## Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>INTRODUCTION</td>
<td>6</td>
</tr>
<tr>
<td>BREAKDOWN OF REQUIRED HOURS</td>
<td>6</td>
</tr>
<tr>
<td>GOALS</td>
<td>7</td>
</tr>
<tr>
<td>QUALITY IMPROVEMENT AND PROGRAM EVALUATION</td>
<td>7</td>
</tr>
<tr>
<td>CLINIC SERVICES</td>
<td>8</td>
</tr>
<tr>
<td>CLINIC ENROLLMENT</td>
<td>8</td>
</tr>
<tr>
<td>PREREQUISITES TO CLINIC ENROLLMENT</td>
<td>9</td>
</tr>
<tr>
<td>CLINICAL PRACTICUM COURSES</td>
<td>9</td>
</tr>
<tr>
<td>OBSERVATION GUIDELINES</td>
<td>10</td>
</tr>
<tr>
<td>ONLINE SCHEDULE REQUEST SURVEY</td>
<td>10</td>
</tr>
<tr>
<td>HEALTH CLEARANCE</td>
<td>10</td>
</tr>
<tr>
<td>INSURANCE</td>
<td>11</td>
</tr>
<tr>
<td>REGISTRATION FOR CLINICAL PRACTICUM</td>
<td>11</td>
</tr>
<tr>
<td>LAB FEE</td>
<td>11</td>
</tr>
<tr>
<td>STEPS FOR ENROLLING IN CLINIC</td>
<td>11</td>
</tr>
<tr>
<td>DROPPING CLINIC</td>
<td>12</td>
</tr>
<tr>
<td>CLINIC FACILITIES</td>
<td>12</td>
</tr>
<tr>
<td>CLINIC ROOMS</td>
<td>12</td>
</tr>
<tr>
<td>WAITING ROOM</td>
<td>12</td>
</tr>
<tr>
<td>MAINTENANCE</td>
<td>12</td>
</tr>
<tr>
<td>MEDIA CENTER</td>
<td>13</td>
</tr>
<tr>
<td>Assessment Materials</td>
<td>13</td>
</tr>
<tr>
<td>Reservation Book</td>
<td>13</td>
</tr>
<tr>
<td>Photocopy Machine</td>
<td>13</td>
</tr>
<tr>
<td>Telephone</td>
<td>13</td>
</tr>
<tr>
<td>Test Protocols</td>
<td>13</td>
</tr>
<tr>
<td>CLINIC OFFICE</td>
<td>13</td>
</tr>
<tr>
<td>CLIENT FILES</td>
<td>14</td>
</tr>
<tr>
<td>FILE CHECK-OUT</td>
<td>14</td>
</tr>
<tr>
<td>FILE CONTENTS</td>
<td>14</td>
</tr>
<tr>
<td>Client Contact Record (CCR) (Appendix 4)</td>
<td>14</td>
</tr>
<tr>
<td><strong>Case History</strong> (Appendix 5)</td>
<td>15</td>
</tr>
</tbody>
</table>

*Appendix 4: Client Contact Record (CCR)*  
*Appendix 5: Case History*
Release of Information to the Speech, Language and Hearing Clinic (Appendix 6) .................................................. 15
Observation Consent Form (Appendix 7) ....................................................................................................................... 15
Release of Diagnostic Information (Appendix 8) ........................................................................................................... 15
Client Data Sheet (Appendix 9) .................................................................................................................................... 15
Consent and Release for Photographs or Videotaping (Appendix 10) ................................................................. 15
Release of Liability Form (Appendix 11) .................................................................................................................... 15
Diagnostic Reports/Re-Assessment Reports (Appendix 12-15) ............................................................................ 15
Other Clinical Reports, Treatment Summary Reports, Discharge Reports .......................................................... 16
Clinic Policy and Procedures (Page 68) ........................................................................................................................ 16

CLINICAL PRACTICUM .................................................................................................................................................. 16
ASSIGNMENT OF SUPERVISORS .............................................................................................................................. 16
SCHEDULING SPEECH CLIENTS .............................................................................................................................. 16
SCHEDULING AUDIOLOGY CLIENTS ......................................................................................................................... 17
CANCELLATION OF CLINIC SESSION BY A CLIENT .......................................................................................... 17
CANCELLATION OF CLINIC SESSION BY A CLINICIAN ..................................................................................... 17
ASSESSMENT AND TREATMENT PLANS ................................................................................................................ 18
REFERRALS .................................................................................................................................................................. 18
RECORD KEEPING ..................................................................................................................................................... 18
WRITTEN ASSIGNMENTS ......................................................................................................................................... 18
Speech Pathology ......................................................................................................................................................... 19
Audiology .................................................................................................................................................................... 19
EMERGENCY PROCEDURES .................................................................................................................................... 19
Accident or Sudden Illness ........................................................................................................................................ 19
Campus fire ............................................................................................................................................................... 19
SAFETY PRECAUTIONS ............................................................................................................................................ 20
HEALTH PRECAUTIONS ............................................................................................................................................ 20
PROFESSIONAL APPEARANCE ........................................................................................................................... 20
IDENTIFICATION BADGES ...................................................................................................................................... 20
CONFIDENTIALITY ...................................................................................................................................................... 21
OFF-CAMPUS CLINICAL PRACTICUM ....................................................................................................................... 22
GRADIES ..................................................................................................................................................................... 22
EVALUATION OF CLINIC SUPERVISORS ................................................................................................................ 22
END OF SEMESTER CHECK-OUT .............................................................................................................................. 22
Audiology Students .................................................................................................................................................... 23
Speech-language pathology students .......................................................... 23
Off-Campus Students .................................................................................. 23
Appendix 1 ................................................................................................... 24
OBSERVATION GUIDELINES ...................................................................... 24
Appendix 2 ................................................................................................... 26
OBSERVATION HOURS LOG - Speech Pathology and Audiology ............... 26
Appendix 3 ................................................................................................... 27
MATERIALS AND EQUIPMENT CHECK-OUT PROCEDURES .................... 27
Appendix 4 ................................................................................................... 28
CLIENT CONTACT RECORD ......................................................................... 28
Appendix 5 ................................................................................................... 29
CASE HISTORY- First page .......................................................................... 29
Appendix 6 ................................................................................................... 30
RELEASE OF INFORMATION ...................................................................... 30
Appendix 7 ................................................................................................... 31
OBSERVATION CONSENT ......................................................................... 31
Appendix 8 ................................................................................................... 32
RELEASE OF DIAGNOSTIC INFORMATION ............................................... 32
Appendix 9 ................................................................................................... 33
CLIENT DATA SHEET .................................................................................. 33
Appendix 10 ................................................................................................ 34
CONSENT TO PHOTOGRAPH ................................................................. 34
Appendix 11 ................................................................................................ 35
Release of Liability ...................................................................................... 35
Appendix 12 ................................................................................................ 37
DIAGNOSTIC REPORT-first page sample .................................................... 37
Appendix 13 ................................................................................................ 38
TREATMENT PLAN-first page sample........................................................ 38
Appendix 14 ................................................................................................ 39
WRITTEN TREATMENT OBJECTIVES ..................................................... 39
Appendix 15 ................................................................................................ 40
TREATMENT SUMMARY- first page sample .............................................. 40
Appendix 16 ................................................................................................ 41
INTRODUCTION .............................................................................................................. 52

GOALS .......................................................................................................................... 52

ETHICAL STANDARDS ............................................................................................... 52

NONDISCRIMINATION POLICY ................................................................................... 52

Overall Grading Policy for CSDS 230, 250, 257 & 267 .................................................. 53

Clinical Remediation Plan (CRP) INSTRUCTIONS ..................................................... 54

CLINICAL REMEDIATION PLAN (CRP) SUMMARY .................................................... 56

CLINICAL INCIDENT REPORT INSTRUCTIONS ......................................................... 58

CLINICAL INCIDENT REPORT (CIR) .......................................................................... 60

GRADE DISPUTE INSTRUCTIONS ............................................................................... 61

Speech-Language Pathology Complaint Procedure to CAA ........................................... 62

CLINIC SERVICES ......................................................................................................... 63

Audiology ..................................................................................................................... 63

Speech-language Pathology ........................................................................................ 63

CSDS Research Clinics ................................................................................................ 63

CLINIC FEES ................................................................................................................ 64

