of a student's professional education. A student who is dismissed from the program may appeal the decision. See 9d (Appeal of Academic Status Decisions).

Required courses taught outside the Department of Communicative Sciences and Disorders must be passed with a grade of C or better. If such a course is not passed (i.e., D or F grade), the student must retake the course at the earliest opportunity. The limit of two retaken graduate courses- applies.

If a student does not maintain an 80% average (the B-/C cutoff) in a required course, the student must contact the course instructor within five calendar days of notification and develop a written remediation plan. Students are notified of grades through Moodle postings or in writing by the course instructor.

A remediation plan will be filed with the student's advisor and Department Chair within 10 calendar days of the student receiving notification of unsuccessful progress in the course. At the discretion of the course instructor, the remediation plan can include but is not limited to the following: reviewing course content with instructor, retaking of test, rewriting course papers, tutoring, and additional assignments.

A student clinician is expected to have Level II clinical skills by the completion of 100 clinical hours and Level III clinical skills prior to initiation of their final clinical externship (CSD 675). If a student does not meet these expectations, a clinical remediation plan will be implemented. A remediation plan may include but is not limited to: completion of additional observational hours, completion of additional clinical hours, video review and critical written summary of a therapy session, and clinical readings. The ultimate goal of the remediation plan is for the clinician to pass clinical competencies at their expected clinical level. If a student does not meet this expectation within the timeframe specified a second remediation plan will be determined. Failure to complete the second remediation plan will result in a failing grade (D or F) and dismissal from the program.

All students (including part-time students) are required to complete their first clinical practicum within the first calendar year of their admittance to the program. Students may request specific clinical placements throughout their program and work with the clinical director to create a clinical practicum plan. Typhon (a web-based data-tracking program) is used for clinical practicum requests to facilitate supportive clinical opportunities by tracking both clinical clock hours and competencies. Student requests will be considered, but the Clinical Director is not obligated to meet such requests. Finding off-campus clinical placements for all graduate students can be very challenging, particularly in rural Montana. Therefore, students should be prepared to relocate for their off-campus clinical practicum,

particularly for summer and final externships (CSD 675). Failure to comply with an assigned clinical placement may delay graduation and may be grounds for dismissal from the program.

UNPROFESSIONAL CONDUCT

Unprofessional conduct by a student, in and out of the department, may be considered grounds for unsatisfactory progress in the program and is subject to review by the CSD Faculty and the Dean of the PJW College of Education and Human Sciences. Unprofessional conduct may be grounds for dismissal from the program. Unprofessional conduct includes but is not limited to absenteeism; tardiness; unprofessional attitudes or behaviors; disrespect for clients, fellow students, and faculty; breaches in confidentiality, including HIPAA and FERPA violations; cheating/plagiarism; insufficient response to communications; other forms of academic misconduct as defined by the student conduct code; or unethical behavior as described by ASHA.

ACADEMIC STATUS

To facilitate adequate progress by all CSD students, the following guidelines for academic performance have been developed. The purposes of these policies are to (1) maintain the academic standards of the CSD Department, (2) identify as early as possible students who are at risk for not meeting the minimum GPA requirement, (3) set into motion a plan of action to assist students in successfully achieving the required GPA, and (4) clearly identify the consequences of not adequately progressing towards or achieving the required GPA. The three levels of academic status are (1) Satisfactory Academic Status, (2) Academic Concern, and (3) Academic Probation.

1. Satisfactory Academic Status: Semester GPA is greater than or equal to 3.0 and overall GPA greater than 3.0. All grades achieved are B- or higher.
2. Academic Concern: When the semester GPA is less than 3.0, the action plan for a student on Academic Concern is as follows:
 - a. The Department Chair sends a letter of Academic Concern to the student.
 - b. The student is required to meet with his or her academic advisor within 5 calendar days of receiving the letter.
 - c. The academic advisor monitors the student's progress and creates a remediation plan as needed for the following semester.
3. Academic Probation: If a student's overall GPA is less than 3.0, the student will be placed on academic probation. If the overall GPA is less than 2.5, the faculty will convene to determine to either dismiss or retain the student on academic probation status. The action plan for a student on Academic Probation is as follows:
 - a. The Department Chair sends a letter of Academic Probation to the student.
 - b. The student is required to contact and meet with his or her academic advisor within 5 calendar days of receiving the letter.
 - c. The academic advisor, with input from the chair and faculty, will develop: (a) a remediation plan to improve the GPA; (b) a measurable definition of "adequate progress"; (c) a time line for fulfilling the plan; and (d) the consequences for not meeting the plan. Adequate progress must be clearly defined as either a specific GPA or the number of credits of "A" or "B" that the student must earn by the end of the semester of academic probation.

CONSEQUENCES OF ACADEMIC PROBATION

If at the end of one semester of Academic Probation, the student fails to meet the requirements of the remediation plan and to make "adequate progress," the faculty will convene to determine appropriate action. The faculty may decide to implement a second remediation plan or may recommend dismissal from the program. Faculty decisions will be made on a case-by-case basis.

If the student has not been making adequate progress as defined by the remediation plan, at the end of the second semester of Academic Probation (does not need to be consecutive), the student will not be allowed to continue in the program. If the student wishes to return, he or she must reapply to the graduate program and is subject to the same review and acceptance process as all applicants. If the student is readmitted to the program, he/she must repeat all courses identified by the faculty. If the student reaches a point when he or she cannot earn a GPA of 3.0 or greater by the time of graduation, the student will be dismissed from the program.

APPEAL OF ACADEMIC STATUS DECISIONS

If the student is not satisfied with the decision(s) of the departmental faculty, written appeal should be made to the Department Chair. If satisfaction is not achieved with appeal to the Department Chair, written appeal may be made to the Dean of The PJW College of Education and Human Sciences. Complaints may also be made through the University Complaint procedures. (See the Student Complaint section of this handbook, the ASUM handbook, or contact the ASUM Student Resolution Officer).

PETITIONING FOR COURSE WAIVERS

Students may petition to request a course waiver or deviation from the established curriculum. A written petition requesting the waiver must be provided to the Department Chair. Forms for petition can be found on Moodle in the CSD Community area or may be obtained through the Administrative Associate. Faculty will review the petition. Final approval is given by the Department Chair after faculty review. In lieu of a full waiver for a course given outside of the CSD program, faculty may request that the student audit the course. In lieu of a full waiver for a CSD course, faculty may request that the student audit and successfully pass all written and practical exams.

CHANGE IN STATUS

Students who enroll as on-campus students are expected to remain on-campus students; students who enroll as distance students are expected to remain distance students. Likewise, students who enroll as full-time are expected to remain full-time; students who are part-time are expected to remain part-time. At times a student may need to change his/her status. Students who wish to change their status must apply to do so and are subject to faculty approval. On-campus students do NOT need a change of status for a clinical practicum placement off-campus or outside of Missoula.

LEAVE OF ABSENCE

Students may request a Leave-of-Absence from the program for personal reasons. These requests will be processed by the Department on an individual basis. Students must supply a written request to the Department Chair.

NATIONAL PRAXIS EXAM

One of the requirements of graduation is passing the National Praxis Exam. The results must be sent to the UM PJW College of Education and Human Sciences.

CLINICAL PROCEDURES

GRADUATE CLINICAL PRACTICUM

Graduate clinical practicum will begin the first semester for on-campus students and the first summer semester following the first two semesters of academic coursework for distance students. The practicum course load and number of assigned clients will increase as the student acquires more skills, knowledge in specific disorders, and greater clinical experience. Efforts will be made to accommodate specific individual schedules; however, there will be limited flexibility. Students need a minimum of 12 credits of clinical courses; however, many students need 15 credits, or 5 semesters, in order to meet clinical competencies.

DRESS CODE

All clinic personnel, students, and staff should be neat and professional in appearance when engaged in any clinic activity. Professional appearance is standard during clinic hours and community activities. Remember you are representing the field of CSD as student speech-language pathologists. Certain activities may require special attire. Always discuss with your assigned supervisor any needs you may have for particular clothing based on treatment delivery, such as activities on the floor, home visits, or activities that are messy in nature. The following apparel is unacceptable: blue jeans, shorts, halter tops, beach wear, sweatshirts, mini-skirts, tops that reveal cleavage or midriff (front or back), visible underwear, and flip-flop shoes. All attire must be clean, neat, and in good repair (no holes). Students must wear their name tags at all times in the Clinic. Remember your professionalism is also based on your posture and interactions with clients, families, and other professionals.

INSURANCE

Students must have adequate health insurance. If a student chooses not to enroll in the University health program, documentation of the student's coverage must be submitted each semester through Typhon. Students are required to have professional/personal liability insurance. Professional liability insurance for students is provided by the University. Additional student liability insurance may be required for some practicums and is available through the National Student Speech Language Hearing Association (NSSLHA).

TRANSPORTATION AND CLINICAL TRAVEL EXPENSE

Transportation to and from clinical settings and costs for room and board during clinical practicum are the responsibility of the student. Students should expect that full-time internships may be outside the Missoula area. Practicum sites will be set up with the help of the CSD Clinical Director. Distance students will need to travel or relocate for portions of their clinical training if practicum sites are not available in their area. Distance students are required to attend their first summer practicum (CSD 570) at the UM RiteCare Clinic in Missoula. For more information relating to the clinical practicum, please see the "CLINICAL" section of this handbook.

HEALTH RECORDS

All students (on-campus and distance) are responsible for maintaining up to date health records. On-campus students can use the Curry Health Center. All students must provide documentation in Typhon. Health records will be requested from practicum sites, and students are responsible for providing sufficient health records and meet the requirements of assigned practicum sites.

CRIMINAL BACKGROUND CHECKS

All students (on-campus and distance) are responsible for filing and providing a criminal background check to the CSD department and document it in Typhon. Students are responsible for all costs of the criminal background checks. Detailed information about acquiring a background check can be found in ASHA Clinical Competency Documentation and Forms, Section 3 under General Clinical Information.

FACILITY USE

CURRY HEALTH CENTER/CSD BUILDING HOURS

- Monday - Friday 8:00 am to 5:00 pm
- Classes and clinical therapy sessions may be held after 6:00 pm, but arrangements will need to be made with the CSD office and the Curry Health Center facilities personnel.
- Closed Saturday and Sunday
- Closed on Holidays/Special Circumstances
- Hours may change during Finals Week—Hours will be posted the week prior to finals.
- Hours during Winter Session and other breaks are generally posted on the entrances to the building the week prior to break.
- University regulations state that no one may be in the building from midnight to 6:00 am.
- Generally, classrooms and conference rooms are available if classes/meetings are not in session.
- You can schedule classrooms and meeting rooms through the CSD office. A faculty member must be available in the building.

DEPARTMENT OFFICE

The department office is a restricted space. Students are not allowed behind the counter without permission of faculty or the Administrative Associates. When the office is closed, students should wait outside the department office until the Administrative Associate or work assistant returns.

FIRE ALARMS

When the alarm sounds you are expected to exit the building immediately, cross Eddy Avenue, and meet at the rally point which is the lawn to the west of the Gallagher Business Building (southeast corner of Eddy Ave. and Arthur). You are not to reenter the building until the campus security has given the “all clear” notice. If you do not exit the building in a timely manner when the alarm sounds, you may be subject to arrest by campus security. Areas of Rescue Assistance are located on the ground floor by the elevator near the main entrance to the Curry Health Center and in the southwest stairwell.

BULLETIN BOARDS

Various bulletin boards are located around the Department. Please see the Administrative Associate for approval before posting any information on the bulletin boards. A virtual bulletin board is maintained in the CSD Community Space on Moodle.

FOOD

Food is permitted in designated areas only. No food or drink is allowed in the research laboratories, clinic, or the computer lab. Please keep drinks in covered containers. Individual instructors may have additional restrictions on food and drink in their classrooms. The kitchen has a refrigerator, a microwave, and a sink available for your use. Please clean up after yourself.

SMOKING

Absolutely no smoking is allowed on the University campus.

STUDENT PROFESSIONAL MEMBERSHIPS

NATIONAL STUDENT SPEECH-LANGUAGE-HEARING ASSOCIATION (NSSLHA)

NSSLHA is the student chapter of ASHA and provides many benefits for members. NSSLHA members receive a subscription of one of the following ASHA publications: American Journal of Speech-Language Pathology (AJSLP), Journal of Speech, Language and Hearing Research (JSLHR), Language, Speech & Hearing Services in Schools (LSHSS), or American Journal of Audiology (AJA). Members also receive two issues of Contemporary Issues in Communication Sciences and Disorders (CICSD), three issues of NSSLHA's newsletter, NSSLHA Now! and a print subscription to the ASHA Leader. NSSLHA members receive a reduced registration to the ASHA Convention, NSSLHA-to-ASHA Conversion Discounts, extremely affordable professional liability insurance, and numerous other benefits. Graduating NSSLHA members with at least two years of consecutive membership receive a discount on ASHA application fees. For more information on these and other benefits, visit: <http://www.nsslha.org/nsslha>.

STUDENTS IN COMMUNICATION AND HEARING WORKING IN ACTION – MONTANA (SCHWA-MT)

SCHWA-MT is a UM CSD student group. SCHWA sponsors fundraising events, socials, and other activities to support charitable communication, speech, language, and hearing projects. SCHWA officers are elected in May and serve for one year. Application forms will be distributed in April. When you have completed the application form, give it to the SCHWA secretary. As a student, you are encouraged to establish a local and national affiliation with SCHWA and NSSLHA.

MONTANA SPEECH LANGUAGE AND HEARING ASSOCIATION (MSHA)

MSHA also has a student membership. Benefits include attending the fall conference at a student rate and opportunity to network with SLPs from across the state. Students are invited to present their research papers at the fall conference.

STUDENT SERVICES AND AMENITIES

LOCKERS

Lockers are available between the classroom section and the clinic. Lockers are on a first come, first served basis for graduate students. Locks may be rented from the CSD office with a deposit of \$5.00. Lockers must be cleaned out and the lock must be removed at the end of each academic year. Please keep valuables locked or with you.

ACCIDENTS

If you are injured during a class or clinic session, report the injury to the course instructor or supervisor immediately and seek appropriate medical attention through Curry Health Center or emergency medical services. Also notify the CSD Department Chair of any injuries sustained in class or clinic.

LOST ITEMS

Items found in the CSD Department should be given to the CSD Administrative Associate in the main office where they will be kept until claimed. The CSD Department is not responsible for lost items. At the end of each semester, unclaimed items will be thrown away or donated to a local charitable organization.

STUDENT COMPLAINT PROCEDURES

Student complaints are first addressed at the Departmental level but are ultimately governed by the Student Complaint Procedure. Please see the detailed student complaint instructions within this handbook.

STUDENTS WITH DISABILITIES

Students with disabilities are encouraged to contact Disability Services for Students (DSS). Please visit <http://www.umt.edu/dss/> to find details about the available services. Accommodations for students with disabilities will be made whenever possible.

STUDENT STUDY RESOURCES

The Writing Center is available to help you improve your writing skills. Writing instructors are available to help you plan and develop your thoughts. For more information, visit them online at: <http://www.umt.edu/writingcenter/> or call (406) 243-2266.

FOREIGN EXCHANGE STUDENTS AND SCHOLARS

The Office of Foreign Student and Scholar Services (FSSS) is available for general counseling and provides direct support services, consultation, and liaison. Staff members at FSSS are available to help with academic advising, cultural adjustment, financial problems, and other issues. The FSSS office is in the Lommasson Center, Room 219. For more information visit <http://life.umt.edu/fsss/>.