CLIENT ADMISSION ...................................................................................................... 65

SPEECH-LANGUAGE PATHOLOGY ............................................................................... 65

Making Appointments for Speech Therapy ..................................................................... 66

AUDIOLOGY .................................................................................................................. 67

CLINIC POLICY AND PROCEDURES ......................................................................... 68

CLIENT DISMISSAL ....................................................................................................... 71

REFERRAL ..................................................................................................................... 72
CONFIDENTIALITY OF STUDENT CLINICIAN RECORDS ................................................................. 73
ASSESSMENTS ............................................................................................................................ 74
  GENERAL INFORMATION ......................................................................................................... 74
  DIAGNOSTIC AND THERAPY SUPPLIES ........................................................................... 74
  CLIENT DATA SHEET ............................................................................................................. 74
  ASSESSMENT REPORT ........................................................................................................... 74
REPORTS ..................................................................................................................................... 75
  CLIENT REPORTS .................................................................................................................. 75
CLINIC SUPERVISORS ................................................................................................................ 76
QUALITY IMPROVEMENT ....................................................................................................... 77
  CLINIC MEETINGS ................................................................................................................ 77
  CLIENT PROGRESS ............................................................................................................... 77
CONSUMER SATISFACTION ..................................................................................................... 77
SUPERVISOR QUALIFICATIONS AND EVALUATION ............................................................ 78
SAFETY PRECAUTIONS .......................................................................................................... 79
RESEARCH .................................................................................................................................. 80
STUDENT ACCESS TO FILES AFTER GRADUATION ............................................................ 80
ASHA CODE IF ETHICS ............................................................................................................. 81
INTRODUCTION

Clinical practicum is part of the requirements for a Master’s Degree in speech-language pathology. The American-Speech-Language-Hearing Association (ASHA) also requires students in speech-language pathology and audiology to complete clinical practicum to be eligible for the Certificate of Clinical Competence (CCC).

This student clinician manual is designed to provide guidelines for students planning to enroll, or who are already enrolled, in clinical practicum. In addition to following these guidelines, you should be familiar with ASHA’s Code of Ethics, ASHA’s position on various areas of clinical practice, and ASHA’s requirements for the CCC. ASHA’s position statements and guidelines are published periodically in the ASHA journal and all information (Code of Ethics, etc.) are accessible on ASHA’s official website (www.asha.org) and at the end of this manual. Students joining the National Student Speech-Language-Hearing Association (NSSHLA) will receive ASHA and other journals. Students majoring in speech-language pathology or audiology are strongly encouraged to join NSSHLA.

All students are encouraged to see their advisor each semester. You should discuss your questions about clinical practicum with your advisor, the clinic director, or clinic supervisor.

BREAKDOWN OF REQUIRED HOURS

You will earn required hours at the California State University, Fresno (CSUF) Speech, Language and Hearing Clinic and at various off-campus sites. Supervised clinical practicum can also be earned in conjunction with assignments related to coursework in certain classes.

A minimum of 400 clinical hours are required prior to receiving the M.A. degree in speech-language pathology. Students must complete a minimum of 25 observation hours, and 375 clinical hours. The following is the breakdown of required hours:

25 hours undergraduate observation

20 hours Audiology Clinic (CSDS 250)

100 hours minimum Student Teaching (CSDS 257)

255 hours split between On-Campus Clinic (CSDS 230) and Externship (CSDS 267)
GOALS
The goals of the Speech-Language-Hearing and Research Clinics at California State University, Fresno are:

- To provide high quality services for children and adults with disorders of speech, language, or hearing.
- To provide training, education and research opportunities for students in the Department of Communicative Sciences and Deaf Studies.
- To serve as a community resource and advocate for individuals of all ages with communicative disorders.

QUALITY IMPROVEMENT AND PROGRAM EVALUATION
Delivery of quality service is a continuing process in the Speech, Language and Hearing Clinic. You will be involved in regular meetings with your supervisor to ensure the consistent and timely review of services. Client and clinician performance is evaluated regularly throughout the semester.

Measurable treatment objectives are written at the beginning of each semester for clients receiving speech-language services. These objectives are based on formal and informal assessment of a client’s communicative status. Treatment modifications are made as needed. Treatment objectives and procedures, progress, and recommendations are reported in a written treatment summary report at the end of the semester. The clinic supervisor reviews results of all evaluations. Recommendations are shared with clients in the form of verbal and written reports. Informative feedback is provided throughout the semester.

Consumer satisfaction is also measured at the end of each semester or service period. The clients will receive a survey to complete. Responses are tallied by the clinic office and reviewed by the clinic supervisor and clinic director. Areas sampled include supervisor knowledge and responsiveness, clinic facilities, and overall satisfaction of client progress. A copy of all surveys are stored on Google Drive and may be obtained from the clinic office.

Evaluations of clinic supervisors are made each semester by student clinicians. The clinic office compiles the results of these evaluations and stores them on Google Drive by supervisor. The clinic director reviews each of the evaluations and addresses issues noted.

Additional information related to clinic administration may be reviewed in the clinic policy and procedure manual located in the back of this manual.
CLINIC SERVICES
Speech-language pathology and audiology services are provided by student clinicians under the direct supervision of a licensed and certified professional. All supervisors are licensed by the State of California Board of Consumer Affairs and are certified by the American Speech-Language-Hearing Association (ASHA) in the area they supervise.

Fees are charged for services at the Fresno State Speech and Hearing Clinic. These fees enable the clinic to maintain current materials and equipment. Students should not discuss fees with clients. Any questions regarding reduced fees, inability to pay, payment plans, and so forth should be referred to the clinic director.

Clients who are Medicare Part B eligible may be invited to enroll in the Communicative Sciences and Deaf Studies (CSDS) Research Clinic by faculty, if appropriate. These clients, if they agree and meet the requirements, will be asked to sign the Consent Form to participate in the appropriate research project/clinic. These clients will not be charged for services rendered in these clinics.

CLINIC ENROLLMENT
Prior to beginning the clinical component of the speech-language pathology or audiology program, a file is established for each student scheduled for clinic enrollment. The file becomes a part of the clinic’s records and is maintained for reference of such information as verification of clinical hours and review of student performance (evaluations). These files are maintained for seven years following graduation.

Each student’s clinical practicum folder will contain the following:

- 25 undergraduate observation hours log
- Health clearance
- TB (annually)
- HepA&B
- MMR
- Any pertinent written comments or documentation from the clinic director or department chairperson
- Remediation plans or incident reports are held here until final check-out when they are moved to the student’s formative assessment file with all other student clinical evaluations.
- Copies of any letters of recommendation or other appropriate correspondence
- Certificate of Clearance
PREREQUISITES TO CLINIC ENROLLMENT

CLINICAL PRACTICUM COURSES
The following clinical practicum courses must be completed prior to graduation: CSDS 230, 250, 257, and 267.

Students must complete specific coursework as an undergraduate student before they are eligible to enroll in clinical practicum. Check regularly with your advisor to make sure you are following the correct sequence of classes.

Students earning clinical practicum hours in conjunction with class assignments must comply with the requirements for participation in clinic-completion of observation hours, immunizations, and health clearance prior to working with clients.

To avoid delay in enrolling in clinical practicum, students should see their advisor each semester. Any changes in requirements will be discussed with students at that time.

Transfer students should discuss pre-clinic requirements with their advisors when they plan their academic program. Practicum hours earned at another university may be accepted at California State University, Fresno as long as the hours were supervised by someone with the CCC and appropriately signed records are available directly from the other university. Transfer students should discuss transfer of clock hours with their advisor and the clinic director, especially the 25 undergraduate observation hours. All students MUST have 25 documented observation hours prior to their first clinical experience.

Students enrolling in an Externship (CSDS 267) must have completed the following: A minimum of three (3) semesters of CSDS 230 clinic experience, CSDS 207, CSDS 213, and CSDS 220. Students will be able to accumulate additional hours in adult assessment and treatment in their externship of supplementary clinics such as Aphasia or LOUD Crowd Research Clinics. Students will be required to complete at least 40 full days (minimum of 4 days/week for 10 weeks) or 50 full days (minimum 5 days/week for 10 weeks) in their externship, depending on the number of units students are enrolled in.

Students enrolling in Student Teaching (CSDS 257) must have completed the following: A minimum of three (3) semesters of CSDS 230 clinic experience, CSDS 204, 214, and 215 or concurrent. Students need at least 100 hours in the school setting, and will be required to complete at least 40 full days (minimum of 3 days/week for 13+ weeks) in their student teaching, depending on the number of units students are enrolled in.
OBSERVATION GUIDELINES
ASHA and California Licensure require students to obtain a minimum of 25 clock hours of supervised clinical observation prior to beginning their clinical practicum in speech-language pathology or audiology. (Students must also have completed their 25 observation hours prior to working with clients in CSDS 110.) Observation hours may obtained for treatment and evaluation of children or adults with communicative disorders. These 25 hours may be any combination of audiology and speech-language pathology observation. A minimum of 15 clock hours must be obtained at the California State University, Fresno Speech and Hearing Clinic. A maximum of 10 hours can be completed at off-campus sites, as long as the SLP being observed has a current state license and CCCs.

Refer to Appendix 1 & 2 for specific observation guidelines and log sheets.

ONLINE SCHEDULE REQUEST SURVEY
An online survey will be sent to all graduate students at the start of advising week each semester. A link to the survey will be sent to each student via email and will allow each student to make specific requests for on and off campus placements for the upcoming semester. This includes students scheduled to take CSDS 230 (On-Campus or collaborative off-campus clinic), CSDS 257 (Student Teaching) and CSDS 267 (Externship). Specific types of settings as well as specific districts, supervisors and facilities will be accepted. Please note: Every effort will be made to honor each request but NO PLACEMENT IS GUARANTEED. Students will be placed based on availability and Clinic Director discretion.

HEALTH CLEARANCE
Health regulations are enforced for students’ and clients’ protection against certain communicable diseases. Before beginning practicum, students must present evidence of MMR vaccination (one time only), Hepatitis A and B, and testing for tuberculosis (TB). A TB clearance is required every year. The health clearance must be obtained prior to beginning clinic each semester. Students will not be assigned clients until they have met the health clearance requirements.

Dtap vaccine is not required for on-campus clinic, but is required for many CSDS 267 placements. Completion of an American Heart Association Approved cardiopulmonary resuscitation (CPR) class is not required to enroll in on-campus clinic, but may be required for placement in medical facilities for CSDS 267.
INSURANCE
All students providing clinical services are required to be enrolled both the university, as well as the corresponding clinical practicum. Students enrolled in clinical practicum (on or off campus) are covered by the University’s blanket professional liability insurance policy. Students are not required to carry their own private liability insurance policy while enrolled in the appropriate clinical practicum at the University.

REGISTRATION FOR CLINICAL PRACTICUM
After all necessary documents have been received or by the clinic director and uploaded to CALIPSO, the student is accepted into clinical practicum. Remember that students who fail to complete and submit/upload their required documentation by the due date may be denied enrollment in clinical practicum. Students continuing in clinical practicum (CSDS 230, 250, 257, 267) must respond to the online schedule request survey to be placed in the clinic of their choice.

LAB FEE
Student clinicians must pay a lab fee at the beginning of each semester (accounting office will bill you automatically). The fee is used to defray costs of replacing consumable items, worn out tests, and so forth. A fee is paid for each section of registered clinical practicum. For example, students enrolled in audiology practicum and speech-language pathology practicum pay fees for each clinical section. Students enrolled in off-campus practicum are not required to pay lab fees.

STEPS FOR ENROLLING IN CLINIC
Initial enrollment in clinic requires completion and CALIPSO upload of the following:

- Requisite coursework
- 25 hour observation record
- MMR vaccination
- TB test (annually)
- Hepatitis A and B vaccination

After the first semester in clinic, the student must do the following:

- Verify health requirements are valid.
- Completed Online Schedule Request Survey (to ensure desired placement)

If you need assistance, please ask the clinic office or clinic director.
DROPPING CLINIC
Registering for clinical practicum is considered a professional commitment. If a student withdraws from clinic before the clinic practicum begins (prior to first clinic meeting), the student is expected to notify the clinic director in writing, stating the reasons for withdrawal. The clinic withdrawal will be noted in the clinician’s file. Once clinical practicum begins, students may not withdraw without permission from the clinic director. Withdrawal without permission may result in future disqualification from the clinical program.

CLINIC FACILITIES

CLINIC ROOMS
Eight individual clinic rooms and two preschool clinic rooms are available for assessment, treatment, and consultation. These rooms are located on the second floor of the Professional Human Services (PHS) Building in room 222. The rooms are equipped with observation windows and receivers/headphones. Audiological assessments are performed on the first floor of the PHS building in room 101.

The clinic rooms are sound treated, but not sound proof. To avoid disturbing other clinicians and to maintain confidentiality, student clinicians should discuss information with their clients and supervisors in the treatment room—not in the hallways or observation areas.

WAITING ROOM
The waiting room is located in PHS 220 and is equipped with a sitting area and bathroom. After the initial meeting with clients, clinicians should instruct their clients to meet them in the waiting room for subsequent sessions.

MAINTENANCE
No scotch tape is to be placed on the clinic walls. Tacks are permitted on the wallboard. At the end of their sessions, student clinicians will turn off room lights, pick up and return materials found in their rooms and wipe down tables.

Report broken equipment immediately. Clinicians must notify the clinic office of any malfunctions of equipment.

Use of the white board requires special marking pens. These pens may be obtained from the clinic office. Use of any other pens may cause permanent damage to the white board.
MEDIA CENTER
The media center is located in PHS 244 and is open Monday through Friday from 8:00am to 5:00pm. Student clinicians are responsible for returning items to the correct locations and leaving the room in order. Refer to Appendix 3 for check out procedures.

Assessment Materials
A comprehensive list of assessment materials are found in the media center next to the reservation book. Every assessment available in our clinic is on the list along with the label used, the number of copies available, and the cabinet number where they can be found.

Reservation Book
If you want to reserve tests you must do so by using the reservation book. The book is kept in the media center. Students enrolled in clinic or instructors reserving items will have priority in using them. Certain materials will be checked-out for the semester only. Assessments may not be checked out overnight for the first 3 weeks of clinic.

Photocopy Machine
There is a small photocopy machine available for student clinician use in the Grad Research Lab/Lounge. Student clinicians may make photocopies for clinic use only. Students are not permitted to use the photocopy machine for other course materials without permission form either the clinic director or office staff. Please let the department office staff know if the paper is running low so it can be replaced.

Telephone
The telephone is for clinic use only and is available to student clinicians conducting clinical business. Personal calls are not permitted unless authorized by the clinic staff or clinic director.

Test Protocols
Test protocols are available in the media center. Please advise the clinic office if a protocol is running low (fewer than 10 copies). Please do not use the last protocol. Alert the office so a copy can be used temporarily until more can be ordered. If a copy must be used, please be sure to transfer all data to the formal protocol once they are delivered and shred the copy.

CLINIC OFFICE
The clinic office is located in PHS 252. The office is open Monday through Friday from 8:00am to 5:00pm, unless otherwise posted.

Clients are instructed to come to the clinic office for their first meeting. At that time the clients may pay their fees to the clinic office.

The clinic office is for clients, parents/caregivers, and other clinical business. Students are not to
congregate in the clinic office and not to stand at the counter unless they need to request materials and/or information. Client files may be checked out and taken to the media center or grad lounge for review.

The clinic office maintains the following:

- Client files
- Clinician’s files (located in the clinic director’s office)
- Clinical equipment and replacement test protocols
- Billing information
- Parking permits for clients
- Clinic schedule

CLIENT FILES

Client files are located in the clinic office and are divided into three sections: waiting for treatment, active files, and inactive. Files are maintained for a minimum of 5 years.

Client files are identified by the client’s name and clinic number. The clinic number indicates the year and sequence in which a client entered the clinic. For example, 950020 indicates that the client began at the clinic in 1995 and was the 20th client of that year. If you have trouble locating a file, ask for help. Some older files may be in storage.

FILE CHECK-OUT

When taking a file out of the clinic office they may only be used in the media center, and clinic rooms. Files must not be removed from the clinic area. Do not make photocopies of the clinic files and do not take them off campus or store them in your lockers.