ACADEMIC CALENDAR 2013-2014

AUTUMN SEMESTER 2013

Thursday-Friday, August 22-23	New Student Orientation
Monday, August 26	Autumn Semester Classes Begin
Monday, September 2	Labor Day – No Classes, Offices Closed
Monday, November 11	Veterans Day – No Classes, Offices Closed
Wednesday, November 27	Student Travel Day – No Classes
Thursday-Friday, November 28-29	Thanksgiving Break – No Classes, Offices Closed
Friday, December 6	Last Day of Regular Classes
Monday-Friday, December 9-13	Final Exams

WINTER SESSION 2014

Thursday, January 2	Winter Session Classes Begin
Monday, January 20	Martin Luther King, Jr. Day – No Classes, Offices Closed
Thursday, January 23	Last Day of Winter Session Classes and Final Exams

SPRING SEMESTER 2014

Thursday-Friday, January 23-24	New Student Orientation
Monday, January 27	Spring Semester Classes Begin
Monday, February 17	Presidents Day – No Classes, Offices Closed
Monday-Friday, March 31-April 4	Spring Break
Friday, May 9	Last Day of Regular Classes
Monday-Friday, May 12-16	Final Exams
Saturday, May 17	Commencement

SUMMER SEMESTER 2014

Monday, May 26	Memorial Day – No Classes
Tuesday, May 27	Classes Begin for First Five-Week Summer Session, Classes Begin for Ten-Week Summer Session
Thursday, June 26	Last Day of Classes for First Five-Week Summer Session and Final Exams
Monday, June 30	Classes Begin for Second Five-Week Summer Session
Friday, July 4	Independence Day – No Classes, Offices Closed
Thursday, July 31	Last Day of Classes for Second Five-Week Summer Session, Last Day of Classes for Ten-Week Summer Session, and Final Exams

TECHNOLOGY INFORMATION AND SERVICES

STUDENT COMPUTER USE GUIDELINES

To help ensure the continued operation of the various student-use computers please follow the guidelines listed below:

- Computers are available for academic use and the reading/sending of e-mail. They are not to be used for non-academic activities.
- Eating, drinking, and tobacco use are not allowed at any time in the CSD computer labs.
- Please leave the computer station ready for the next person. Be sure to “log off” a machine before you vacate the area. Failure to do so will allow anyone access to your files and your printing account. Leave the monitor on the original screen, pick up all your papers and push in your chair.
- Computer software is subject to copyright licensing agreements. Copying or removing software is considered theft and is a violation of U.S. copyright laws.
- Connection of personal equipment, except headphones and external memory devices, to any machine is prohibited.
- Removal of reference materials, documentation, software, or equipment is prohibited.
- Abuse of computing resources will not be tolerated and may result in either disciplinary action or loss of computing privileges.
- Responsible use of computing resources includes:
 - Using hardware and software properly.
 - Respecting the privacy of other users; do not try to access any files that belong to another user.
 - Maintaining privacy and confidentiality of client information and clinic files.
 - Relinquishing equipment after 30 minutes if someone else is waiting to use it.
 - Respecting other users who want to be in a quiet environment that is free of interruptions.
 - Backing up your own data and protecting your own information.

COMPUTER SYSTEM IDENTIFICATIONS

NET ID

You are assigned a Net ID (Standard UM-M Computer Access User ID) by the University. The Net ID requires that you create a password for secure entrance into the University computer and online system. This password is required to use Moodle, The University of Montana’s online learning system, Cyber Bear, and University accounts such as course registration, transcripts, and other student records.

MOODLE

Moodle is the web-based online instructional tool used for CSD courses. Faculty post syllabi, handouts, power point presentations, and course grades accumulated during the semester on Moodle. You can access Moodle from the UM web home page by using your Net ID and password.

UM CONNECT EMAIL

You have been provided with a University email account. This account will be the only way you will receive electronic communication from the faculty and University. The major means of communication between the CSD faculty and students is through this email account. The University faculty/staff will generally not communicate with students through the student's personal email account(s). You are expected to access your University accounts regularly to review messages from the faculty/staff and to keep space for new messages available in your University box, even when you are off campus on clinical internships. You are able to link your University account to your personal email account. However, you must remember to delete the messages from your University box as deleting them via your personal account does not remove them from the University box. Failure to routinely read the messages in your University account and to keep space available in your University box is considered unprofessional conduct by the CSD program.

BLACKBOARD COLLABORATE

Blackboard Collaborate is a web-conferencing program and will be used by distance learning students. Please check UM Online for compatibility requirements. All students participating at a distance are required to use a headset with an integrated microphone and a web camera. These items are essential to your audio and visual communication in your courses.

REMINDERS

Remember to bring your own external memory device with you for storing any files you want to keep. The department computers are not to be used to store files. Files may be deleted on a daily basis to keep the computer clean. It is wise to make a backup copy of any important files. File storage should be compatible from one Windows lab to another, but compatibility cannot be guaranteed with any computers outside of our facility. You must ensure that you are using the right kind of file storage, and that all files are formatted properly.

You must only keep files that meet with HIPAA regulations protecting client privacy and confidentiality (see Clinical Policies and Procedures).

There are two types of software installed on our machines. Software such as Windows or Microsoft office is maintained and questions may be directed to computer lab assistants at the Teacher Resource Center (TRC). Some software has been installed at the request of instructors, and questions regarding that software must be directed to the instructor.

The Teacher Resource Center (TRC) phone number is (406) 243-2143. The lab assistants at the TRC are sometimes able to help you with general problems, but they are not expected to be consultants for your personal computers.

STUDENT RIGHTS

Detailed information about student rights can be found in the Course Catalog or online at <http://www.umt.edu/catalog/eso/Services/rights.html>.

STUDENT RIGHT TO PRIVACY

In relation to the Family Educational Rights and Privacy Act (FERPA) of 1974, the following information may be released to anyone upon request: Student's name, addresses including e-mail, telephone number, dates of attendance, full time/part time status, date of graduation and degree received, school or college, majors, class, student identification photo and academic awards or honors. The Registrar's Office must receive the student's written request during the first two weeks of the semester if he/she wishes this information withheld. A form for this purpose is available at the Registration Counter in Griz Central or the Registrar's Office at the College of Technology. See the website listed above for more information.

AFFIRMATIVE ACTION

The University of Montana is committed to taking affirmative action to provide all persons an equal opportunity for education, employment and participation in university activities without regard to race, color, religion, political ideas, national origin, sex, marital status, age, disability, or sexual orientation.

EQUAL OPPORTUNITY

Equal opportunity laws and orders applicable to The University of Montana include, but are not limited to, Title VI and VII of the Civil Rights Act of 1964, Title X of the Education Amendments of 1972, Rehabilitation Act of 1973, Vietnam Era Veterans Readjustment Act of 1974, Executive Order 11246, Montana Fair Practices Act of 1974 and the Montana Nondiscrimination by State and Government Act of 1975.

It is illegal in the State of Montana to discriminate against anyone because of race, religion, color, political ideas, age, marital status, sex, mental or physical handicap, national origin or ancestry in employment, training, public accommodation, financing, education, and government services. With the exception of marital status, this rule also applies to housing.

All University administrators, faculty and staff have been assigned the responsibility for actively effecting equal opportunity and affirmative action. This office is located in the University Hall, Room 020 on campus at (406) 243-5710.

PUBLIC SAFETY REPORT, ALCOHOL, AND DRUG GUIDELINES

The health and safety of students, faculty, staff and visitors are of paramount concern to The University of Montana. Each year the university publishes an annual report outlining on-campus security and safety information and crime statistics. The booklet is available by writing or calling the Office of Public Safety at (406) 243-6131, The University of Montana, Missoula, MT 59812.

The report provides important information for security awareness and crime prevention programs, emergency procedures and reporting crimes, plus law enforcement and safety services on campus. Additionally, the booklet contains the university's policy on sexual assault and information about support services for victims of sexual assault. The booklet also includes information about the university's drug and alcohol policy, programs and support services for substance abuse, and risk management guidelines for university-related events.

STUDENT COMPLAINT PROCEDURES

UNIVERSITY OF MONTANA PROCEDURES

COMPLAINTS AGAINST FACULTY MEMBERS

Under the terms of the Collective Bargaining Agreement between The University of Montana Faculty Association and the Montana University System, there is a formal procedure for students who have a complaint against a faculty member or an administrator. The following steps are from Section 21 (in particular Sections 21.500, 21.510, and 21.520) in the Collective Bargaining Agreement between The University of Montana University Faculty Association and the Montana University System. This document has information on the detailed procedure the Department of Communicative Sciences and Disorders will follow for handling student complaints

(<http://www.umt.edu/provost/CBAs/UFACBA.pdf>). This procedure is used by The University of Montana and The Montana University System. The ASUM Student Resolution Officer is available to answer questions about procedures and to assist with the process. Time restrictions are important, so students should review procedures immediately if they feel they may have a complaint. The Resolution Officer receives voice mail at 243-5431 or email at asum.resolutionoff@mso.umt.edu.

Prior to resorting to this formal complaint procedure, parties shall make every effort to resolve conflicts that might ultimately become grounds for a complaint. If no solution can be agreed upon, parties will use the following steps to file a formal complaint.

Step 1: Students must file an initial complaint with the Student Resolution Officer, appointed by the president of ASUM, within thirty (30) days of the omission or act, which caused the complaint. Within ten (10) days, the student must confer with the person(s) against whom the complaint exists. Both parties may bring a witness to this meeting. Both parties should attempt to resolve the complaint during this meeting.

Step 2: If the student feels the matter is unresolved after the Step 1 meeting, and the Student Resolution Officer agrees to proceed with the complaint, the Student Resolution Officer shall, within fifty (50) days of the act or omission, schedule a non-binding mediation session which shall be held in a neutral place for the purpose of resolving the matter in lieu of filing a formal complaint and requesting a Step 3 hearing. This Step 2 mediation session should involve only the student and respondent faculty member. A determined effort will be made to resolve the complaint in the Step 2 mediation session. If the requested mediation session cannot be arranged within ten (10) working days of the receipt of the request, the complainant(s) may proceed to Step 3.

Step 3: If a Step 2 mediation session occurred and the student(s) and the Student Resolution Officer believe the matter is unresolved, the Student Resolution Officer may, within five (5) working days, submit a formal written complaint to the Provost requesting a hearing before the appropriate Student Complaint Committee. Within fifteen (15) working days of filing a request for a Step 3 meeting, the Student Complaint Committee shall hold a hearing for all parties to a complaint, pursuant to procedures to be developed by the Committee in consultation with the University Legal Counsel, ASUM, the Student Resolution Officer, and the UFA Student Complaint Officer. The purpose of the hearing shall be to

determine findings of fact and recommend either dismissal of the complaint, a warning letter, formal reprimand, and/or a specific remedy limited to curing the act or omission for which the complaint was filed. During the course of its deliberation, the Committee shall confer with the parties to the complaint and may confer with other individuals at its discretion. The Committee shall make its decision by majority vote. The decision of the Committee, and minority report, if any, shall be forwarded to the University President who may or may not accept the Committee's or the minority's report. The President may accept or reject the Committee's suggestion. Implementation of a specific remedy rests with the University President, whose decision shall be the final campus disposition of the complaint. The President shall provide the Committee with a rationale for the final disposition, should it differ from that suggested by the Committee. Upon issuance of the final decision, the President shall send copies to all parties involved.

COMPLAINTS REGARDING THE GRADING OF TESTS OR ASSIGNMENTS

Students may feel that they were unfairly graded on a test or assignment. After discussing this with the instructor, if they continue to feel unfairly graded they may contact the Department Chair. As appropriate, the Chair may find an additional marker for the test or assignment. The Chair and the instructor will decide the final disposition of the grade for the test or assignment.

COMPLAINTS AGAINST PRACTICUM SITE SUPERVISORS

A complaint with an off-campus clinical supervisor should begin with the “offending” person so that he/she may have an opportunity to correct the problem or provide an explanation. If you do not feel this first step has corrected the problem or has provided an acceptable explanation, you should file a written notice with the next higher level within the CSD administrative structure. The structure is as follows:

1. CSD Clinical Director
2. CSD Department Chair
3. Dean of the Phyllis J. Washington College of Education and Human Sciences
4. Dean of the Graduate School

AMERICAN SPEECH-LANGUAGE-HEARING ASSOCIATION (ASHA) COMPLAINT PROCEDURES

COMPLAINTS AGAINST THE GRADUATE EDUCATION PROGRAM

On occasion, students may feel that it is necessary to contact ASHA regarding complaints related to the Standards for Accreditation of Entry-Level Graduate Education Programs in Speech Language Pathology. The grievance procedure should begin with the person involved and should proceed through the UM Complaint Procedure before contacting ASHA. Other grievances to be directed to CAA would involve behavior in violation of the ASHA Code of Ethics. To view the Code of Ethics, visit the ASHA website at www.asha.org or see the copy of the ASHA Code of Ethics provided in Appendices section of this handbook. All complaints must be signed and submitted in writing to the Chair, Council on Academic Accreditation in Audiology and Speech-Language Pathology, American Speech-Language Hearing Association, 2200 Research Boulevard, Rockville, MD 20850-3289. Phone: (301) 296-5700. Complaints

will not be accepted by fax or email. The link for the procedure is located at:

<http://www.asha.org/Academic/accreditation/accredmanual/section8/#CAA>

COMPLAINTS AGAINST THE COUNCIL ON ACADEMIC ACCREDITATION (CAA)

Procedures for complaints against the CAA must relate to the accreditation process, decisions, or actions of the council. The link for this procedure is located at:

<http://www.asha.org/Academic/accreditation/accredmanual/section8/#CAA>

LIBRARY RESOURCES

MIKE AND MAUREEN MANSFIELD LIBRARY

Main library on the University of Montana Campus

Phone: 243-6860

Website: <http://www.lib.umt.edu>

Hours (during the semester):

Monday-Thursday 7:30 AM-11:30 PM

Friday 7:30 AM-7:30 PM

Saturday 10:30 AM-7:30 PM

Sunday 10:30 AM-11:30 PM

The campus libraries (Mike and Maureen Mansfield, Law, and Journalism) contain more than 600,000 volumes in their collections. The books and serials are organized into four main areas: Humanities, Science, Social Science, and Documents. The library also maintains an interlibrary loan program for students and faculty through affiliation with major library networks and individual research libraries, both in the United States and abroad.

The Library maintains access to most Laser Net Databases. The Student Computer Lab has Internet and database access. The Library Catalogue is also available for review from the computer lab.

For assistance in using the Mansfield Library resources contact Kate Zoellner, Education and Psychology Librarian, or the Library help desk.

TEACHER RESOURCE CENTER (TRC) SERVICES

The Education Building (Education 111) contains many resources relevant to teachers and others in the field of education. Supplies and resources include curriculum development materials, journals and magazines, teacher reference tools, and children's books. The Technology Lab has access to the Internet, Library Catalogue, and numerous data bases. <http://coehs.umt.edu/tech/trc/default.php>

RITECARE CLINIC BOOKS AND RESOURCES

The University of Montana RiteCare Clinic maintains a library of reference texts, clinic materials, tests, and assessments. These resources are primarily for the use of the Clinic faculty, staff, students, and client families, and may be used onsite. Special arrangements can be made for offsite use. Contact one of the RiteCare Clinic Directors for more information.