FILE CONTENTS

Each client file must contain the following:

Client Contact Record (CCR) *(Appendix 4)*

This form is located on the inside left cover and includes client identification data (e.g., client name, address, etc.), type of billing, and file number. The CCR also provides an area for notes on all client contacts such as telephone calls to the client, date of initial meeting, etc. If you determine that any client identification information has changed, correct the CCR by making a single line through the incorrect or old information and writing the correct information above the line.
The CCR should provide a chronological log of client contacts. Any telephone contact with the client or the client’s family should be reported on this form. Contact with other professionals should also be reported on this form.

Include the following documentation on the CCR:

- Beginning and ending dates of treatment
- Telephone calls with client or client’s family
- Client absences/tardies
- Contact with other professionals (e.g., consultation, referral)
- Final recommendations

**Case History** [Appendix 5]

If you are assigned a client and there is no case history completed, you must have the client complete one immediately. File the case history form in the client’s file under the appropriate tab.

**Release of Information to the Speech, Language and Hearing Clinic** [Appendix 6]

This form must be signed if the clinic and/or clinician needs to request client information from other agencies.

**Observation Consent Form** [Appendix 7]

Each file must contain a signed observation consent form. If this form has not been signed, request the appropriate signature otherwise the client cannot receive services from the Clinic.

**Release of Diagnostic Information** [Appendix 8]

Before releasing any information to an outside agency or individual (other than the client or the client’s guardian), this form must be signed and placed in the client’s file.

**Client Data Sheet** [Appendix 9]

The Client Data Sheet should be completed to reflect a chronological log of tests administered.

**Consent and Release for Photographs or Videotaping** [Appendix 10]

This form is optional. Clients may not be photographed or videotaped without their permission. When clients agree to be photographed, videotaped, or both, they should be told how the material will be used.

**Release of Liability Form** [Appendix 11]

Clients receiving services on campus, in any capacity, must sign the Release of Liability form before treatment can begin.

**Diagnostic Reports/Re-Assessment Reports** [Appendix 12-15]

Clients receiving speech-language services must have a written diagnostic report in their files. If you are assigned a client who does not have one, then you must write one. Supervisors may require periodic diagnostic reports be written. These should also be filed in the permanent record.
Other Clinical Reports, Treatment Summary Reports, Discharge Reports

Treatment Plans, tests record forms (signed and dated), reports from other professional, etc. must also be filed in the client’s file.

Clinic Policy and Procedures (Page 68)

This policy/procedure will be initialed and signed by the client and placed in the file. A renewal policy will be signed at the start of each semester.

CLINICAL PRACTICUM

ASSIGNMENT OF SUPERVISORS

A mandatory clinic meeting is held at the beginning of each semester to review clinic policies and discuss clinic assignments. This meeting must be attended by speech-language pathology students who are enrolled in clinical practicum.

Clinic assignments are based on supervisor entitlement, supervisor availability, client availability and needs, and students’ class schedules. Off-campus assignments are based on the supervisors’ availability and students’ experience, qualifications, and areas of interest.

SCHEDULING SPEECH CLIENTS

Each student enrolled in the speech-language pathology practicum will receive their clients’ names and files following the mandatory clinic meeting. Students will be assigned a minimum of two and maximum of three clients per semester and will meet with their clients twice a week for 35-50 minutes per session.

After students have received their clinical assignment, they should do the following:

- Review clients’ files
- Confirm clients’ appointments with the clinic office and clinic director
- Prepare for and create an assessment plan to present to your clinical supervisor.
- Meet with your clinical supervisor approximately one week prior to the first day of clinic to present an assessment plan for approval.
- Telephone clients to confirm clinic appointments. Instruct clients to come to the office before their first appointments to pay their fee.
- Note client contact and the results of the contact on the CCR (e.g., called client-no longer interested in services: called client-confirmed appointment).
- Prepare for your first clinical sessions.
- Reserve your intended assessment materials in the reservation binder. Take note of the number of copies available and coordinate with other students, if needed.
Follow all guidelines provided by your clinical supervisor. When you contact your clients and they are unable to attend at the proposed time, do the following:

- Tell them their names will be put back on the waiting list and that we will try to reschedule them at a more convenient time. Inform them that we cannot guarantee that they can be scheduled at any other time.
- Immediately tell the clinic office and the clinic director which clients cannot attend at the proposed time and what times they are available for scheduling.
- Note client contact and results of the contact on the CCR.

SCHEDULING AUDIOLOGY CLIENTS

Audiology clients are scheduled by the clinic office according to a schedule arranged in advance by the audiology supervisor. Students enrolled in audiology practicum will follow instructions provided by their clinic supervisor to obtain specific information on confirming appointments. Students participating in audiology practicum must report any appointment changes to the clinic office immediately.

CANCELLATION OF CLINIC SESSION BY A CLIENT

A note will be placed in the clinician’s message box inside the Media Center if a client calls to cancel a clinic session. It is the student’s responsibility to check their boxes daily for any messages. Supervisors will also leave messages, papers, and reports in the clinician’s box. Students are NOT required to make-up this type of cancellation.

CANCELLATION OF CLINIC SESSION BY A CLINICIAN

If students are ill or unable to attend a clinic session due to a personal emergency, they must notify their clients, clinic office, and supervisor prior to their session. It is the student’s responsibility to have the phone number of his or her clients. Students must make up this type of cancellation unless otherwise instructed by their clinic supervisor.

After you have contacted your clients, call the clinic office (559-278-2422) and your supervisor that you canceled your clinic session and that your clients have been notified. Check with your supervisor regarding any additional cancellation procedures.
ASSESSMENT AND TREATMENT PLANS
Students must discuss with their clinic supervisors in advance assessment and treatment plans. Your supervisor will provide you with specific information regarding developing and writing evaluation and treatment plans. All clients receiving treatment in the Speech, Language and Hearing Clinic must have written measurable objectives (Appendix 14) in the form of a written treatment plan, summary of treatment, or initial summary. Also, before implementing any major changes in your plan, you must first discuss the proposed changes with your supervisor.

REFERRALS
Clients may need services that are not available at the Speech, Language and Hearing Clinic or may request referral to another agency. Before making a referral, discuss it with your clinic supervisor. Note any referrals on the CCR. Include copies of any referral letters in the client’s file.

RECORD KEEPING
Students are expected to maintain comprehensive and accurate records. Students enrolled in speech-language pathology practicum must: maintain a record of each clinical session via recording on progress notes/SOAP Notes and maintain a record of client attendance.

Students providing speech or hearing screenings must complete and submit a list of individuals screened. Supervisors will provide specific information concerning additional requirements. It is the student’s responsibility to maintain a record of their Daily Clinical Clockhours earned on CALIPSO. At the end of semester, the student submits the Daily Clockhours on CALIPSO for supervisor approval. The supervisor verifies these hours on CALIPSO and they appear on the permanent Clockhour Experience Record. (Appendix 17)

WRITTEN ASSIGNMENTS
Written assignments vary. Supervisors will provide specific information concerning their requirements. The following is always required:
Speech Pathology

- Assessment Report (new client) or Re-Assessment Report (continuing client) (Appendix 12)
- Treatment Plan (Appendix 13)
  - The Assessment Report and Treatment Plan may be combined at the clinical supervisor’s discretion.
- Written treatment objectives (Appendix 14)
- Treatment Summary Report (client continuing) or Discharge Report (client dismissed) (Appendix 15)

Audiology

- Written report for each clinic appointment. All reports must be dated and signed by the clinician and the supervisor. (Appendix 16)

All reports must be dated and signed by the student clinician and the clinical supervisor. All reports must be printed in letter quality on 20lb bond paper.

EMERGENCY PROCEDURES

Accident or Sudden Illness

Dial 911. Stay on the line to give necessary information. Apply any urgently needed first aid you are qualified to give. Report accidents and illnesses to the clinic office.

Campus fire

Leave the fire danger area. Locate a telephone. Dial 911. Stay on the line and give necessary information. A telephone is in the audiology suite and in each classroom. The telephone report should include details as to building, location in the building, and nature of the fire. The person reporting the fire should remain at the fire alarm to direct firefighters to the location of the fire.
SAFETY PRECAUTIONS
To avoid accidents, adhere to the following guidelines:

- Never leave a child unattended in the Clinic.
- Do not allow children to stand on tables or chairs.
- Do not let children run in the clinic area.
- Unless used as a part of treatment, avoid giving clients food. Before using food in clinic, check with the client (or client’s parent) to ensure that he or she is not allergic to the food or otherwise restricted from eating it.
- If clients in wheelchairs do not automatically lock their brakes when they are in clinic, advise them to do so. If clients are unable to independently operate their chairs, clinicians should lock their brakes.
- No smoking or vaping is permitted on campus at any time.
- Use common sense.

HEALTH PRECAUTIONS

- Wash your hands before and after each client.
- Use gloves or finger cots when performing an oral peripheral examination, when there is a possibility of your coming into contact with the clients saliva or blood, or during any other type of invasive procedure.
- Avoid touching your face while wearing the gloves.
- Use disposable equipment for examinations or in treatment whenever possible (e.g., tongue depressors, swabs, gauze etc.).
- Wipe off the clinic table after each use.

PROFESSIONAL APPEARANCE

All student clinicians, as well as student observers, are expected to dress in a professional manner. Hair should be clean and combed, consisting of color that looks natural and professional. Clothes should be cleaned and pressed. Jeans, miniskirts, T-shirts, and midriff blouses are not considered professional attire. All tattoos must be covered and cannot be visible. You can not wear plugs or body-piercing jewelry on the eyebrow, tongue, nose, lip, etc. during therapy sessions, on or off campus. If you have a question as to whether something is appropriate to wear, do not wear it.

IDENTIFICATION BADGES

Students are given identification badges. Students must wear their badges when providing clinical services. Off-campus sites may provide different/additional identification badges.
CONFIDENTIALITY
The client files are maintained in locked file cabinets in the Clinic Office. All client information is confidential. Client files may be checked out through the clinic office between 8:00am and 5:00pm and reviewed in the Media Center. The client files may be returned to the Clinic Office drop box during the lunch hour as well as after hours. Do not remove anything from the files.

Client files may not leave the floor and may not be stored in the clinicians’ lockers. Any documentation worked on at home should only have initials with the full name added to the documents prior to placing them permanently to the client file. Clinicians may work on client reports on their personal laptop in the following areas:

1. Media Center
2. Graduate study/research room/Lounge
3. Home

A computer/printer/copier is available in the grad lounge for student clinicians to print/copy reports only.

Student Clinicians MAY NOT work on client reports on their personal laptops in the following areas due to confidentiality issues:

1. The library common areas
2. Coffee shops/restaurants
3. ANY OTHER PUBLIC PLACE
OFF-CAMPUS CLINICAL PRACTICUM
Students participating in off-campus clinical practicum must follow the practicum site’s policies and procedures concerning attendance, professional appearance, recording keeping, and so forth. Students will follow the holiday schedule of the practicum site (not of CSUF) unless other arrangements are approved by the off-campus supervisor.

GRADES
Ongoing evaluation of the student clinician’s performance will be made by the supervisor throughout the semester. Evaluations may be in the form of verbal feedback, written notes, and formal meetings between the student clinician and supervisor, or any combination of these.

At midterm and at the end of the semester, supervisors will complete Student Performance Evaluation on CALIPSO for each student. The Performance Evaluation will be discussed with the student in person and approved on CALIPSO.

Students enrolled in CSDS 230, 250, 257 and 267 are awarded grades of CR (Credit) or NC (No Credit); consistent with the grading policy outlined on page 53.

EVALUATION OF CLINIC SUPERVISORS
Each semester student clinicians complete a supervisor evaluation on CALIPSO as part of their end-of-semester requirements. Precautions are taken to ensure the student’s confidentiality. Results of the rating scale and written comments are viewed by the clinic director and stored until after the grades have been posted, or longer. If issues are noted on the supervisor evaluation, the concern is brought to the Department Chairperson’s attention for discussion and plan.

END OF SEMESTER CHECK-OUT
All students enrolled in clinical practicum must complete the “End of Semester Checkout” with their supervisors. All students should ensure that their supervisors have completed and finalized their Final Student Performance Evaluations and approved Clinical Clockhours on CALIPSO. Students must also complete the Supervisor Evaluation on CALIPSO, as well. On campus clinic students must also email the clinic director the Client Information and Client Progress Forms (located on the Clinical Placement page under the End of Semester Forms and Check-Out file on CALIPSO). Students must comply with the following:
Audiology Students

- Review the folder of every client seen during the semester. Make sure every appointment is recorded on the Client Data Sheet, all test forms are signed and dated, and the written report is completed, signed and dated.
- Complete and submit the Supervisor Evaluation on CALIPSO before your final meeting with your supervisor.
- Submit Daily Clockhours on CALIPSO and obtain your supervisor’s approval.
- Ensure your Final Student Performance Evaluation is completed and finalized by your supervisor.

Speech-language pathology students

- Staple all SOAP notes and place them in the basket on the Clinic Office desk.
- If copy of Treatment Summary Report was not given directly to client, then it must be ready for mailing to client.
- Original reports (assessment, treatment, progress) must be signed (clinician and supervisor) and secured in the clients’ file.
- Review each of your client’s files and make sure all client contacts were noted on the CCR. Note any final semester recommendations on the CCR such as (“Client dismissed- all objectives met,” “Continue treatment”, “Client dismissed. Moving to another city”). Also make sure all test response forms were signed and dated, and all tests were noted and initialed on the Client Data Sheet
- Email the clinic director the Client Information and Client Progress Forms (located on the Clinical Placement page under the End of Semester Forms and Check-Out file on CALIPSO).
- Complete your Supervisor Evaluation on CALIPSO before the final meeting with your supervisor. The supervisor does not see these or get results until after all grades are submitted.
- Submit your Daily Clockhours in CALIPSO and obtain supervisor’s approval.
- Ensure your Final Student Performance Evaluation is completed and finalized by your supervisor.

Off-Campus Students

- Complete the Supervisor Evaluation on CALIPSO prior to your last meeting with your supervisor. Your supervisor does not see the results of these evaluations until after your grades are submitted.
- Submit your Daily Clock Hours earned in CALIPSO and obtain supervisor’s approval.
- Ensure your Final Student Performance Evaluation is completed and finalized by your supervisor.
- Email the clinic director the Client Information and Client Progress Forms (located on the Clinical Placement page under the End of Semester Forms and Check-Out file on CALIPSO).
Appendix 1

OBSERVATION GUIDELINES

Student observers are expected to demonstrate ethical and responsible behavior. Students observing at both on-campus and off-campus sites will comply with the following:

1. Be currently enrolled as a Communicative Sciences & Deaf Studies undergraduate or graduate student or with permission from the Clinic Director.
2. Read, sign and date the Health Insurance Portability and Accountability Act (HIPAA form). You should have received and signed the form in class if an observation was required by your professor. HIPAA forms must be signed and submitted to the clinic assistant.
3. Respect the client’s right to confidentiality. Do not discuss any client with individuals outside the clinic. Do not discuss any client in public places. Do not reveal clients’ names. Do not discuss any information you observe or hear with others, especially when you are observing (as family members are often sitting right next to you).
4. Professional dress is required in clinic. All student clinicians, as well as student observers, are expected to dress in a professional manner. Hair should be clean and combed, consisting of color that looks natural and professional. Clothes should be clean and pressed. Jeans, miniskirts, T-shirts, and midriff blouses are not considered professional attire. All tattoos must be covered and cannot be visible. You are not permitted to wear plugs or body-piercing jewelry on the eyebrow, tongue, nose, lip, etc. during observations, therapy sessions, on or off campus. If you have a question as to whether something is appropriate to wear, do not wear it.

Students observing at the Fresno State Speech-Language-Hearing and Research Clinics must also comply with the following procedures:

1. Introduce yourself to the clinic supervisor and request permission to observe. Students observing in the Audiology Clinic must schedule observations in advance with the clinic office. Arriving late for a scheduled observation may result in your not being allowed to observe that session.
2. Turn off your cell phone, use appropriate professional behavior, and maintain confidentiality of all client information.
3. Students are prohibited from looking through client files, unless they have been directed by a faculty member, to locate specific information in order to complete a required classroom assignment.
4. Completely fill out the observation hours log sheet (blank copies are available in the Media Center) each time you observe a clinic session, and obtain the supervisor’s signature and ASHA # once the session is completed. Supervisor signatures must be obtained at the time that the student completes his/her observation.
5. Speak quietly in the clinic area. The clinic rooms are not sound proof. Also, remember parents and other family members are often in the clinic area.
6. Use the headphones if they are available otherwise try to bring earbuds or headphones of your own.