CSD MATERIALS AND EQUIPMENT

Materials and equipment may be used by faculty and students for classroom instruction, clinical use, lab use, research, and independent study.

Materials and equipment needed during scheduled lectures or lab sessions have highest priority and supersede other requests.

Use of materials and equipment for research, independent study, lecture, or lab practice outside scheduled class time requires permission from the instructor responsible for the equipment.

Faculty and students who use equipment must have prior instruction in the proper and safe use of the equipment and have demonstrated proficiency in its use.

Equipment used for treatment purposes must be authorized and supervised by a speech-language pathologist licensed to practice in Montana who maintains ASHA's Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP).

When equipment is broken or faulty, notify the supervisor or instructor so it can be repaired or replaced.

An annual inventory of equipment and supplies is conducted by the clinic staff. The results are monitored to determine the need for new equipment and supplies, based on funding and priority needs.

All policies and procedures governing equipment are subject to annual review and revised accordingly.

RESEARCH AREAS AND LAB SPACES

The primary mission of Communicative Sciences and Disorders research laboratories is to foster research in speech-language pathology, audiology, and related sciences.

The primary funding sources for these laboratories are grants. Each principal investigator (PI) should, as much as possible within the restrictions of the funding agency, secure funding for staff support, supplies, technical assistance, equipment upgrades, student support, travel, and publication expenses. Limited funding may be available as described below.

Individual PIs with grant funding will retain responsibility for his/her funding, research assistants and supplies under oversight of the Department of Communicative Sciences and Disorders, the PJW College of Education and Human Sciences, and the Office of Sponsored Programs and Research (OSPR).

The first priority in scheduling with any lab will be given to CSD faculty, CSD Clinic, and CSD student researchers in that order. However, every effort will be made to accommodate other research projects.

Scheduling of a given lab should be arranged with the appropriate person. On the schedule, researchers should note if they need exclusive use of the lab at a particular time or if others can be working in the lab at the same time. If someone will not be using their scheduled time, they should note it on the printed schedule as soon as possible.

Notice of all grant proposals that will use a particular lab for research should be given to the appropriate lab director so that planning for use can begin.

All researchers should check with the Office of Research and Sponsored Programs for each project to assure compliance with University policies regarding disclosure of potential conflicts of interest.

Laboratories are to be locked at all times when not in use.

Problems with equipment are to be reported to the PI and Department Chair.

Research or other activities that do not necessitate the use of the equipment provided in a given lab will not be permitted in the lab. Special requests will be considered. Approval will depend on available space, time, and equipment. These requests will be submitted to the appropriate director.

Grant-funded faculty are responsible for their students during any experimentation that takes place in the lab. Individual investigators are responsible for their own clean up.

Students are not permitted to eat or drink in the laboratories.

Students are not to disrupt the work of other lab personnel (e.g., technicians, visiting scholars, scientists, etc.).

CAMPUS SECURITY AND PUBLIC SAFETY

No University of Montana staff member or employee is authorized to contact or call in off-campus security forces (such as city police) except upon authorization of a vice president or president.

Papers or materials of any kind shall not be removed from academic or administrative offices and related spaces, except as authorized by the person or persons having custody of such materials.

Academic or administrative offices, labs, and analogous spaces shall not be entered for purposes of search.

These policies do not preclude routine activities of staff, including janitorial and security personnel, which take place within the established framework of University policy and procedure.

Open Buildings - Security officers and physical plant personnel are not permitted to open doors or unlock buildings unless they are so authorized by the director of physical plant.

FINANCIAL ASSISTANCE

Information covering financial aid programs - grants, loans, work-study, University System fee waivers, scholarships, and special aid programs - is available in the Financial Aid Office. For more specific information and application forms contact the Financial Aid Office, 243-4753.

<http://www.umt.edu/finaid/>

Scholarships are available for CSD students in the Phyllis J. Washington College of Education and Human Sciences, including the Walter and Elaine Anderson Scholarship. Application and awarding for these takes place in the spring. For more information see the College website at <http://coehs.umt.edu/>.

A number of work opportunities are available in the CSD Department. These include work-study opportunities, teaching assistants, instructor assistants, and other employment through the Department or the grants held by the Department.

The Office of Public Instruction (OPI) provides stipends for graduate students with a focus on working in the school setting. More information is available on the following link:

<http://www.opi.mt.gov/pdf/SpecED/SLPMastersApp.pdf>

At the appropriate time, announcements will be made and application forms will be available in the CSD Office and through the CSD Community area on Moodle.

Many organizations offer financial assistance to the speech language pathology student with the understanding that the student will work for the organization for a year or more following graduation. Organizations in your local community may also offer scholarships. Be sure to contact them for opportunities.

CAREER/EMPLOYMENT OPPORTUNITIES

Employment opportunities for graduating CSD students are announced to the students through the following mechanisms.

Email messages and paper announcements received by the CSD Department about speech-language pathology employment opportunities are:

- posted on the Career/Internship bulletin board in the CSD Department area
- posted on the CSD Community Moodle page under “CSD Bulletin Board”

CAMPUS HEALTH SERVICES

Health services for students in the CSD program are available at the Curry Health Center. Curry Health Center provides affordable, accessible, high quality, student-centered health services to University of Montana students to enhance student learning, promote personal health and development and teach important life skills. Access to Curry Health Center is primarily through the payment of the Curry Health fee. Some services are available on a fee-for-service basis. Services provided include medical services, counseling and psychological services, substance abuse counseling, dental services, pharmacy services, student assault recovery services, and health enhancement services.

For more information about the services provided by the Curry Health Center visit their web site

<http://www.umt.edu/sa/chc>.

ASHA CERTIFICATION COURSE REQUIREMENTS

For ASHA Certification, students must complete a college level math, physical science course, a biological science course, and a psychology course at some time during their undergraduate or graduate career. Students are also expected to have completed study in statistics, research design or tests and measurements, and multicultural issues. Students must complete the following courses, or the equivalent, as undergraduates or through leveling courses in preparation for graduate study in the Master of Science program in Speech-Language Pathology at The University of Montana.

CSD U 210 - Speech and Language Development
 CSD U 222 - Introduction to Audiology
 CSD U 320 - Phonological Development and Phonetics
 BIOH U 330 - Anatomy & Physiology of the Speech & Hearing Mechanisms
 CSD U 340 - Foundations of Speech Disorders
 CSD U 360 - Language Disorders
 CSD U 405 - The Clinical Process
 CSD U 411 - Neuroanatomy and Physiology for Communication
 CSD U 420 - Speech Science
 CSD U/G 450 - Aural Rehabilitation

100% of the required prerequisites do not need to be completed prior to admission to the graduate program; however, if sufficient leveling credits are not completed, it may take additional time to complete the graduate program.

GRADUATE STUDIES IN SPEECH-LANGUAGE PATHOLOGY

DEGREE REQUIREMENTS

Successful completion of the Master of Science in Speech-Language Pathology involves all of the following coursework and practicum requirements:

Course #	Course Description	Credits
CSD G 520	Articulation and Phonological Disorders	3
CSD G 525	Professional Issues in Speech-Language Pathology	3
CSD G 530	Voice Disorders and Motor Speech Disorders	3
CSD G 540	Fluency Disorders	3
CSD G 545	Augmentative and Alternative Communication	3
CSD G 550	Language and Learning Disorders in Young Children (Service Learning)	3
CSD G 560	Language and Learning Disorders in School Age Children (Service Learning)	3
CSD G 565	Aphasia and Related Neurocognitive Disorders	3
CSD G 570	Seminar in Clinical Procedures I	2
CSD G 575	Seminar in Clinical Procedures II (students take this 2-3 times)	Minimum of 5 cr.

CSD G 600	Research Methods	3
CSD G 640	Swallowing Disorders	3
CSD G 675	Clinical Practicum II	6
And one from the following:		
CSD G 698	CSD Research Paper	3
CSD G 699	Thesis	6
And at least one elective:		
CSD UG 480*	Multicultural Issues in Speech Language and Hearing	3
COMM UG 451S	Intercultural Communication	3
	Or an approved alternate elective	3-4

*CSD UG 480 may be completed at the undergraduate or graduate level.

CSD GRADUATE COURSE DESCRIPTIONS

CSD G 520 - ARTICULATION AND PHONOLOGICAL DISORDERS – 3 CR.

Prerequisites: Graduate standing and CSD U 320, CSD U 330 and CSD U 340 or equivalent course work. Theoretical perspectives on phonological and articulation disorders with emphasis on application to clinical management including evaluation, assessment techniques, and intervention strategies.

CSD G 525 - PROFESSIONAL ISSUES IN SPEECH-LANGUAGE PATHOLOGY – 3 CR.

Prerequisites: Graduate standing. Theoretical perspectives in the assessment and evaluation of speech and language disorders. Emphasis on assessment tools, procedures, rationales, and interpretation. Issues associated with school-based and medically-based work issues will be discussed.

CSD G 530 - VOICE AND MOTOR SPEECH DISORDERS – 3 CR.

Prerequisites: Graduate standing and CSD U 330, CSD U 340 and CSD U 411 or equivalent course work. Study of anatomy, physiology and pathology of the voice. Diagnosis and management of voice disorders. Neural bases of normal and disordered speech motor control Assessment and treatment of motor speech disorders.

CSD G 540 - FLUENCY DISORDERS – 3 CR.

Prerequisites: Graduate standing and CSD U 340 or equivalent course work. Theoretical, etiological, and developmental perspectives of fluency disorders. Principles of assessment and intervention, including integration of fluency shaping and stuttering modification techniques.

CSD G 545 – AUGMENTATIVE & ALTERNATIVE COMMUNICATION- 3 CR.

Prerequisites: Graduate standing. Topics include: AAC terminology, design and use of multiple AAC devices (high and light tech), and implementation of treatment programs for individuals and communication partners.

CSD G 550 - LANGUAGE & LEARNING DISORDERS IN YOUNG CHILDREN/SERVICE LEARNING – 3 CR.
Prerequisites: Graduate standing and CSD U 210 and CSD U 320 or equivalent course work. Theoretical perspectives, research, and clinical issues concerning disorders of language in infants, toddlers and preschoolers considering contributing factors, special populations and basic assessment and intervention principles. A minimum of 15 volunteer service hours are a requirement of this course. CSD G

560 - LANGUAGE & LEARNING DISORDERS IN SCHOOL-AGE/SERVICE LEARNING – 3 CR.
Prerequisites: Graduate standing and CSD U 210 and CSD U 230 or equivalent course work. Theoretical perspectives, research, and clinical issues concerning disorders of language, literacy, and learning in the school-age population (elementary through high school) considering contributing factors, special populations and basic assessment and intervention principles. A minimum of 15 volunteer service hours are a requirement of this course.

CSD G 565 – APHASIA AND RELATED NEUROCOGNITIVE DISORDERS– 3 CR.
Prerequisites: CSD 210, CSD U 330, CSD U 360, and CSD 411 or equivalent course work. Neural bases and medical etiologies of acquired language disorders in adults. Evaluation and treatment of cognitive, linguistic and behavioral sequelae of adults with neurogenic impairments throughout successive stages of recovery.

CSD G 570 – SEMINAR IN CLINICAL PROCEDURES I – 1-2 CR.
Prerequisites: graduate standing, completion of undergraduate curriculum, and permission of clinical director. Advanced study of topics related to current professional and clinical issues in speech-language pathology. Taken concurrently while being supervised. Students must be supervised in Montana. Discussions, demonstrations, and expectations of clinical practicum.

CSD G 575 SEMINAR IN CLINICAL PROCEDURES II – 2-3 VARIABLE CREDITS: REPEATABLE.
Prerequisites: CSD G 570 and permission of clinical director. Credits depend on hours of direct clinical service with clients on campus and in off campus sites. Graduate student clinicians are developing clinical skills with a variety of speech language disorders, ages, settings and diversity of clients. Students must be supervised in Montana. Course includes review of evidence based models and theoretical perspectives regarding communication disorders with application to the clinical processes of assessment, intervention, counseling, and efficacy of intervention.

CSD G 580 DIAGNOSTICS– 2 CR.
Prerequisites: Graduate standing, permission of clinical director. Study of professional and clinical issues with application to clinical practicum. Discussions, demonstrations, and student presentations. Mandatory weekly meeting.

CSD G 600 - RESEARCH METHODS – 3 CR.
Prerequisites: Completion of an approved statistics course and graduate standing. Research methodologies appropriate for quantitative and qualitative studies in communication sciences and disorders. Focuses on critical reading of research papers, design, and implementation of experiments.

CSD G 640 - SWALLOWING DISORDERS – 3 CR.

Prerequisites: Graduate standing, CSD U 330, CSD U 340 and CSD U 411 or equivalent course work. Study of anatomy, physiology, and pathology of swallowing. Diagnosis and treatment of swallowing disorders.

CSD G 675 - CLINICAL PRACTICUM II – 6 CR.

Prerequisites: 5 credits of CSD 575, recommendation as a level III clinician and permission of Clinical Director. Supervised clinical practicum with children and/or adults with speech, language, and learning disorders at an off-campus sites. Typically 30-40 hours a week for 15 weeks.

CSD G 691 – SPECIAL TOPICS VARIABLE – 1-5 CR.

Offerings of visiting professors, experimental offerings of new courses, or one-time offerings of current topics.

CSD G 696 – INDEPENDENT STUDY VARIABLE – 1-5 CR.

Prerequisite: consent of instructor. Course material appropriate to the needs and objective of the individual student.

CSD G 698 – CSD RESEARCH PAPER – 3 CR.

Prerequisite: CSD 600, Graduate standing and consent of instructor. In depth literature review of a particular field of study related to speech and language pathology.

CSD G 699 – THESIS – 3-6 CR.

Prerequisite: CSD 600, Graduate standing and consent of instructor. The primary purpose of the thesis is to allow a student to conduct a research project in a particular field of study related to speech and language pathology.

CSD 698 RESEARCH PAPER AND CSD 699 THESIS

Students may complete either CSD 698 Research Paper or CSD 699 Thesis. Each course requires the selection of a faculty advisor. The CSD 698 course consists of writing a research paper that involves a literature review about an argument describing, in detail, a theory or practice in an area of communicative sciences and disorders. The area selected and the specific argument requires approval of a faculty supervisor before initiation of the project.

Students completing CSD 699 may need to extend their educational program in order to complete the tasks and activities required of a thesis project. Working closely with a faculty advisor, students will identify a research question, complete a literature review, design and conduct an empirical study (with approval from the Institutional Review Board as needed), and report the results and implications. Students must submit an application to the faculty advisor with whom they wish to conduct research.

GENERAL CLINIC INFORMATION

OVERVIEW OF CLINICAL EDUCATION

The UM RiteCare Speech, Language, and Hearing Clinic delivers high-quality, cost-effective therapy to individuals across the state of Montana. Faculty model and support student clinicians in the delivery of services using evidence-based treatment methods, while working in partnership with clients and families, as well as collaborating with community agencies to provide comprehensive treatment plans. All faculty and off-campus supervisors hold the ASHA CCC-SLP and/or CCC-A, and supervise student clinicians serving clients within the faculty member's area of academic/clinical expertise.