7. Clinic schedules may be obtained from the clinic office. Students observing in Audiology must attend the entire session and must arrive prior to the beginning of the session.

8. Ask the clinical supervisor to initial your Observation Hours immediately after the session is complete. Do not come back later or the next day, as supervisors will not sign off on your hours for a previous day/session.

Students may obtain up to 10 of the 25 required observation hours at off-campus sites (i.e. schools, hospitals, etc.). Off-campus sites may have additional rules and procedures. It is the observer’s responsibility to know each site’s guidelines for observers. Observers must verbally confirm that the SLP they are observing have current a current SLP license as well as CCC’s. Observers must have the SLP they observed sign off their hours after each observation is complete.
Appendix 2

CALIFORNIA STATE UNIVERSITY, FRESNO
Speech, Language and Hearing Clinic and CSDS Research Clinics
5310 N. Campus Drive M/S PH80
Fresno, CA 93740-8019
(559) 278-2422

OBSERVATION HOURS LOG - Speech Pathology and Audiology

<table>
<thead>
<tr>
<th>Date</th>
<th>SP</th>
<th>AUD</th>
<th>Code</th>
<th>Age</th>
<th>Observation Site</th>
<th>Supervisor’s Signature</th>
<th>Supervisor ASHA #</th>
<th># Min.</th>
</tr>
</thead>
</table>

**SUMMARY INFORMATION:**

_____ Total Hours
_____ Total Number of Different Observation Sites
_____ Total Number of Different Supervisors

**ACTIVITY CODE:** Check either (SP) for Speech Pathology or (A) for Audiology for each Observation. Identify the specific type of Observation using one of the following:

**SPEECH PATHOLOGY**
- (A) Articulation
- (L) Language
- (AP) Aphasia
- (V) Voice
- (F) Fluency
- (D) Diagnostic
- (S) Screening

**AUDIOLOGY**
- (HA) Hearing Aid
- (AR) Aural Rehabilitation
- (ENG) Electronystagmography
- (BSER) Brainstem Evoked Response
- (CAT) Central Auditory Testing
- (SL) Site of Lesion Testing
- (S) Screening
- (O) Otolaryngological
- (IV) Initial Evaluation
Appendix 3

MATERIALS AND EQUIPMENT CHECK-OUT PROCEDURES

The following are procedures for all items being checked out, including: tests, clinic equipment, audiometers and other items.

1. Get the items you wish to use or check out.

2. Materials may be checked-out for the day or overnight as follows:
   a. FOR THE DAY: Monday through Friday, from 8:00 a.m. to 4:00 p.m. All materials checked out must be returned the same day.
   b. WEEKENDS: Materials may be checked out for the weekend from 3:00 p.m. to 4:00 p.m., on Fridays only. The materials are due the following Monday morning between 8:00 a.m. and 8:15 a.m.
   c. For some items (video equipment, computer software, etc.) it may be necessary for you to leave your student body card with the clinic. It will be returned when the items are returned that you have checked-out.

3. When returning an item, first check it in with the clinic office or one of the assistants. Second, replace the items in the proper cabinets. It is your responsibility to make sure that your name is checked off. We will not be responsible for items left lying around. Do not assume that an item will checked off for you if you just leave it. If the item turns up missing, you will be responsible for replacing it since you were the last one to use it. Once again, make sure your name is checked off the list so that you will not be held responsible if the item turns up missing.

4. If you are a clinician in clinic after office hours and you have items checked out, have your supervisor open the office for you and follow the same procedure as described in number 3.

5. If you reserve an item, be sure to indicate when you need it.

6. Notify the clinic office if the equipment you checked out is defective or parts are missing. The clinic office maintains equipment and test materials. If equipment is in need of minor repair, the clinic office may be able to fix it.

7. Before checking an item out, see if it has already been reserved for that time and day.

8. Assessments must be checked out in the binder for use in the clinic and may not be taken overnight for the first 3 weeks of clinic.
Appendix 4

CLIENT CONTACT RECORD

<table>
<thead>
<tr>
<th>Name</th>
<th>File #</th>
<th>Problem</th>
<th>Referral</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jane Doe</td>
<td>0000000</td>
<td>Apraxia</td>
<td>School therapist</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Birthdate</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Billing</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Parent’s/Caregiver’s Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Husband’s/Wife’s Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Diagnosis</th>
<th>Supervisor</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

9-10-96  T/C to confirm clinic schedule  JC

9-14-96  Reviewed tx objectives with client  JC

10-14-96  Client absent  JC

10-16-96  Reviewed progress with parent  JC

12-5-96  Reviewed progress & final report with client  JC
Appendix 5

CASE HISTORY - First page

California State University, Fresno Speech, Language, Hearing, and Research Clinics
5310 North Campus Drive M/S PH 80
Fresno, California 93740-8019
(559) 278-2422 □ Fax (559) 278-5187

ADULT CASE HISTORY
PLEASE PRINT IN INK OR TYPE ALL INFORMATION

General Information

Today’s Date: _____

Please Check One □ Hearing Evaluation □ Diagnostic □ Individual Speech Therapy □ PEERS Clinic □ Bilingual Clinic

**I am Medicare Part B Eligible □ YES □ NO

Name: Date of Birth: _________ Gender: ___

Address: ____________________________________________ Email: ________________

City: ___________________________________________________ Zip: ________________

Occupation: ____________________________________________ Cell Phone: _________

Employer: ____________________________________________ Home Phone: _________

Please Check One: Single Widowed Divorced Married

Spouse’s Name: ___________________________ Spouse’s Occupation: ___________________________

Names, ages, and gender of children: _____________________________________________________________

Referred By: ___________________________ Phone: ________________

Address: __________________________________________________________

Have you been tested and/or evaluated at this clinic before?

If yes, how long ago was your last visit?

______________________________________________________________

Office Use Only:

Date Received:

______________________________________________________________

Dates Contacted:

______________________________________________________________
CALIFORNIA STATE UNIVERSITY, FRESNO  
Speech, Language, Hearing, and Research Clinics  
5310 N. Campus Drive M/S PH80  
Fresno, CA 93740-8019  
(559) 278-2422  

Release of Information to Speech and Hearing Clinic  

To: _______________________________ Date: ________________  

________________________________  

________________________________  

________________________________  

Re: _______________________________ Birthdate: _____________  

________________________________  

________________________________  

________________________________  

You have permission to provide the California State University, Fresno, Speech and Hearing Clinic with copies of all records pertaining to medical history, and diagnostic services rendered or treatment given to the above named person. Released information regarding the above named person is for the purpose of determining the most appropriate treatment or services for him or her.  

Parent/Guardian/Self (18 or older) Date
Appendix 7

OBSERVATION CONSENT

CALIFORNIA STATE UNIVERSITY, FRESNO
Speech, Language, Hearing, and Research Clinics
5310 N. Campus Drive M/S PH80
Fresno, CA 93740-8019
(559) 278-2422

Observation Consent

Consent is hereby given to faculty, students and other persons approved by the clinical supervisor at the Speech and Hearing Clinic at California State University, Fresno to observe __________________________ in the clinic or in off campus settings.

The purpose of these observations is to train University Communicative Disorders students (both diagnostic and treatment sessions may be observed). Students from other departments studying children and adults with language, hearing, and speech disorders may also watch and listen if the supervisor gives permission.

______________________________   ______________________________
Parent/Guardian/Self (18 or older)   Date
Appendix 8

RELEASE OF DIAGNOSTIC INFORMATION

CALIFORNIA STATE UNIVERSITY, FRESNO
Speech, Language, Hearing and Research Clinics

5310 N. Campus Drive M/S PH80
Fresno, CA 93740-8019
(559) 278-2422

Release of Diagnostic Information

To: __________________________  Date: ____________
________________________________

_________________________

Re: _________________________  Birthdate: _________
________________________________

The undersigned gives the Language, Speech and Hearing Clinic at California State
University, Fresno, permission to release clinical information concerning the
above named person
to the appropriate medical and educational agencies involved in his or her
care and education.