UM CSD and ASHA guidelines for CCC-SLP require that students participate in practicum and acquire a minimum of 400 clinical hours with clients across the lifespan, and presenting with diverse communication needs, demonstrating competency in intervention, diagnostics and consultation. All students complete their first practicum at the UM RiteCare Speech, Language, and Hearing Clinic. Students must obtain a minimum of 50 supervised hours at three or more unique sites. To meet clinical education requirements, off campus clinical placement settings may include schools, rehabilitation centers, private practices, and medical facilities. Clinical experiences that match student interests and broaden clinical experiences to support completion of clinical hours and meet the clinical competence standards will require planning and consultation with each student's academic advisor and the Clinical Education Director.

THE UNIVERSITY OF MONTANA RITECARE SPEECH, LANGUAGE AND HEARING CLINIC

The UM RiteCare Speech, Language, and Hearing Clinic serves as a practicum site for UM CSD students and is dedicated to providing screening, observations, diagnostic/assessment, and intervention services. Clinical services are open to the general public. The Clinic charges a nominal fee for services, and can bill insurance, Medicare, Medicaid and other third party providers. The RiteCare clinical services are supported by the philanthropic support of the Western Montana Scottish Rite of Free Masonry. They provide scholarships for clients in need of services.

OFF-CAMPUS CLINICAL AFFILIATIONS

The University of Montana offers affiliate practicum experiences at sites that have a written memorandum of understanding (MOU) with The University of Montana and UM CSD. Students must work with the Clinical Education Director to arrange off-campus practicum sites.

ABRIDGED CCC-SLP REQUIREMENTS

STANDARDS FOR CCC-SLP

Applicants for entry-level practice in speech-language pathology must hold a Master's or Doctoral degree. The Speech-Language Pathologist standards stipulate:

- **Academic Course Work:** 75 semester credit hours in the professional area, at least 36 hours must be completed at the graduate level (Standard III)
- **Supervised Clinical Observation and Clinical Practicum:** Students must earn 400 clock hours of clinical practicum in order to qualify for the MS degree. Standard IV-C

- **Clinical Observation:** 25 hours must be completed prior to the CSD 570 clinical practicum.
- Students may receive credit for up to 50 clinical practicum hours earned under the supervision of an SLP professional with CCC-SLP from ASHA during their undergraduate or post baccalaureate education.
- At least 325 of 400 hours must be completed while engaged in graduate study in an accredited program (Standard IV-D).
- **Clinical Education / Practicum:** 375 hours. Clinical clock hours must be sufficient in breadth and depth to achieve demonstrated skills outcomes in the areas of evaluation, intervention, and client interaction. The scope of practice will include the following nine areas:
 - Language
 - Articulation/phonology
 - Cognitive
 - Voice/resonance
 - Fluency
 - Hearing
 - Swallowing
 - Social aspects
 - Communication modalities

CLINICAL OBSERVATION

Students are required to observe a minimum of 25 hours of clinical services provided by certified speech-language pathologists and/or audiologists. Students may complete these observation hours at the undergraduate level or prior to the start of graduate school. Students may observe assessment and treatment of cognitive, communication, and swallowing disorders, and client/patient counseling. Clinical observation experiences allow students to become familiar with the process of planning for diagnostic and treatment sessions, the client/family/clinician interaction process, a breadth of assessment and treatment techniques, , and aspects of counseling in the field of speech-language pathology. Some observation hours may be part of a course requirement. All observations must be documented on the Observation Form (Located on the CSD Community Moodle: clinical program: observations).

Documentation of completed 25 hours must be uploaded to Typhon, and must include the ASHA number of the SLP, and date, time, and site at which the observation occurred. Verification of a ASHA certification can be obtained online through the ASHA Certification Verification system, <http://www.asha.org/eweb/ashadynamicpage.aspx?site=ashacms&webcode=ccchome> .

The CSD dress code must be followed during clinical observations. All students must have completed a brief introduction to the Health Insurance Portability and Accountability Act (HIPAA), and adhere to any immunizations or background checks required in some medical and schools settings. The introduction module for HIPAA is available is available on the CSD Community Moodle shell.

CLINICAL CLOCK HOURS

375 clinical clock hours of supervised practicum must include experience with client/patient populations across the life span and from culturally/linguistically diverse backgrounds. These experiences must

represent various types and severities of communication and/or related disorders, differences, and disabilities, and meet the requirements of the ASHA Clinical Competency Standards IV-C - F.

PRACTICUM AND EXTERNSHIP EXPERIENCES AND SITES

Before participating in clinical practicum, all undergraduate or leveling courses must be completed. The CSD curriculum requires students to be initially supervised by faculty of the CSD Department. Initial clinical practicum will occur at the UM RiteCare Speech, Language, and Hearing Clinic or a collaborative site. This may be accomplished over summer practicum for distance and some part-time students.

On-campus students begin practicum in their first semester (Autumn) of graduate study. Distance students begin practicum on the UM campus during the summer following their first two semesters of course work.

ACADEMIC REQUIREMENTS FOR CLINICAL PRACTICUM

To register for on-campus or off-campus clinical practicum, students must have a minimum cumulative GPA of 3.0 in the CSD Graduate program, have a B- or better in disorders courses related to clinical activities /practicum, and passed all competencies for the academic disorders course.

ASHA STANDARDS FOR THE CERTIFICATE OF CLINICAL COMPETENCE

The CSD Department uses a web-based tracking system called Typhon. All graduate students are required to use Typhon to document clinical and academic competencies, clinical clock hours, and to submit required clinical and academic forms. The CSD department will provide trainings and one-on-one sessions to support students, both on and off campus, in the use of Typhon.

PROCEDURES/INSTRUCTIONS - KNOWLEDGE AND SKILLS ACQUISITION (KASA)

The KASA is documentation used by the CSD department for guiding each graduate student in reaching their clinical competencies. The KASA is not a requirement of ASHA, but serves as a guideline for ensuring breadth and depth of clinical experiences during the graduate program. The KASA details the ASHA standards of clinical competency revised March 2009 and updated on 01/01/2013 to meet the CAA Standards for Accreditation

<http://www.asha.org/Academic/accreditation/accredmanual/section3.htm>.

DOCUMENTATION/FORMS

The CSD KASA Summary Form and Competencies can be found in Typhon. The ASHA SLP certification standards have been adapted by the CSD department and integrated into CSD course competencies. Typhon is used to ensure that you are achieving certain competencies in your course work and in your clinical experiences.

Students are responsible for ensuring that academic and clinical forms/competencies are current and accurate. ASHA states that the documentation of competencies to meet the standards is the students' responsibility and all ORIGINAL documents stay with the student. The CSD Department is only responsible for COPIES and approval on forms, and approval of data submitted to Typhon. With this in mind, students must ensure all forms and their individual portfolio are current, accurate, and approved by their supervisors, academic advisor, and faculty. Failure to properly document clinic and academic

competencies via Typhon may adversely affect ability to obtain clinical placements, and overall graduation timeline.

Detailed information on the ASHA 2014 SLP certification standards is available on the ASHA website at <http://www.asha.org/Certification/2014-Speech-Language-Pathology-Certification-Standards/>.

STUDENT RESPONSIBILITIES RELATIVE TO THE ASHA STANDARDS OF CLINICAL COMPETENCY

The student will obtain a grade of B- or higher in each academic or clinical course.

The student will document passing of course competencies each semester. It is the STUDENT'S responsibility to ensure that each course competency is completed, any required remediation plans are completed, and that these are documented each semester.

The student will receive the signed Verification Form from each professor every semester. The student will retain these originals and assure accuracy of documentation in Typhon.

The student and their supervisor will complete the mid-term and final clinical evaluation forms for each semester of clinical experiences. All case logs or clinical clock hours, clinical competencies, and time logs must be approved by your ASHA-certified supervisor. These records are documented in Typhon.

If a student obtains a C+ or lower (see notes below) in a course, the Verification Form CANNOT be signed by the faculty member. Instead, the student must initiate a meeting with the faculty member to determine what remedial procedures need to be completed before the Verification Form can be signed. Remediation procedures should be documented in Typhon.

Immediately prior to graduation,, the student will request that the Department Chairperson sign the Director Verification Form

FACULTY MEMBER RESPONSIBILITIES RELATIVE TO THE STANDARDS OF CLINICAL COMPETENCY AND STANDARDS OF ACADEMIC ACCREDITATION (CAA)

The faculty member will document both course competency and the course grade in Typhon.

The faculty member will calculate final grades and will approve course competencies for students who receive a grade higher than a C+. If a student receives a C+ or lower, or a C+ or higher but does not meet course competencies, the faculty member will design a remediation plan.

The faculty member will approve the competencies in Typhon within four weeks of finals week. Your course work should be added to your student portfolio (such as in Typhon) to document your competencies.

The Clinical Director will coordinate with all off-campus supervisors to assure that student clinical competencies and/or remediation plans are documented and approved in Typhon. Students must complete all Typhon entries within four weeks and work with their off-campus supervisors to document and approve all clinical requirements in Typhon. The Clinical Education Director will assist with this process, and s be notified immediately of any concerns regarding student clinical/academic performance.

ADVISOR RESPONSIBILITIES RELATIVE TO THE CSD KASA

The student's advisor will review the Verification Form process and confirm documentation in Typhon of academic and clinical achievements each semester during pre-registration.

The student's advisor may assist with remedial procedures in courses in which a C+ or lower grade is obtained or competencies are not met, if the faculty member teaching course requests assistance.

STUDENT CLINICIAN CSD ASHA DOCUMENTATION IN TYPHON.

Student Clinician Clock Hours or case log, time logs, and clinical competencies must be submitted weekly and approved by your supervisors each month. Trainings and one-on-one tutorials are available for all students to support their use of Typhon to document clinical activities. The Clinical Education Director trains on- and off-campus clinical supervisors to use Typhon. Required clinical documentation in Typhon includes weekly documentation of all clinical activities, site and supervisor evaluations completed by the students at the end of the semester, and a midterm and final evaluation of clinical skills completed by your supervisor(s). All evaluation documents are located in Typhon.

CLINICAL POLICIES AND PROCEDURES

The following prerequisites and ongoing expectations are required throughout your clinical and academic experiences.

PROFESSIONAL CONDUCT

As a student clinician, you are a speech-language pathologist in training. You will be held to the highest standards of integrity and ethical principles. Our guiding principle for your professional contact comes from the ASHA Code of Ethics and ASHA Scope of Practice in Speech-Language Pathology and the UM Student Code of Conduct. As a student clinician, you are responsible to honor the privacy, confidentiality, communication needs, and individual rights of every client. You are responsible for client-centered care, intervention planning and treatment, record keeping, and written reports that are an integral part of the profession of speech-language pathology. Refer to the "PROFESSIONAL EXPECTATIONS" section for additional information.

HEALTH INSURANCE

UM CSD graduate students must provide proof of health insurance. In some circumstances, additional coverage for emergency medical services for off-campus practica may be necessary. Students are expected to keep the original copies of all medical and insurance records and to have a copy of the original documentation with them at their clinical internships and externships.

If students need emergency or other medical services while off-campus for clinical experiences, they will need to consult their health insurance policy for coverage information.

PROOF OF IMMUNIZATIONS

Proof of the following immunizations listed below is required for participation in all clinical courses. Immunizations are available at the Curry Health Center (406 243-2122). Appointments are required.

- PPD (TB) retested each year
- Tetanus good for 10 years
- Hepatitis B series
- MMR: this is a requirement for enrollment to the University.
- Varicella titer
- Flu shots are not required but are recommended for all students each year.

CRIMINAL BACKGROUND CHECK

You must complete a criminal background check upon admission to the CSD graduate program. The University of Montana has partnered with Verified Credentials for our background checks. To access Verified Credential, please go to: <http://scholar.verifiedcredentials.com/umt>

How It Works:

1. Enter code for the program you will be attending located above the “Get Started!” button on the right side of the page:

Background Check - Missoula - Communication Science Disorders and Speech Language Pathology Program
YYBHJ-92447

2. Create an account
3. Enter all required information
4. Provide supporting documentation
5. Track your progress
6. Information will automatically be shared with your school

If you have any questions, the Client Services Team is ready to assist you. They can be contacted at 800.938.6090 or via email at: ClientServices@verifiedcredentials.com.

Additional or alternative background checks may be requested from students who will participate in off-campus practicum sites.

Your background check(s) must be complete before you can begin your clinical practicum at the RiteCare Speech, Language, and Hearing Clinic. The background check can take up to 14 days to process. Please plan accordingly.

Please note that if your background check shows an infraction, your report will be reviewed by the Department Chair, Clinical Education Director, and your advisor. You will be informed about the review and have the opportunity to rectify or explain any infractions. On rare occasions an infraction could impact your timely progression through the program, prevent you from participating in a variety of clinical experiences, and ultimately prevent you from graduating.

STUDENT PROFESSIONAL LIABILITY INSURANCE

All students must obtain and show proof of professional liability insurance. Each CSD graduate student participating in the clinical practicum program is covered by The University of Montana health insurance and professional student liability insurance coverage at the \$1,000,000/\$5,000,000 level. Additional insurance may be requested.

A comprehensive and affordable option is available for members of the National Student Speech Language and Hearing Association (NSSLHA) who enroll in the liability insurance plan for NSSLHA members, provided by Marsh Insurance Company. Information on the type of insurance benefits available and the cost of those benefits must be obtained from Marsh Insurance Company at 800-503-9230 or <https://www.personal-plans.com/asha/welcome.do>. Students should obtain a minimum of \$1,000,000/\$3,000,000 limits of liability. Alternative insurance plans are acceptable. Documentation must be provided.

CPR CERTIFICATION

Documentation of current CPR Certification is required **prior** to all clinical work. Annual departmental training may be available at the beginning of the school year. Off-campus practicum sites may have additional requirements. Mail or email documentation of your CPR certification to the Clinical Education Director to upload into Typhon.

STANDARD UNIVERSAL PRECAUTION POLICY

Students are expected to follow standard precautions in order prevent contact with HIV, HBV, and other blood borne pathogens. Please be familiar with universal precaution guidelines. Guidelines cover the areas of use of gloves, hand washing, and cleaning of spills of blood and other body fluids. An excellent resource is the National Center for Infectious Diseases (NCID) guidelines on infection control. More information is available at www.cdc.gov/.

SCHEDULING

Scheduling for clients begins the first week of the semester, taking into consideration client preferences noted in the clients' files from the previous semester or the intake form. Each student clinician is responsible for calling their client(s) to confirm the therapy schedule. Client sessions must not conflict with your course work or your supervisor's teaching, office hours, lunch schedule, or other obligations. Sessions should not be scheduled before 8:00 am or after 5:00 pm unless your clinical supervisor and the Clinic Director grant permission. Most sessions are 50 minutes long, but clients may be scheduled for shorter or longer sessions at the discretion of your clinical supervisor. Students are responsible for reserving therapy rooms once they have confirmed their client's schedule. Therapy rooms are reserved by filling in student name, supervisor name, and client initials in the appropriate time slot on the schedule hanging by each therapy room.

ATTENDANCE IN THE CLINIC

Students are expected to be prompt and prepared for all clinical sessions. There are times when an absence is unavoidable. Please observe the following guidelines:

1. If YOU cancel a session, you must:

- a. Call the clinic and discuss the matter with your supervisor first.
 - b. Do not notify the client or cancel the session until directed to do so.
 - c. The supervisor will decide whether or not a substitute clinician will see the client or if the session should be cancelled or rescheduled. Attempt to reschedule with supervisor consent.
 - d. If a substitute clinician is approved, YOU are responsible for finding that substitute, being certain that student clinician is prepared, and the client or parent/guardian has been notified of the change.
 - e. The substitute student clinician is responsible for the clinical note, attendance log and his/her own clock hours.
 - f. Document cancellation in the clinical notes and attendance logbook.
2. If a CLIENT cancels:
- a. Inform your supervisor and any scheduled observers immediately.
 - b. Attempt to re-schedule the client with the supervisor's consent.
 - c. Write CANCEL in the attendance log book and on the Superbill log.
 - d. Document cancellation in the clinical note.
 - e. Indicate if the client called/e-mailed and cancelled or was a NO SHOW.
 - f. Remind clients of the attendance policy that three no shows may require cancellation of services.

CLINIC SCHEDULE AND UNIVERSITY BREAKS/CALENDAR

All on-campus clinic services follow The University of Montana academic calendar. Clinical services occur Autumn, Spring, and Summer sessions. The summer session clinic offerings will be determined by coordination of needs/availability of clients, student clinicians and clinical supervisors. Off-campus practicum and externships may follow the schedule of the practicum placement. For example, some school and hospital rotations may occur during winter and spring breaks. Students at off-campus practicum sites are expected to report for their practicum when their supervisor is present, regardless of university breaks.

CLIENT ATTENDANCE AND BILLING GUIDELINES

You must document the attendance of each client for every scheduled session. Enter the following information on the client's Superbill found in the Superbill binder in the Clinic office: client's first initial and last name, date, CPT code for service provided, time in, time out, and your initials. Any correspondence outside of regularly scheduled therapy sessions (e.g., phone calls, text messages, email messages) must be noted on the Contact Log (i.e., "green sheet") in the client's hard file.

CERTIFICATION AND LICENSURE

ASHA CERTIFICATION REQUIREMENTS FOR CERTIFICATE OF CLINICAL COMPETENCE IN SPEECH-LANGUAGE PATHOLOGY (CCC-SLP)

The Council for Clinical Certification (CFCC) is responsible for processing applications by individuals who have graduated from programs accredited by the Council on Academic Accreditation (CAA), and for awarding the Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP).

The requirements for certification (CCC-SLP) include:

1. Successful completion of an accredited graduate program in communicative sciences and disorders. The ASHA 2014 Speech-Language Pathology Standards requirements are documented in Typhon and must be completed with supporting documentation and signatures.
2. Accrual of a minimum of 400 hours of supervised clinical practicum experience or equivalent. The 400 hours includes 25 observation hours.
3. A passing score on a National Praxis II examination.
4. Successful completion of a post graduate Clinical Fellowship (CF) year, which is often done during your first year of employment.
5. Upon successful completion of the major requirements listed above, post graduates are awarded the Certificate of Clinical Competence in Speech-Language Pathology (CCC- SLP). The CCC-SLP is ASHA's way of informing the public that an individual has met the minimum standards for clinical competence.

MONTANA LICENSURE REQUIREMENTS

The Board of Examiners in Speech-Language Pathology and Audiology, a division of the Department of Labor, Licensing, and Regulation, grants licenses to practice in the state of Montana. Here is the link: http://bsd.dli.mt.gov/license/bsd_boards/slp_board/board_page.asp. The UM CSD program requirements are consistent with Montana licensure.

EMERGENCY PROCEDURES

EMERGENCY PROCEDURES FOR THE CLINIC

At the beginning of each semester, clients, student clinicians, and University staff must complete an Emergency Medical System form. Information must be documented regarding medical history, pertinent medical problems, medications, physician and hospital preferences, as well as authorization to contact 911 EMS should a life-threatening situation occur while on the premises. In the event that an emergency occurs during therapy, the following procedures should be followed:

1. Call for help if alone with the client.
2. Notify the supervisor or faculty member by sending another student, faculty member, or staff member to find your supervisor.
3. Notify family member, supervisor, or appropriate person to come to the location of the emergency.

4. If you are unable to reach a family member or guardian and if emergency treatment is warranted:
5. Supervisor will call ambulance (9–911) and accompany client to hospital or emergency facility.
6. Supervisor will notify family member by phone.
7. Supervisor will follow-up by calling family member or parent later to check on client.

Should any client have medical concerns where emergency measures must be followed, the student clinician and supervisor must be apprised of the conditions at the initiation of services for that semester. They must also receive training by the client/family to become acquainted with the recommended measures. Family members or persons designated by the family must remain on the premises while the client receives services to be available to administer such emergency measures.

EMERGENCY EVACUATION

Emergency evacuation may include fire, building threats, hazardous materials, or any other situation where the safety of the occupants is compromised. The Clinic receptionist will secure the reception area of the Clinic, and will assure that individuals in the waiting room are escorted out of the building or if client or family has mobility concerns transfer to the “Area of Rescue Assistance” located in the main stair area by the main lobby elevator.

Remember these points:

1. Evacuation must be given priority.
2. Always stay between the hazard and the way to safety.
3. Avoid smoke, heat, and gases by crouching near the floor.

The supervisors will instruct the clinicians and clients to exit the building to the field across the street from the Gallagher Business Building. The Clinic Director and/or Administrative Assistant will secure the treatment areas of the clinic and assure that clients and clinicians have exited the building.

PROFESSIONAL EXPECTATIONS

ASHA CODE OF ETHICS

As an ASHA accredited program, the ASHA Code of Ethics binds the faculty, staff, and students of the UM RiteCare Speech, Language, and Hearing Clinic and other practicum sites. A copy of the current Code of Ethics (2003) is included in the Appendix. Read this material carefully and consider its application to all of your student clinical practice. The principles will be addressed throughout your training program, both in academic classes and in clinical practicum. You should become well acquainted with the Code of Ethics so that the judgments and decisions you make as a graduate student form a solid, ethical foundation for your future as a professional speech-language pathologist. If you have any questions or concerns regarding the Code of Ethics or its application, discuss them with your supervisor, advisor, one of the Clinic Directors, or the Clinical Director.

CONFIDENTIALITY COMPLIANCE

One principle covered in the ASHA Code of Ethics, as well as the mandated HIPAA requirements, involves the protection of clients' rights to confidentiality. This practice includes issues of release of information, digital and auditory recording and observation of sessions, and maintenance of client records. In general, clinicians should err on the side of caution when considering confidentiality. Consult with your clinical supervisor if you have any questions about maintaining confidentiality.

COMMUNICATIONS WITH CLIENTS AND FAMILIES

Staff and students should not discuss confidential client information among themselves in public areas. This includes hallways, restrooms, and labs and observation rooms with open doors, office areas or any space where you cannot ensure privacy.

Conversations with clients and families regarding confidential information should not be held in public areas (i.e., the waiting room).

Phone conversations, viewing of digital (video) tapes, and report writing should take place in areas where the information cannot be overheard or viewed.

Information sent via email may NOT include any identifying information (i.e., name, birthdate, address, phone number) when transmitting reports and other client documentation for supervisory review. Use client initials only.

Do not take your digital recordings home or place them on a public computer. Protect your login ID, passwords, and external drives to avoid access by unauthorized persons.

All visitors must obtain prior approval from one of the Clinic Directors, faculty member, or clinical supervisor and check-in with clinic receptionist.

Student clinicians should escort families and observers to and from the therapy and observation rooms.

All students and staff should wear appropriate name tags at all times.

HIPAA COMPLIANCE FORMS

All clients or their parent/guardian must have the HIPAA compliance form (CSD f5) explained to them and their signature secured each academic year. Alternative formats and languages can be provided as needed. Services CANNOT begin without full understanding of these forms and proper signatures from the client or authorized individual. Each student clinician must verify that these forms are in each client's folder and up-to-date. Direct any questions or concerns that you or your clients have to either a supervisor or one of the Clinic Directors. The Use of Protected Health Information (PHI) form is available in the clinic office

AUTHORIZATION AND DISCLOSURE/RELEASE OF INFORMATION

The Authorization and Disclosure/Release of Information form is used to obtain written permission to obtain, provide, or exchange confidential client information with another professional and/or agency. The form includes space for the client/parent/guardian to specify with which outside individuals and/or agencies they wish to share clinical information. The clinic is not allowed to release any clinical

information to anyone not included on this list. This includes electronic, written, and verbal communication sharing. This form must be updated annually and is kept as part of the client's file. You must also document all exchanges in the client file, indicating the date, information exchanged, and the agency with whom the information is shared. Please review Authorization for Release of Information form and the Authorization to Disclose form located in the clinic office.

OBSERVATION OF SESSIONS AND DIGITAL RECORDINGS

Before receiving services, every client or a parent/guardian completes the Release for Service & Observation / Video Policy form. This form explains the basic operation of the UM RiteCare Speech, Language, and Hearing Clinic, including the roles of students and supervisors. The form is signed each semester or at the client's request and is located in the clinic office.

In addition, this form explains the role of audio/video digital recordings and how these recordings will be used for educational purposes. The form explains that faculty, staff, students, and other professionals may observe the session during educational trainings. Signature is required to confirm that this policy has been explained and approved.

Occasionally, a client/parent/guardian is not willing to have sessions recorded and/or observed. They should discuss their concerns with a supervisor or the Clinical Director. If appropriate, they may amend the release to restrict taping and/or observing. Both the client/parent/guardian and the supervisor/Clinical Director initial and date the changes.

All video recordings should be treated with the highest regard for confidentiality. Video recordings are not to be removed from the premises of The University of Montana, Department of Communicative Sciences and Disorders. Under special circumstances and with explicit permission of the student's clinical supervisor or the Clinic Director, video files may be taken from the CSD Department. The student, in effect will return the copied files to the clinic where they will be erased or destroyed. It is under the umbrella of strict confidentiality that files be removed from the RiteCare Clinic for a short time for exceptional reasons. These processes are in effect for external students and digital files will normally remain at the external clinic.

CLIENT RECORDS FOR UM RITECARE SPEECH, LANGUAGE, AND HEARING CLINIC

Each client has a permanent file folder and a working folder. The permanent folder is kept in a locked file cabinet in the RiteCare Clinic office managed by the clinic Administrative Associate. An electronic filing system will be implemented within the near future. Currently, you must sign out the client folder and return it by the end of the working day, observing the following rules:

When taking a file, YOU MUST fill out a full-sized sign-out card and then insert the card where the file had been. DO NOT REMOVE files from Clinic area unless authorized by your supervisor or one of the Clinic Directors. Files must remain in the clinic at all times. You may review files in the materials or conference room, or any other available room in the Clinic. Be sure to review the information confidentially, taking care not to allow others access to the information. A missing file is considered to be a very serious infraction and may result in disciplinary action.

All information in the files is confidential and is NOT to be shared with anyone not involved with the clinical process. Discussions that do take place should be arranged appropriately and professionally (i.e., not in hallways, restrooms, or other public areas). Be aware that discussions in therapy rooms may be overheard through the observation system.

Documents in the file MAY NOT BE PHOTOCOPIED by students. If a family or another agency requests information, please inform the Clinic Administrative Associate. The Clinic Administrative Associate will make the necessary arrangements.

To dispose of client information that is personal, place the document(s) in the confidential clinical recycling box in the clinic office for shredding. Do NOT put the document(s) in the trash or recycle containers. Students are asked to not shred their own documents.

In addition to a permanent file folder, each client will have a working folder. The working folder (manila folder) is part of your student clinical materials and includes your clinical notes, lesson plans, and semester treatment plans. This is sensitive material and must not leave the clinic area. It is your responsibility to comply with the rules for privacy and confidentiality. The folder may be labeled with the client initials only and bold lettering of "confidential." Do not use the client's full name or other identifying information. Remember this folder contains critical confidential information. Please review the HIPAA material or discuss matters with your supervisor or one of the Clinic Directors.

CLINICAL FORMS - INFORMATION

CLINICAL FORMS FOR STUDENT CLINICIANS

Each academic year all clients must receive and sign, as appropriate, the following:

- Authorization and Disclosure/Release of information form
- Release for Services & Observation and Video form
- Fee Agreement form
- Client attendance policy and welcome letter form
- HIPAA form

CLIENT PERMANENT FOLDER FORMS

The following documents are to be placed in the client's permanent folder.

SEMESTER UPDATE FORM

Each semester you are to create a semester update sheet describing the clients' biographical data, diagnostic code, treatment/assessment history, and other information pertinent to servicing the client. You must review this information with your clinical supervisor at the first meeting. The information from this form will also be used during your client case study presentation which is a requirement for CSD 570 and 575, Clinical procedures I and II.

CONTACT LOG

Each contact with the client must be documented on the GREEN Contact Log. Contact includes, but is not limited to: in-person communication, telephone communication, email messages, text messages, voicemail messages left or received. You must note the activity, the date, and your initials.

SUPERBILLS

Each session of service must be documented. Student clinicians are required to create a Superbill for each client for each semester of service. These forms are essential for our tracking and billing of services.

Superbills remain in a binder that is located in the Clinic Office. For EVERY session, you must document the date, the time in, the time out, and the billing procedure code(s). Please indicate if the client cancelled or did not show (i.e., “No Show”).

CLIENT SERVICES QUESTIONNAIRE

At the end of each semester of treatment or at the end of an evaluation or consultation, a questionnaire should be given or mailed to a client/parent or guardian to complete. The form is for us to collect constructive comments about our service. Clients have the option to submit forms anonymously, and all information is considered confidential.

CLINICAL SOAP NOTES

SOAP notes are a record of what actually occurred during a session. SOAP notes are expected to be completed immediately after the session. These notes should include actual time spent with the client (or to document a cancellation, no show, or University closure). All SOAP notes are created electronically and stored on the CSD Clinical Shared Drive only for the entire semester. Templates for SOAP notes are also stored on this drive.

You are expected to build in time during your schedule to complete ALL SOAP notes during the course of your clinical day. SOAP notes are the most common form used to document each of your therapy sessions across settings. Each entry is signed by your supervisor and the graduate student clinician.

SOAP notes are due to your supervisor (on the CSD Clinic Shared Drive) within 24 hours of a session. Please follow the guidelines provided by your supervisor for submitting your SOAP notes. A new file must be created for each month your client receives services. Your supervisor will guide you through editing and then ask you to print the SOAP notes for the client’s permanent file. Save the electronic version as a PDF and delete all WORD versions of the document.

SEMESTER TREATMENT PLAN

The Semester Treatment Plan is due 24 hours after the third session with your client unless otherwise instructed by your supervisor. All treatment plan templates can be found on the CSD Clinic Shared Drive, or clinicians may use one provided by their clinical supervisor. After the clinical supervisor approves and signs a printed plan, the plan is shared with the client or the family.

REPORTS

Reports are created electronically on the CSD Clinic Shared Drive. Please use ONLY the templates located on the CSD Clinic Shared Drive to ensure consistency across clients and supervisors. Reports are created for diagnostic evaluations, consultations, and at the end of a semester of treatment to document progress.

Submit all reports to your supervisor on the CSD Clinic Shared Drive, per their instruction. Once edited, your supervisor will ask you to print a minimum of two copies of the report (i.e., one for the client and one for the client's permanent file). You will then PDF the electronic file and delete all WORD document versions.