________________________________
Parent/Guardian/Self (18 or older)  Date
# Appendix 9

## CLIENT DATA SHEET

**Client Data Sheet**  
**SPEECH/HEARING**

<table>
<thead>
<tr>
<th>Client</th>
<th>Ms. Client</th>
<th>Birthdate</th>
<th>Tests Administered</th>
<th>Test Results</th>
<th>Clinicians Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>10-10-90</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Hearing Screening</td>
<td>Passed</td>
<td>JC</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>PAT</td>
<td>See report</td>
<td>JC</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>PPVT-M</td>
<td>See Report</td>
<td>JC</td>
</tr>
</tbody>
</table>
Appendix 10

CONSENT TO PHOTOGRAPH

Consent and Release for Photographs or Video Tape

Consent is hereby given to the Department of Communicative Sciences and Deaf Studies, California State University, Fresno, with the approval of ________________________ to take photographs, or videotapes of ________________________. These pictures will be used to train university students and demonstrate department activities to the general public.

I understand that I will be able to view the photographs or video tapes if I so request.

Date: __________   __________________________
       Parent/Guardian/Self (18 or older)
Appendix 11

Release of Liability

Activity: Participation in evaluation and/or treatment in the California State University Speech and Hearing Clinic

Activity Date(s) and Time(s): Spring 20?? (February 1st -May 5th 20??)

Activity Location(s): PHS 101, 220, 222, 225, 248

In consideration for being allowed to participate in this Activity, on behalf of myself and my next of kin, heirs and representatives, I release from all liability and promise not to sue the State of California; the Trustees of The California State University; California State University, Fresno; The California State University Association, Inc.; California State University, Fresno Foundation, Inc.; California State University Athletic Corporation; and all of said entities’ employees, officers, directors, volunteers and agents (collectively “University) from any and all claims, including claims of the University’s negligence, resulting in any physical or psychological injury (including paralysis and death), illness, damages, or economic or emotional loss I may suffer because of my participation in this Activity, including travel to, from and during the Activity.

I am voluntarily participating in the Activity. I am aware of the risks associated with traveling to/from and participating in this Activity, which include but are not limited to physical or psychological injury, pain suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death. I understand that these injuries or outcomes may arise from my own or other’s actions, inaction, or negligence; conditions related to travel; or the condition of the Activity location(s). Nonetheless, I assume all related risks, both known or unknown to me, of my participation in this Activity, including travel to, from and during the Activity.

I agree to hold the University harmless from any and all claims, including attorney’s fees or damage to my personal property, that may occur as a result of my participation in this Activity, including travel to, from and during the Activity. If the University incurs any of these types of expenses, I agree to reimburse the University. If I need medical treatment, I agree to be financially responsible for any cost incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.
I am 18 years or older. **I understand the legal consequences of signing this document, including**

(a) releasing the University from all liability, (b) promising not to sue the University, (c) and assuming all risks of participating in this Activity, including travel to, from and during the Activity.

I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

I have read this document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Participant Signature: ________________________________

Participant Name (print): ________________________________ Date: ________________________________
Appendix 12

DIAGNOSTIC REPORT-first page sample

CALIFORNIA STATE UNIVERSITY, FRESNO
SPEECH, LANGUAGE, HEARING CLINIC, AND RESEARCH CLINICS
5310 North Campus Drive M/S PH 80
Fresno, California 93740-8019

ASSESSMENT REPORT AND TREATMENT PLAN

CLIENT: ........................................ DATE OF BIRTH: ........................................
ADDRESS: ..................................... CLINIC FILE NUMBER: .....................................
CITY/STATE/ZIP: ................................ DIAGNOSIS: ........................................
PHONE NUMBER: ................................ CLINICIAN: ........................................
DATE OF REPORT: ................................ SUPERVISOR: ........................................

BACKGROUND AND PRESENTING COMPLAINT

Sid Speechie, a 6-year-old male, was seen at the California State University, Fresno (CSUF) Speech, Language, and Hearing Clinic on Month 1,2,&3 for full speech and language evaluation. Sally Speechie, Sid’s mother, served as the primary informant. The primary concern regarding Sid is communication. Sid is currently receiving speech and language services per his IEP at Main Street Elementary School in Happy Day School District for 30 minutes weekly. The focus of therapy is communication. This will be Sid’s first semester at the CSUF Speech, Language, and Hearing Clinic.

HISTORY

INCLUDE ALL OF THE FOLLOWING INFORMATION UNDER THE APPROPRIATE HEADING:

- FAMILY INFORMATION
- MEDICAL HISTORY
- DESCRIPTION OF THE PROBLEM
- SPEECH AND LANGUAGE DEVELOPMENT
- PREGNANCY AND BIRTH HISTORY
- HISTORY OF SERVICES RECEIVED
- GENERAL DEVELOPMENT
- IMPACT ON CHILD/FAMILY
- IMPACT ON ACADEMIC PERFORMANCE

Pregnancy, Birth, and Developmental History
Appendix 13

TREATMENT PLAN-first page sample

CALIFORNIA STATE UNIVERSITY, FRESNO
SPEECH, LANGUAGE, HEARING, and RESEARCH CLINICS
5310 North Campus Drive M/A PH80
Fresno, CA  93740-8019

TREATMENT PLAN

CLIENT:  BIRTHDATE:
ADDRESS:  CLINIC FILE #:
CITY:  DIAGNOSIS:
TELEPHONE:  REFERRED BY:
SUPERVISOR:  CLINICIAN:

(NOTE: Use block style throughout the report, with all lines of text flush to the left margin, using a space between paragraphs. The right margin should NOT be justified. Use the past tense in the section entitled BACKGROUND INFORMATION and the future tense throughout the rest of the report. Make sure the last page of the report includes some text AND the signature lines, which should never be all by themselves on the last page.)

BACKGROUND INFORMATION

Johnny Smith, a 6:3-year-old male, was seen for a speech and language evaluation on July 4, 1998, at the California State University, Fresno Speech and Hearing Clinic. Johnny was accompanied to the clinic by ________________, who served as the informant. He was referred to the clinic by ________________, who was concerned about ________________. The results of the assessment indicated ________________(briefly restate the diagnosis)__________ Treatment for ________________(What? Articulation? Fluency? Expressive language?)__________ was recommended. Prognosis for ________________(What? Intelligibility of speech? Improved fluency? Improved expressive language?)__________ was judged to be ________________ based upon ________________.

LONG TERM GOALS AND PROCEDURES

Long-term goal #1: A very general description of the long-term goal, such as, “Increase expressive language” or “Increase receptive language”

Objective #1: A very specific statement containing the five elements of a good target behavior:

1) The behavior (operantly described - MUST be observable and measurable and very specific)

Page | 38
Appendix 14

WRITTEN TREATMENT OBJECTIVES

You may find information about writing treatment objectives in A Coursebook on Scientific and Professional Writing in Speech-Language Pathology – 3rd Edition (Hegde, 2003) and in Clinical Methods and Practicum in Speech-Language Pathology – 4th Edition (Hegde & Davis, 2005). Remember that objectives must be measurable and must relate to information noted in your diagnostic report or your re-assessment report.

Following are a few sample objectives:

- (Client’s name) will correctly produce / / at the conversational speech level in response to the clinician’s questions and pictured stimuli with 90% accuracy across two consecutive sessions in the clinic setting.

- (Client’s name) will correctly produce / / in the final position of words at the phrase level in response to pictured stimuli and the clinician’s verbal prompt (e.g. sentence completion) with 90% accuracy across two consecutive sessions in the clinic setting.

- (Client’s name) will correctly identify an item’s semantic category out of a field of 5 categories (e.g. food, clothing, tools, animals, and electronics) while speaking in a complete sentence, in response to a black and white stimulus card presented by the clinician with 90% accuracy, over 3 sessions in the clinic setting. (Client’s name) will produce less than 20 dysfluencies in a 10 minute interval during the session in response to topics generated by the client and clinician at the conversational level across 3 treatment sessions in the clinic setting.
TREATMENT SUMMARY

CLIENT: Sid Speechie
DATE OF BIRTH: (fill in)
ADDRESS: (fill in)
DIAGNOSIS: Moderate articulation disorder
CITY/STATE/ZIP: (fill in)
LENGTH OF SESSIONS: (fill in)
PHONE NUMBER: (fill in)
Clock hours of individual therapy:
DATE OF REPORT: (fill in)
Number of clinic sessions:
SUPERVISOR: (fill in)
Total clock hrs. of therapy:
Period covered: (Month 1, 2, & 3)
Sessions per week:
Clock hrs. of group therapy:
Number of clinic sessions:

BACKGROUND AND PRESENTING COMPLAINT

Sid Speechie, a 6-year-old male, was seen at the California State University, Fresno (CSUF) Speech, Language, and Hearing Clinic on Month 1, 2, & 3 for full speech and language evaluation. Sally Speechie, Sid’s mother, served as the primary informant. The primary concern regarding Sid is communication. Sid is currently receiving speech and language services per his IEP at Main Street Elementary School in Happy Day School District for 30 minutes weekly. The focus of therapy is communication. This will be Sid’s first semester at the CSUF Speech, Language, and Hearing Clinic.