STUDENT CLINICIAN SUPERVISOR FORMS

UM RITECARE STUDENT CLINICIAN FEEDBACK FORM (SUPERVISOR)

This form is used to support the clinical skill development of your clinical supervisor. This form is important for tracking all on- and off-campus practicums. You must submit this form to the Clinical Director by the final week of the semester or clinical practicum. Forms are located in Typhon.

CLINICIAN FEEDBACK FOR OFF-CAMPUS PRACTICUM SITES:

This form is used to provide information about all off-campus practicum sites. It addresses issues of supervision, supervisor, clients, and clinical clock hours. You must submit this form to the Clinical Director by final week of the semester. Forms are located in Typhon.

SELF-REFLECTION

You will also need to write a weekly self-reflection that documents how you perceived the session and the activities. The focus of the reflection is to develop clinical problem-solving skills. You will need to reflect on what went well and why, and what you might try differently in your next session. This form is not a part of your client's file, but will be part of your supervisor meetings.

CSD WEEKLY TREATMENT PLANS AND/OR CLINICIAN DIRECTED HIERARCHY (CDH) FORMS

Weekly treatment plans are due to your supervisor 2 days prior to your session. Your supervisor will provide detailed instruction about treatment plans. These plans are part of your working folder. Your treatment plan should reflect your objectives for each session. The CDH develops your understanding of the clients' skills, your clinical skills, and the level of generalization of goals and objectives.

CLINIC MATERIALS AND RESOURCES

UM CSD maintains a collection of materials and equipment for on-site use. In most cases, these resources are stored in the materials room, the resource library, labs, the clinic office, and the assessment library. These materials include consumable items, reference books, assessments and tests, electronic and augmentative and alternative (AAC) equipment, therapy materials, games, toys, books, computer software, and digital recordings. Students completing clinical affiliations at a distance may make arrangements with one of the Clinic Directors or under the supervision of a supervisor to borrow these materials for use at their external clinical site.

CHECK-OUT POLICIES

SHARED MATERIALS

All shared materials must be checked out using the Therapy Materials Checkout Notebook. You will indicate the item, date, and sign your name, then initial the date of return. Specific items have additional policies for check-out duration. All students hold the responsibility to maintain a neat, orderly Materials Library. Violations and disregard for these policies may result in lost or unavailable items, or a loss of privileges. Clinic staff will assist students in requests and check out procedures.

CONSUMABLE MATERIALS

Consumable materials include items such as folders, glue, construction paper markers, crayons, stickers, tokens, craft supplies, and edible items for treatment. These items need not be checked out. However, the clinic has a small budget for these materials, so please be considerate of your use.

REFERENCE BOOKS, ELECTRONIC EQUIPMENT, AND AAC EQUIPMENT

All electronic materials **MUST** be checked out -- NO exceptions. Because there is limited availability, please plan ahead.

Reference books may be checked out for 3 days.

AAC equipment may be checked out for 3 days.

Electronic equipment, such as auditory trainers, video cameras, etc. may be checked out for specific therapy sessions.

COMPUTER PROGRAMS

Software programs may be used for intervention, evaluation, and diagnostics. Some computer programs require the CD-ROM disc to operate. Others are downloaded onto the computer and ready for use. Older programs are not available on all computers. Manuals and tutorials are available in the material library room. Use the computer program logbook that is on a clipboard to indicate the computer program you have borrowed, your name and dates borrowed, and your initials and date upon return.

THERAPY MATERIALS, GAMES, AND TOYS

The therapy materials, games, cards, workbooks, and toys are located in the RiteCare Clinic Materials Library room. Bins and colored baskets are provided to ease your access and return. These materials may only be used for the duration of your therapy session. If you wish to use a material for a longer period, please use the checkout book to indicate the material you have. Record your name, the date you checked it out, and the date you plan to return the item. Each student clinician must make time to tidy up the material room and maintain an organized system.

DIAGNOSTIC AND ASSESSMENT TOOLS

Diagnostic tests, screening tools, and protocols are located in the clinic office. Clinic staff will assist you to check out these materials. You must sign materials out and back in. You must leave your student ID card when you check out one of these materials. You must clearly print the following information on the

Diagnostic Assessment Notebook: item name, your name, and date out. Upon return you must note the date and condition (note any missing parts, low number of forms remaining), and your initials.

Assessment instruments and manuals needed for diagnostics must be returned to the Test Library by 4:50 pm at the end of each day. Some assessment materials may be checked out overnight with a supervisor's co-signature. Materials checked out overnight must be returned by 8:00 a.m. the following morning.

Never use the last protocol of an assessment or clinic form. Notify the Clinic Administrative Assistant or one of the Clinic Directors when these forms are low.

Some assessment tools have software for scoring. These are located with the assessments the clinic office.

A number of resources are available to support the assessment process. One of the Clinic Directors will be able to offer advice about assessment tools:

The assessment tool database can be used to support your choosing a test. This database can be found on the CSD Clinic Shared Drive.

Protocols for each test are available for viewing to allow you to compare tools. All protocols have been scanned into PDF files and are located on the CSD Clinic Shared Drive.

CLIENT/PARENT/FAMILY LIBRARY

The large observation room between the two diagnostic evaluation therapy rooms has books, children's books, family games, CDs, video tapes, DVDs, and other written materials that maybe of interest to our clients. Some of the materials are consumable and do not need to be returned. Others may be checked out for a short loan. Please sign these materials out in your name with reference to the client who has the materials, using the checkout notebook.

CLINIC COMPUTERS

We have 3 computers in the clinic computer lab (i.e., "Video-Editing Room"). Many of the therapy rooms also have computers and one is available for student use in the seminar room (AKA "Fishbowl"). Additional computers can be found in the Graduate Student Workroom. Some computers allow printing of clinical therapy and client forms. These computers are in the clinic to support our mission of providing confidential environment for the writing and printing of client-protected information and viewing clinical sessions. Be respectful of your use of these computers and limit your use to clinic-related needs. **Do not** print clinic confidential information off-campus.

PRINTING AND LAMINATING

Some of our computer software programs are designed to produce therapy materials. Please only print the forms you will be using for one week. The laminator is available for student use in the Graduate Student Workroom. The laminator will preserve your therapy material for multiple uses. You must supply your own laminating pouches. These pouches are available at the bookstore or other stores that sell office supplies.

THERAPY OR TREATMENT ROOMS

It is the student clinicians' responsibility to initiate and conclude treatment sessions on time. Each session is typically scheduled for 50 minutes. You must allow time to clean and disinfect the room.

Each student clinician is responsible for removing materials and equipment and returning them to the proper location immediately following each session. Remember that fellow students may be using this equipment immediately following your session. Work with your clinical supervisor to record sessions.

CLINIC WAITING ROOM

The clinic waiting room is a space for clients and their families to wait comfortably for sessions to begin, or while a family member completes a session. The waiting room is a professional, public space that is not supervised. Please observe the following policies:

1. When you conclude a session with a child client, be sure a parent or guardian is present to attend to him/her. **DO NOT** leave him/her unattended in the waiting room. **DO NOT** release a minor from your supervision until a parent or guardian is present (e.g., young clients cannot walk outside to find a parent.)
2. Do not use this space to share confidential information with your client or other professionals.
3. Do not use the waiting room as a student lounge or gathering place. Personal conversations and discussions should occur elsewhere.

PRACTICUM ASSIGNMENTS

The clinical practicum courses are offered for all students providing assessments or therapy services each semester requiring a minimum of 12 credits. On-campus students participate in clinical practicums during the first two semesters of graduate study. At least one summer practicum or clinical course is recommended. Distance students participate in their first clinical practicum during the summer following the first two semesters and most likely will need two summers to complete the required practicum. See the GRADUATE STUDIES IN SPEECH-LANGUAGE PATHOLOGY section for more details on when and how practicum will fit into your course of study.

CLINIC PRACTICUM LOAD

The clinic load is a coordination of needs and requirements of clients, student clinicians, and supervisors. Flexibility is important. Most clients are assigned at the beginning of the semester, but new clients may be assigned during the semester based on the diagnostic team recommendation and student clinician and supervisor availability on campus. For your first semester, a typical assignment might include 1 client for two 50 minute sessions a week, or 2 clients 1 time a week for 50 minute sessions. You should expect to accrue 15-30 clock hours your first semester. Distance students participate in an intensive clinical experience during the summer session. You may have several clients in individual and/or in group settings seen for one or more hours daily or several times a week.

DROPPING CLINIC OR CHANGING CREDITS

If a student clinician finds it necessary to either officially drop or reduce the number of credits for a clinic course once the semester has begun, the clinic supervisor, Clinical Director, and the student's graduate

advisor must approve the request in writing. Because of the disruption and change in client services, this change is considered ONLY in rare occasions and based on health or extremely unusual circumstances.

DIAGNOSTIC CLINIC HOURS

A specific number of hours is not specified for diagnostics. The CSD Department will require all students to accrue diagnostic hours of “sufficient breadth and depth” to demonstrate assessment and evaluation procedures. This experience will be part of CSD 525 Diagnostic Process in Speech Language Pathology as well as CSD 575 Seminar in Clinical Procedure II, CSD 596 Diagnostic Adult & Pediatric 1 credit, and CSD 675 Clinical Practicum II.

CLINICAL SUPERVISORS

DEFINITION OF CLINICAL SUPERVISOR/EDUCATOR

Clinical supervision, also called clinical teaching or clinical education is a distinct area of expertise in speech-language pathology. Minimum requirements are CCC from ASHA and at least two years of practice after the completion of the CFY. Special preparation is needed to enable individuals to function competently as supervisors. Preparation may be in the form of pre-service or in-service curricular offerings, continuing education at professional meetings, practicum at universities, self-study, and/or research.

The CSD Department will use a variety of supervisors to provide each student with the depth and breadth needed for training with multiple clients, disabilities and sites. Documentation of the supervisor process is used in all practicum and externships or affiliations. Evaluation information is collected on the experience of both the student clinician and the supervisor. CSD faculty and staff will use this data to support continued growth in supervisory process.

ASHA has developed two official statements about the knowledge and skills requirements for a clinical supervisor; Clinical Supervisor ASHA (2008). Knowledge and Skills Needed by Speech-Language Pathologists Providing Clinical Supervision available, and a technical report from the Ad Hoc Committee on Supervision ASHA (2008) Clinical Supervision in Speech-Language Pathology <http://www.asha.org/docs/html/PS2008-00295.html>.

PROGRESS AND SKILLS MEETINGS

INITIAL MEETING

Prior to intervention with a client for an assessment, screening, or intervention, the student clinician and the supervisor will meet to develop goals for the student clinical skill development, and review the time line for documentation and requirements of client services. A working file and a permanent file must be created or updated before services can begin. Off- campus students must follow the site’s requirements for confidentiality and HIPAA.

WEEKLY SUPERVISORY MEETINGS

Meetings, e-mails, Skype meetings, video recordings, and written communication are a few of the tools your supervisor will use to support your clinical development. It is your responsibility to arrange for weekly meetings and to work with your supervisor to get the support you need. Off-campus students will document using Time Logs on Typhon.

MIDTERM AND FINAL CONFERENCES

Supervisors will use the Graduate Student Clinician Midterm-Final evaluation form on Typhon to evaluate a student's clinical skills and competencies. These forms are used to document and support clinical skills. The form is based on the ASHA recommendation and CSD KASA standards. The Student Clinician Midterm-Final Evaluation Form is in Typhon and additional competencies are noted by Disorders or Site on Typhon.

ADDITIONAL REQUIREMENTS

Supervisors also require the following (see course syllabi for details):

1. Oral mechanism screening: you must perform one per semester. Use the oral mechanism exam observation checklist to document your performance.
2. Hearing screening
3. Assessment profile with client goals and objectives and session lesson plans
4. Data forms and procedure for each clinical client
5. Student clinician portfolio and journal
6. Self-analysis of recorded session
7. SOAP notes
8. Final summary report and recommendation for clinical services and evaluation report for diagnostic

RITECARE CLINIC END OF SEMESTER CHECK-OUT PROCEDURE CHECKLIST

You must schedule your final conference with your supervisor during finals week. Final clinic grades will be issued at this conference. Be sure to bring your client checklist to assure that all procedure and forms are complete. Your working folder will also be incorporated into the client's permanent folder and all unnecessary paperwork should be shredded (following the appropriate guidelines).

STUDENT PORTFOLIO

During the graduate program, students will be asked to build a portfolio. This portfolio will allow documentation of the many of the academic and clinical competencies. For clinical training, students will be asked to present case studies, and analyze the intervention or assessment procedure they used for a client based on principles of evidence-based practice. Students will also develop data analysis of interventions and/or service.

The forms from your supervisor, therapy materials, and materials designed for your client may be part of your portfolio. You must black out the name and any identifying information of your client. Please retain these forms during your graduate program and build a portfolio in Typhon, or another electronic portfolio, or a binder.

SUPERVISOR RESPONSIBILITIES

The licensed and ASHA-certified supervising clinician is required to observe a minimum of 25% of a student's total therapeutic contact with a client and 50% of all diagnostic activities. The actual supervision time must be appropriate to the student's level of knowledge, experience, and competence. Supervision must be sufficient to ensure the welfare of the client/patient. The clinical supervisor is responsible for the quality of service provided to the client, and to implement specific learning goals for the student clinician. Typically, the supervisory process is thought of as a pyramid with equal weight given to the client, the student clinician, and the supervisor. The goal of the clinical supervisor is to guide graduate students in becoming competent clinicians who are capable of solving problems independently and providing evidence-based practice. The ASHA standards help focus the supervisory process relative to the knowledge and skills necessary for clinical certification.

CONFLICT RESOLUTION

Conflicts arise in many situations. However, most conflicts can be resolved by remaining thoughtful, respectful, and courteous with the other party. In the event that a conflict cannot be resolved, the following procedures are recommended:

1. The student should try to resolve the conflict through a respectful discussion with the other party.
2. Discuss the situation with your advisor, clinical supervisor (if the conflict is with the advisor/supervisor).
3. Your advisor /clinical supervisor may request a mediated discussion with the other party.
4. If the conflict is not resolved following discussion with your advisor/supervisor, a meeting will be scheduled with the Clinical Director.
5. If the conflict is not resolved following discussion with the Clinical Director a meeting will be scheduled with the Department Chair.

Also, see the Department, University, and ASHA conflict procedures in this handbook.

CLIENT ACCOMMODATIONS AND SENSITIVITY

ACCOMMODATIONS FOR DIFFERENCES AND DISABILITIES

All forms, handouts, and documents are available in alternative formats. All interpersonal activities such as conferences, lectures, and clinical services can be accommodated including the use of text telephone (TTY), amplified phone, note taker, or the services of sign language interpreter. Services are available for a client or client's family or care providers. All services are free of charge to families.

MULTICULTURAL PERSPECTIVE

The University of Montana and the CSD Department are dedicated to developing each student's knowledge and understanding of the importance of a multicultural perspective. During your clinical and academic training, you will develop skills and techniques to support you to be prepared for the diversity

of clients that will be a part of your profession. The curriculum will focus on the selection of diagnostic tools, the analysis of an evaluation, and the provision of services and intervention that reflect the culture and needs of the client, the family, and the community.

PRACTICUM OPPORTUNITIES

We have over 100 sites across Montana and the United States. Practicum opportunities are listed in Typhon and must be approved by the Director of Clinical Education.

Some examples of practicum opportunities in the Missoula area include:

- Missoula Area
- UM RiteCare Speech, Language and Hearing Clinic
- Co-Teach at UM
- Missoula County Public Schools
- Community Medical Center
- Above and Beyond Speech Therapy
- A Matter of Communication
- Western Montana Clinic
- Missoula Area I Education Cooperative
- Bitterroot Cooperative
- St. Patrick Hospital

Examples of practicum opportunities across Montana include, but are not limited to the following:

- The Montana School for the Deaf and Blind
- The Montana Veteran's Hospital
- Billings Clinic
- Kalispell Medical Center
- Bozeman Deaconess Hospital
- Prickly Pear Cooperative
- Bear Paw Cooperative
- Helena Public Schools
- RiteCare Clinic of Great Falls
- Benefis Health Care Great Falls Hospital
- Marcus Daly Hospital
- St. Peter's Hospital in Helena

APPENDIX

HIPAA - HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT

HIPAA INFORMATION

The following has been adapted from The University of Wisconsin-Whitewater.

Beginning April 14, 2003, most health plans and health care providers (including speech-language pathologists and audiologists) are required to comply with new client privacy requirements set forth by Public Law 104-191, commonly known as “HIPAA.” The law was co-sponsored by Senators Nancy Landon Kassebaum (R-KS) and Edward Kennedy (D-MA). It was passed by Congress and signed by President Clinton in August 1996. The various provisions within the law began to take effect in July 1, 1997, and have continued to be phased in since then. The motivation for the law was to help millions of individuals and their families obtain and keep comprehensive health insurance. It also created, for the first time, national standards to protect the privacy of individuals’ medical records and other personal health information. It is this portion of the law, the privacy standards that most directly affect functions with The University of Montana RiteCare Speech, Language and Hearing Clinic.

For clients, HIPAA means being able to make informed choices when seeking care and reimbursement for care, based on how personal health information may be used. It enables clients to find out how their information may be used, and about disclosures of their information that have been made. The law limits release of information by allowing no more than the minimal amount of information needed, to be disclosed. In addition, it gives clients the right to examine and obtain a copy of their own health records and to request corrections.

Some of the key factors within the HIPAA standards include:

- It gives clients more control over their health information
- It sets boundaries on the use and release of health information;
- It establishes appropriate safeguards that health care providers and others must achieve to protect the privacy of health information;
- It holds violators accountable, with civil and criminal penalties that can be imposed, if they violate clients’ privacy rights; and,
- It strikes a balance when public responsibility supports disclosure of some forms of data – for example to protect public health.

As a service provider, the University of Montana RiteCare Speech, Language, and Hearing Clinic must ensure that we fulfill three primary responsibilities:

- We must comply with all privacy requirements in the law that relates to the services we provide;
- We must inform all clients we serve about their rights as clients and our practices as service providers; and
- We must document that we have informed clients of their rights OR document that we have made “good faith efforts” to obtain this documentation.

Many of the privacy practices that apply to our services are ones that have been in place for many years in clinics similar to the UM RiteCare Speech, Language, and Hearing Clinic. These privacy practices include keeping client information in secure locations, obtaining a release of information from clients

before disclosing confidential information, disposing of client information in an appropriate manner, and many others.

To inform clients of their rights and to document this disclosure, the Clinic distributes a summary of “Privacy Practices” to each client served, on a yearly basis. After distributing the summary, we ask clients (or persons authorized to sign) to sign a statement acknowledging that they have received a copy of the privacy practices. This signed statement is included in each client’s file. If we are unable to secure a client’s signature, we enclose a statement in the file reporting that we distributed the privacy practices and made “good faith efforts” to obtain a signature.

For more detailed information on the HIPAA, visit <http://www.hhs.gov/ocr/privacy/index.html>

HIPAA COMPLIANCE

To ensure HIPAA compliance, all faculty, staff, and graduate student clinicians are required to adhere to the following procedures:

- Staff and Students may not discuss confidential client information among themselves in public areas. This includes hallways, restrooms, waiting rooms, front office areas, and any other space where you cannot ensure privacy.
- Conversations with the client/family regarding confidential client information may not be held in public areas.
- Phone conversations and dictation/report writing activities must take place in areas where confidential information cannot be overheard.
- Computer monitors must be positioned away from public areas and public view to avoid observation by visitors.
- The screens on unattended monitors must be returned to the logon screen so that confidential information cannot be accessed by unauthorized persons. Office doors should be closed when offices are unattended.
- Staff and students must protect their logons, passwords, audio and video tapes, and computer discs to avoid viewing by unauthorized persons.
- On desks in public areas, all documents with confidential information must be kept face down or concealed.
- Client files must be stored securely to avoid access and observation by unauthorized persons, client files should never leave the clinic area.
- Except for client names, confidential client information may not be announced or written in the waiting area.
- Release of confidential client information must be completed by staff specifically authorized to do so.
- Confidential client information must not be left in an unattended printer, photocopier, or fax machine, unless these devices are in a secure area. Physical access to fax machines and printers should be limited to authorized staff.
- Confidential client information must be discarded in an appropriate secure container.
- Voice mail volume should be kept to a minimum so information being left cannot be overheard. Voice mail passwords should not be default settings or the last 4 digits of your phone number.

- Client sessions being viewed on video monitors or projection screens must not be visible from the hallway. Video/Audio must be turned off when unauthorized persons are in the viewing area.
- Client lists with information beyond room assignments must not be readily visible by other visitors.
- Clients and visitors should be appropriately escorted to ensure that they do not access staff, report, file storage, or other client areas. Those persons not recognized in restricted areas should be asked to produce identification.
- Client family members and other individuals authorized to observe client sessions must limit their observations to designated areas.
- All visitors should check in with the appropriate clinic representative. Visitors should review the clinic privacy guidelines, agree to comply with privacy practices, and wear identification while in the clinic area.
- Client records must be filed in locking storage cabinets or rooms that are locked or staffed.
- Client files must not be visible in mailboxes – faculty, staff, or student. They may be kept in desk drawers, lockers, or offices. They may never be left for faculty or staff outside of offices. They may be left in departmental mailboxes if they are concealed in another envelope.
- All students, staff, and faculty must wear identification at all times.
- Only authorized staff may have access to confidential client information, and they should access and use only the minimum amount necessary to accomplish their duties.
- All supervisors must regularly review institutional policies that are applicable for their area and share this information with staff and students to ensure that current practices and procedures protect client privacy.
- Staff and students should feel comfortable and obligated to ask questions, report privacy concerns and/or report misuse of confidential client information to their supervisor, or to another appropriate representative.

UNIVERSITY OF MONTANA - HIPAA

Treatment, Payment, and Health Care Operations as Defined by HIPAA are as follows.

TREATMENT

Treatment activities are those taken on behalf of a single individual – not an entire population. Only health care providers can deliver treatment, not group health plans or employers (in their role as an employer). Some activities, such as telephone nursing assistance, would be “treatment” if provided by a health care provider or “health care operations” if provided by a group health plan. Treatment includes:

- Providing, coordinating, or managing health care and related services by one or more health care providers;
- Coordinating or managing health care with a third party;
- Consulting between health care providers to provide care to an individual;
- Referring the individual to another health care provider.

PAYMENT

Payment includes all activities undertaken by a health care provider to get reimbursement for services provided to an individual. Payment includes:

- Determining the eligibility or coverage of an individual's benefits;
- Billing, claims management, collection activities and related data and information processing activities;
- Utilization review activities – including pre-certifying and preauthorizing services, concurrent and retrospective review of services provided;

Disclosures to consumer reporting agencies for either collection of premiums or reimbursement. Health care providers may disclose:

- Name and address
- Date of birth
- Social security number
- Payment history
- Account number
- Name and address of the health care provider and/or health plan.

HEALTH CARE OPERATIONS

Health care operations include any of the following activities:

- Conducting quality assessment and improvement activities, including outcomes evaluation and development of clinical guidelines, so long as such activities are not part of a research study (research is covered under separate Institutional Review Board (IRB) guidelines);
- Reviewing the competence and qualifications of health care professionals and evaluating their performance;
- Conducting training programs for students and interns to learn under supervision and practice or improve their skills as health care providers;
- Training health and non-health care professional employees;
- Accreditation, certification, licensing or credentialing activities;
- Conducting or arranging medical review, legal services and auditing functions – including fraud and abuse detection and compliance programs;
- Business planning and development – including cost-management and planning related analyses related to managing the group health plan. This may include developing and administering the drug formulary; and developing or improving methods of payment of coverage policies;
- General management and administration, including:
 - Any management activities relating to implementing and complying with the Privacy Rule;
 - Customer service;
 - Resolving internal grievances with employees or patients;
 - Selling, transferring, merging or consolidating any part of or all of the group health plan.

ASHA CODE OF ETHICS

Rev. 2003-01-1. Visit <http://www.asha.org/docs/html/ET2003-00166.html>

PREAMBLE

The preservation of the highest standards of integrity and ethical principles is vital to the responsible discharge of obligations by speech-language pathologists, audiologists, and speech, language, and hearing scientists. This Code of Ethics sets forth the fundamental principles and rules considered essential to this purpose.

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

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

The fundamentals of ethical conduct are described by Principles of Ethics and by Rules of Ethics as they relate to the conduct of research and scholarly activities and responsibility to persons served, the public, and speech-language pathologists, audiologists, and speech, language, and hearing scientists.

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

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

PRINCIPLE OF ETHICS I

Individuals shall honor their responsibility to hold paramount the welfare of persons they serve professionally or participants in research and scholarly activities and shall treat animals involved in research in a humane manner.

RULES OF ETHICS I

1. Individuals shall provide all services competently.
2. Individuals shall use every resource, including referral when appropriate, to ensure that high-quality service is provided.
3. Individuals shall not discriminate in the delivery of professional services or the conduct of research and scholarly activities on the basis of race or ethnicity, gender, age, religion, national origin, sexual orientation, or disability.
4. Individuals shall not misrepresent the credentials of assistants, technicians, or support personnel and shall inform those they serve professionally of the name and professional credentials of persons providing services.

5. Individuals who hold the Certificates of Clinical Competence shall not delegate tasks that require the unique skills, knowledge, and judgment that are within the scope of their profession to assistants, technicians, support personnel, students, or any nonprofessionals over whom they have supervisory responsibility. An individual may delegate support services to assistants, technicians, support personnel, students, or any other persons only if those services are adequately supervised by an individual who holds the appropriate Certificate of Clinical Competence.
6. Individuals shall fully inform the persons they serve of the nature and possible effects of services rendered and products dispensed, and they shall inform participants in research about the possible effects of their participation in research conducted.
7. Individuals shall evaluate the effectiveness of services rendered and of products dispensed and shall provide services or dispense products only when benefit can reasonably be expected.
8. Individuals shall not guarantee the results of any treatment or procedure, directly or by implication; however, they may make a reasonable statement of prognosis.
9. Individuals shall not provide clinical services solely by correspondence.
10. Individuals may practice by telecommunication (for example, telehealth/e-health), where not prohibited by law.
11. Individuals shall adequately maintain and appropriately secure records of professional services rendered, research and scholarly activities conducted, and products dispensed and shall allow access to these records only when authorized or when required by law.
12. Individuals shall not reveal, without authorization, any professional or personal information about identified persons served professionally or identified participants involved in research and scholarly activities unless required by law to do so, or unless doing so is necessary to protect the welfare of the person or of the community or otherwise required by law.
13. Individuals shall not charge for services not rendered, nor shall they misrepresent services rendered, products dispensed, or research and scholarly activities conducted.
14. Individuals shall use persons in research or as subjects of teaching demonstrations only with their informed consent.
15. Individuals whose professional services are adversely affected by substance abuse or other health-related conditions shall seek professional assistance and, where appropriate, withdraw from the affected areas of practice.

PRINCIPLE OF ETHICS II

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

RULES OF ETHICS II

1. Individuals shall engage in the provision of clinical services only when they hold the appropriate Certificate of Clinical Competence or when they are in the certification process and are supervised by an individual who holds the appropriate Certificate of Clinical Competence.
2. Individuals shall engage in only those aspects of the professions that are within the scope of their competence, considering their level of education, training, and experience.
3. Individuals shall continue their professional development throughout their careers.

4. Individuals shall delegate the provision of clinical services only to: (1) persons who hold the appropriate Certificate of Clinical Competence; (2) persons in the education or certification process who are appropriately supervised by an individual who holds the appropriate Certificate of Clinical Competence; or (3) assistants, technicians, or support personnel who are adequately supervised by an individual who holds the appropriate Certificate of Clinical Competence.
5. Individuals shall not require or permit their professional staff to provide services or conduct research activities that exceed the staff member's competence, level of education, training, and experience.
6. Individuals shall ensure that all equipment used in the provision of services or to conduct research and scholarly activities is in proper working order and is properly calibrated.

PRINCIPLE OF ETHICS III

Individuals shall honor their responsibility to the public by promoting public understanding of the professions, by supporting the development of services designed to fulfill the unmet needs of the public, and by providing accurate information in all communications involving any aspect of the professions, including dissemination of research findings and scholarly activities.

RULES OF ETHICS III

1. Individuals shall not misrepresent their credentials, competence, education, training, experience, or scholarly or research contributions.
2. Individuals shall not participate in professional activities that constitute a conflict of interest.
3. Individuals shall refer those served professionally solely on the basis of the interest of those being referred and not on any personal financial interest.
4. Individuals shall not misrepresent diagnostic information, research, services rendered, or products dispensed; neither shall they engage in any scheme to defraud in connection with obtaining payment or reimbursement for such services or products.
5. Individuals' statements to the public shall provide accurate information about the nature and management of communication disorders, about the professions, about professional services, and about research and scholarly activities.
6. Individuals' statements to the public—advertising, announcing, and marketing their professional services, reporting research results, and promoting products—shall adhere to prevailing professional standards and shall not contain misrepresentations.

PRINCIPLE OF ETHICS IV

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

RULES OF ETHICS IV

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

2. Individuals shall not engage in dishonesty, fraud, deceit, misrepresentation, sexual harassment, or any other form of conduct that adversely reflects on the professions or on the individual's fitness to serve persons professionally.
3. Individuals shall not engage in sexual activities with clients or students over whom they exercise professional authority.
4. Individuals shall assign credit only to those who have contributed to a publication, presentation, or product. Credit shall be assigned in proportion to the contribution and only with the contributor's consent.
5. Individuals shall reference the source when using other persons' ideas, research, presentations, or products in written, oral, or any other media presentation or summary.
6. Individuals' statements to colleagues about professional services, research results, and products shall adhere to prevailing professional standards and shall contain no misrepresentations.
7. Individuals shall not provide professional services without exercising independent professional judgment, regardless of referral source or prescription.
8. Individuals shall not discriminate in their relationships with colleagues, students, and members of allied professions on the basis of race or ethnicity, gender, age, religion, national origin, sexual orientation, or disability.
9. Individuals who have reason to believe that the Code of Ethics has been violated shall inform the Board of Ethics.
10. Individuals shall comply fully with the policies of the Board of Ethics in its consideration and adjudication of complaints of violations of the Code of Ethics.

ASHA SCOPE OF PRACTICE

ASHA Scope of Practice in Speech-Language Pathology information displayed below is from:

<http://www.asha.org/docs/html/SP2007-00283.html>

INTRODUCTION

The Scope of Practice in Speech-Language Pathology includes a statement of purpose, a framework for research and clinical practice, qualifications of the speech-language pathologist, professional roles and activities, and practice settings. The speech-language pathologist is the professional who engages in clinical services, prevention, advocacy, education, administration, and research in the areas of communication and swallowing across the life span from infancy through geriatrics. Given the diversity of the client population, ASHA policy requires that these activities are conducted in a manner that takes into consideration the impact of culture and linguistic exposure/acquisition and uses the best available evidence for practice to ensure optimal outcomes for persons with communication and/or swallowing disorders or differences.

As part of the review process for updating the Scope of Practice in Speech-Language Pathology, the committee made changes to the previous scope of practice document that reflected recent advances in knowledge, understanding, and research in the discipline. These changes included acknowledging roles and responsibilities that were not mentioned in previous iterations of the Scope of Practice (e.g., funding issues, marketing of services, focus on emergency responsiveness, communication wellness).

The revised document also was framed squarely on two guiding principles: evidence-based practice and cultural and linguistic diversity.

STATEMENT OF PURPOSE

The purpose of this document is to define the Scope of Practice in Speech-Language Pathology to delineate areas of professional practice for speech-language pathologists; inform others (e.g., health care providers, educators, other professionals, consumers, payers, regulators, members of the general public) about professional services offered by speech-language pathologists as qualified providers; support speech-language pathologists in the provision of high-quality, evidence-based services to individuals with concerns about communication or swallowing; support speech-language pathologists in the conduct of research; provide guidance for educational preparation and professional development of speech-language pathologists.

This document describes the breadth of professional practice offered within the profession of speech-language pathology. Levels of education, experience, skill, and proficiency with respect to the roles and activities identified within this scope of practice document vary among individual providers. A speech-language pathologist typically does not practice in all areas of the field. As the ASHA Code of Ethics specifies, individuals may practice only in areas in which they are competent (i.e., individuals' scope of competency), based on their education, training, and experience.

In addition to this scope of practice document, other ASHA documents provide more specific guidance for practice areas. Figure 1 illustrates the relationship between the ASHA Code of Ethics, the Scope of Practice, and specific practice documents. As shown, the ASHA Code of Ethics sets forth the fundamental principles and rules considered essential to the preservation of the highest standards of integrity and ethical conduct in the practice of speech-language pathology.

Speech-language pathology is a dynamic and continuously developing profession. As such, listing specific areas within this Scope of Practice does not exclude emerging areas of practice. Further, speech-language pathologists may provide additional professional services (e.g., interdisciplinary work in a health care setting, collaborative service delivery in schools, transdisciplinary practice in early intervention settings) that are necessary for the well-being of the individual(s) they are serving but are not addressed in this Scope of Practice. In such instances, it is both ethically and legally incumbent upon professionals to determine whether they have the knowledge and skills necessary to perform such services.

This scope of practice document does not supersede existing state licensure laws or affect the interpretation or implementation of such laws. It may serve, however, as a model for the development or modification of licensure laws.

FRAMEWORK FOR RESEARCH AND CLINICAL PRACTICE

The overall objective of speech-language pathology services is to optimize individuals' ability to communicate and swallow, thereby improving quality of life. As the population profile of the United States continues to become increasingly diverse (U.S. Census Bureau, 2005), speech-language pathologists have a responsibility to be knowledgeable about the impact of these changes on clinical services and research needs. Speech-language pathologists are committed to the provision of culturally

and linguistically appropriate services and to the consideration of diversity in scientific investigations of human communication and swallowing. For example, one aspect of providing culturally and linguistically appropriate services is to determine whether communication difficulties experienced by English language learners are the result of a communication disorder in the native language or a consequence of learning a new language.

Additionally, an important characteristic of the practice of speech-language pathology is that, to the extent possible, clinical decisions are based on best available evidence. ASHA has defined evidence-based practice in speech-language pathology as an approach in which current, high-quality research evidence is integrated with practitioner expertise and the individual's preferences and values into the process of clinical decision making (ASHA, 2005). A high-quality basic, applied, and efficacy research base in communication sciences and disorders and related fields of study is essential to providing evidence-based clinical practice and quality clinical services. The research base can be enhanced by increased interaction and communication with researchers across the United States and from other countries. As our global society is becoming more connected, integrated, and interdependent, speech-language pathologists have access to an abundant array of resources, information technology, and diverse perspectives and influence (e.g., Lombardo, 1997). Increased national and international interchange of professional knowledge, information, and education in communication sciences and disorders can be a means to strengthen research collaboration and improve clinical services.

The World Health Organization (WHO) has developed a multipurpose health classification system known as the International Classification of Functioning, Disability and Health (ICF; WHO, 2001). The purpose of this classification system is to provide a standard language and framework for the description of functioning and health. The ICF framework is useful in describing the breadth of the role of the speech-language pathologist in the prevention, assessment, and habilitation/rehabilitation, enhancement, and scientific investigation of communication and swallowing. It consists of two components:

HEALTH CONDITIONS

1. **Body Functions and Structures:** These involve the anatomy and physiology of the human body. Relevant examples in speech-language pathology include craniofacial anomaly, vocal fold paralysis, cerebral palsy, stuttering, and language impairment.
2. **Activity and Participation:** Activity refers to the execution of a task or action. Participation is the involvement in a life situation. Relevant examples in speech-language pathology include difficulties with swallowing safely for independent feeding, participating actively in class, understanding a medical prescription, and accessing the general education curriculum.

CONTEXTUAL FACTORS

1. **Environmental Factors:** These make up the physical, social, and attitudinal environments in which people live and conduct their lives. Relevant examples in speech-language pathology include the role of the communication partner in augmentative and alternative communication, the influence of classroom acoustics on communication, and the impact of institutional dining environments on individuals' ability to safely maintain nutrition and hydration.

2. **Personal Factors:** These are the internal influences on an individual's functioning and disability and are not part of the health condition. These factors may include, but are not limited to, age, gender, ethnicity, educational level, social background, and profession. Relevant examples in speech-language pathology might include a person's background or culture that influences his or her reaction to a communication or swallowing disorder.

The framework in speech-language pathology encompasses these health conditions and contextual factors. The health condition component of the ICF can be expressed on a continuum of functioning. On one end of the continuum is intact functioning. At the opposite end of the continuum is completely compromised functioning. The contextual factors interact with each other and with the health conditions and may serve as facilitators or barriers to functioning. Speech-language pathologists may influence contextual factors through education and advocacy efforts at local, state, and national levels. Relevant examples in speech-language pathology include a user of an augmentative communication device needing classroom support services for academic success, or the effects of premorbid literacy level on rehabilitation in an adult post brain injury. Speech-language pathologists work to improve quality of life by reducing impairments of body functions and structures, activity limitations, participation restrictions, and barriers created by contextual factors.

QUALIFICATIONS

Speech-language pathologists, as defined by ASHA, hold the ASHA Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP), which requires a master's, doctoral, or other recognized post baccalaureate degree. ASHA-certified speech-language pathologists complete a supervised postgraduate professional experience and pass a national examination as described in the ASHA certification standards. Demonstration of continued professional development is mandated for the maintenance of the CCC-SLP. Where applicable, speech-language pathologists hold other required credentials (e.g., state licensure, teaching certification).

This document defines the scope of practice for the field of speech-language pathology. Each practitioner must evaluate his or her own experiences with preservice education, clinical practice, mentorship and supervision, and continuing professional development. As a whole, these experiences define the scope of competence for each individual. Speech-language pathologists may engage in only those aspects of the profession that are within their scope of competence.

As primary care providers for communication and swallowing disorders, speech-language pathologists are autonomous professionals; that is, their services are not prescribed or supervised by another professional. However, individuals frequently benefit from services that include speech-language pathologist collaborations with other professionals.

PROFESSIONAL ROLES AND ACTIVITIES

Speech-language pathologists serve individuals, families, and groups from diverse linguistic and cultural backgrounds. Services are provided based on applying the best available research evidence, using expert clinical judgments, and considering clients' individual preferences and values. Speech-language pathologists address typical and atypical communication and swallowing in the following areas:

1. speech sound production

2. articulation
3. apraxia of speech
4. dysarthria
5. ataxia
6. dyskinesia
7. resonance
8. hypernasality
9. hyponasality
10. cul-de-sac resonance
11. mixed resonance
12. voice
13. phonation quality
14. pitch
15. loudness
16. respiration
17. fluency
18. stuttering
19. cluttering
20. language (comprehension and expression)
21. phonology
22. morphology
23. syntax
24. semantics
25. pragmatics (language use, social aspects of communication)
26. literacy (reading, writing, spelling)
27. pre-linguistic communication (e.g., joint attention, intentionality, communicative signaling)
28. paralinguistic communication
29. cognition
30. attention
31. memory
32. sequencing
33. problem solving
34. executive functioning
35. feeding and swallowing
36. oral, pharyngeal, laryngeal, esophageal
37. orofacial myology (including tongue thrust)
38. oral-motor functions

Potential etiologies of communication and swallowing disorders include neonatal problems (e.g., prematurity, low birth weight, substance exposure); developmental disabilities (e.g., specific language impairment, autism spectrum disorder, dyslexia, learning disabilities, attention deficit disorder); auditory problems (e.g., hearing loss or deafness); oral anomalies (e.g., cleft lip/palate, dental malocclusion, macroglossia, oral-motor dysfunction); respiratory compromise (e.g., bronchopulmonary

dysplasia, chronic obstructive pulmonary disease); pharyngeal anomalies (e.g., upper airway obstruction, velopharyngeal insufficiency/incompetence); laryngeal anomalies (e.g., vocal fold pathology, tracheal stenosis, tracheostomy); neurological disease/dysfunction (e.g., traumatic brain injury, cerebral palsy, cerebral vascular accident, dementia, Parkinson's disease, amyotrophic lateral sclerosis); psychiatric disorder (e.g., psychosis, schizophrenia); genetic disorders (e.g., Down syndrome, fragile X syndrome, Rett syndrome, velocardiofacial syndrome).

The professional roles and activities in speech-language pathology include clinical/educational services (diagnosis, assessment, planning, and treatment), prevention and advocacy, and education, administration, and research.

CLINICAL SERVICES

Speech-language pathologists provide clinical services that include the following:

1. prevention and pre-referral
2. screening
3. assessment/evaluation
4. consultation
5. diagnosis
6. treatment, intervention, management
7. counseling
8. collaboration
9. documentation
10. referral

Examples of these clinical services include using data to guide clinical decision making and determine the effectiveness of services; making service delivery decisions (e.g., admission/eligibility, frequency, duration, location, discharge/dismissal) across the lifespan; determining appropriate context(s) for service delivery (e.g., home, school, telepractice, community); documenting provision of services in accordance with accepted procedures appropriate for the practice setting; collaborating with other professionals (e.g., identifying neonates and infants at risk for hearing loss, participating in palliative care teams, planning lessons with educators, serving on student assistance teams); screening individuals for hearing loss or middle ear pathology using conventional pure-tone air conduction methods (including otoscopic inspection), otoacoustic emissions screening, and/or screening tympanometry; providing intervention and support services for children and adults diagnosed with speech and language disorders; providing intervention and support services for children and adults diagnosed with auditory processing disorders; using instrumentation (e.g., videofluoroscopy, electromyography, nasendoscopy, stroboscopy, endoscopy, nasometry, computer technology) to observe, collect data, and measure parameters of communication and swallowing or other upper aerodigestive functions; counseling individuals, families, coworkers, educators, and other persons in the community regarding acceptance, adaptation, and decision making about communication and swallowing; facilitating the process of obtaining funding for equipment and services related to difficulties with communication and swallowing; serving as case managers, service delivery coordinators, and members of collaborative teams (e.g., individualized family service plan and individualized education program teams, transition planning teams); providing referrals and information to other professionals, agencies, and/or consumer

organizations; developing, selecting, and prescribing multimodal augmentative and alternative communication systems, including unaided strategies (e.g., manual signs, gestures) and aided strategies (e.g., speech-generating devices, manual communication boards, picture schedules); providing services to individuals with hearing loss and their families/caregivers (e.g., auditory training for children with cochlear implants and hearing aids; speechreading; speech and language intervention secondary to hearing loss; visual inspection and listening checks of amplification devices for the purpose of troubleshooting, including verification of appropriate battery voltage); addressing behaviors (e.g., perseverative or disruptive actions) and environments (e.g., classroom seating, positioning for swallowing safety or attention, communication opportunities) that affect communication and swallowing; selecting, fitting, and establishing effective use of prosthetic/adaptive devices for communication and swallowing (e.g., tracheoesophageal prostheses, speaking valves, electrolarynges; this service does not include the selection or fitting of sensory devices used by individuals with hearing loss or other auditory perceptual deficits, which falls within the scope of practice of audiologists; ASHA, 2004); providing services to modify or enhance communication performance (e.g., accent modification, transgender voice, care and improvement of the professional voice, personal/professional communication effectiveness).

PREVENTION AND ADVOCACY

Speech-language pathologists engage in prevention and advocacy activities related to human communication and swallowing. Example activities include improving communication wellness by promoting healthy lifestyle practices that can help prevent communication and swallowing disorders (e.g., cessation of smoking, wearing helmets when bike riding); presenting primary prevention information to individuals and groups known to be at risk for communication disorders and other appropriate groups; providing early identification and early intervention services for communication disorders; advocating for individuals and families through community awareness, health literacy, education, and training programs to promote and facilitate access to full participation in communication, including the elimination of societal, cultural, and linguistic barriers; advising regulatory and legislative agencies on emergency responsiveness to individuals who have communication and swallowing disorders or difficulties; promoting and marketing professional services; advocating at the local, state, and national levels for improved administrative and governmental policies affecting access to services for communication and swallowing; advocating at the local, state, and national levels for funding for research; recruiting potential speech-language pathologists into the profession; participating actively in professional organizations to contribute to best practices in the profession.

EDUCATION, ADMINISTRATION, AND RESEARCH

Speech-language pathologists also serve as educators, administrators, and researchers. Example activities for these roles include educating the public regarding communication and swallowing; educating and providing in-service training to families, caregivers, and other professionals; educating, supervising, and mentoring current and future speech-language pathologists; educating, supervising, and managing speech-language pathology assistants and other support personnel; fostering public awareness of communication and swallowing disorders and their treatment; serving as expert witnesses; administering and managing clinical and academic programs; developing policies, operational

procedures, and professional standards; conducting basic and applied/translational research related to communication sciences and disorders, and swallowing.

PRACTICE SETTINGS

Speech-language pathologists provide services in a wide variety of settings, which may include but are not exclusive to the following:

1. public and private schools;
2. early intervention settings, preschools, and day care centers;
3. health care settings (e.g., hospitals, medical rehabilitation facilities, long-term care facilities, home health agencies, clinics, neonatal intensive care units, behavioral/mental health facilities);
4. private practice settings;
5. universities and university clinics;
6. individuals' homes and community residences;
7. supported and competitive employment settings;
8. community, state, and federal agencies and institutions;
9. correctional institutions;
10. research facilities;
11. corporate and industrial settings.

Once you have read through the entire Graduate Student Handbook, please sign and date the verification below. Print a copy and give it you your faculty advisor.

Printed Name

Signature

Date

By signing this form, I am verifying that I have read every word of the 2013-2014 Graduate Student Handbook.

I have completed and understand the HIPAA training module.

Signature

Date

I have read and understand the Guide to Infection Prevention for Outpatient Settings: Minimum Expectations for Safe Care

Signature

Date