DIAGNOSTIC SUMMARY

The results of Sid’s assessment indicated a moderate articulation disorder characterized by /s/ for /z/ substitution and an increased speech rate, as well as, a moderate receptive language disorder characterized by difficulties understanding logical relationships between words, reading comprehension, and categorizing words into classes. Voice and fluency appeared to be within normal limits. Based on motivation and familial support, the prognosis for improved speech skills is judged to be fair with treatment.
Appendix 16

AUDIOLOGY REPORT- sample

CALIFORNIA STATE UNIVERSITY, FRESNO
Speech, Language and Hearing Clinic
5310 N. Campus Drive M/S PH80
Fresno, CA 93740-8019
(559) 278-2422

AUDIOLOGICAL EVALUATION

NAME: ____________________________ BIRTHDATE: ____________________________
ADDRESS: ________________________ FILE NUMBER: ____________________________
CITY: _________________________ DATE: ____________________________
TELEPHONE: ________________________ CLINICIAN: ____________________________
SUPERVISOR: ____________________________

BACKGROUND INFORMATION

AUDIOLOGICAL EVALUATION RESULTS

SUMMARY AND RECOMMENDATIONS

Submitted by: ____________________________
Student’s name
Student clinician

Approved by: ____________________________
Supervisor’s name
Audiologist
Clinical Supervisor

Talk to your supervisor for additional information.
Appendix 17

CALIPSO INSTRUCTIONS

Step 1: Register as a Student User on CALIPSO

- Before registering, have available the PIN provided by your Clinical Coordinator via e-mail.
- Go to https://www.calipsoclient.com/fresnostate
- Click on the “Student” registration link located below the login button.
- Complete the requested information, being sure to enter your “school” e-mail address, and record your password in a secure location. Click “Register Account.”
- Please note: PIN numbers are valid for 40 days. Contact your Clinical Coordinator for a new PIN if 40 days has lapsed since receiving the registration e-mail.

Step 2: Login to CALIPSO

- To login, go to https://www.calipsoclient.com/fresnostate and login to CALIPSO using your school e-mail and password that you created for yourself during the registration process.
- Upon logging in for the first time, you will be prompted to pay the student fee and to provide consent for the release of information to clinical practicum sites. DO NOT PAY THE FEE! All fees are covered by our department!!

Step 3: Enter Contact Information

- Click on “Student Information”
- Click on “Contact Info” and then “Edit” for each corresponding address.
- Enter your local, permanent, and emergency contact info. Enter “rotation” contact info when on externships. Return to this link to update as necessary.
- Click “Home” located within the blue stripe to return to the home page.
**Step 4: View Immunization and Compliance Records**

- Before each semester, click on “Student Information” and then “Compliance/Immunizations” to view a record of compliance and immunization records.
- Missing or expired records are highlighted in red.
- To create a document to save and/or print, click “PDF” located within the blue stripe.
- Documentation of immunizations and verifications can be uploaded by clicking “Files” located within the blue stripe and then clicking “Upload file.”
- Click “Home” located within the blue stripe to return to the home page.

**Step 5: View Site Information Forms**

- The “Site Information Forms” link located on the lobby page displays pertinent information on the sites/facilities that your school affiliates with for clinical placements.
- To view available information, identify the desired site and click “View” located in the fifth column under submitted.
- Please note: “In progress” forms are not accessible to students; only “submitted” forms are accessible to students.

**Step 6: View/Upload Clinical Placement Files**

- The file management feature allows you to upload any type of file (e.g. Word, PDF, JPEG, audio/video) to share with your clinical supervisor or clinical administrator.
- From the Lobby, click on “Student Information” and then “Clinical Placement” to upload your own file and/or view a file uploaded by your supervisor or clinical administrator.
- **First, select a folder by clicking on the folder name or create a new folder or subfolder.** To create a new folder or subfolder, type in desired folder name in the "Add folder" field and press "create."
- **Upload a file** by pressing the “Browse” button, selecting a file, completing the requested fields, and clicking “upload.” The upload fields will display if you have selected an unrestricted folder. **Set the file permission** by choosing “public” for supervisor and clinical administrator access or “private” for clinical administrator access only.
- **Move files** by dragging and dropping from one folder to another.
- **Rename folders** by clicking the "rename" link to the right of the folder name.
• **Delete files** by clicking the “delete” button next to the file name. **Delete folders** by deleting all files from the folder. Once all the files within the folder have been deleted, a “delete” link will appear to the right of the folder name.

---

**Step 7a: Enter Daily Clock Hours**

- Click on the “Clockhours” link located on the lobby page or the “Student Information” link then “Clockhours.”
- Click on the “Daily clockhours” link located within the blue stripe.
- Click on the “Add new daily clockhour” link.
- Complete the requested information and click “save.”
- Record clock hours and click “save” located at the bottom of the screen. You will receive a “Clockhour saved” message.

**To add clock hours for a *different* supervisor, clinical setting, or semester:**

- Repeat above steps to enter additional clock hours gained under a different supervisor, clinical setting, or semester.

**To add additional clock hours to the *same* record:**

- Click on the “Daily clockhours” link located within the blue stripe.
- Select the record you wish to view (posted by supervisor, semester, course, and setting) from the drop-down menu and click “Show.”
- Click the “Copy” button located next to the date of a previous entry.
- Record the new clock hours (changing the date if necessary) and click “save” located at the bottom of the screen. You will receive a “Clockhour saved” message.

- **To view/edit** daily clock hours, click on the “Daily clockhours” link located within the blue stripe.
- Select the record you wish to view (posted by supervisor, semester, course, and setting) from the drop-down menu and click “Show.”
- Select the desired entry by clicking on the link displaying the entry date located along the top of the chart. Make desired changes and click save.
- Please note: Supervisors are not notified and are not required to approve daily clock hour submissions.
Step 7b: Submit Clock Hours for Supervisor Approval

- Click on the “Daily clockhours” link located within the blue stripe.
- Select the record you wish to view (posted by supervisor, semester, and course) from the drop-down menu and click “Show.”
- Check the box (located beside the entry date) for all dates you wish to submit for approval then click “Submit selected clockhours for supervisor approval.” Clock hours logged for the dates selected will be consolidated into one record for supervisor approval. The designated supervisor will receive an automatically generated e-mail requesting approval of the clock hour record.
- Please note: Daily entries cannot be edited once approved. However, if you delete the entry from the “Clockhour list” link prior to approval, daily hours may be resubmitted.

Step 8: View Clinical Performance Evaluations

- Click on “Student Information” and then “Evaluations.”
- As clinical performance evaluations are completed on you by your supervisors, the evaluations will automatically post to this link.
- View a desired evaluation by clicking on the “current evaluation” link highlighted in blue.

Step 9: View Cumulative Evaluation

- Click on “Student Information” and then “Cumulative evaluation” to view a summary of your clinical competency across the 9 disorder areas.
- Upon graduation, you must demonstrate competency for all clinical competencies listed on the form.
- Please make note of any areas of deficiency which are highlighted in orange.

Step 10: View KASA

- Click on “Student Information” and then “KASA” to view your progress in meeting the academic and clinical requirements for graduation. KASA stands for Knowledge and Skills Acquisition, which is a “roadmap” of academic and clinical standards toward certification requirements.
- Upon graduation, all requirements should have been met, represented with a green check mark.
Step 11: View Performance Summary

- Click on “Student Information” and then “Performance summary” to view a summary of your clinical performance across all clinical courses to date.

Step 12: View My Checklist

- Click on “Student Information” and then “My Checklist” to view your progress in meeting the clinical requirements for graduation.
- Upon graduation, all requirements should have been met, represented with a green check mark.

Step 13: Complete Self-Evaluation

- At the completion of each clinical course or as directed by your Clinical Coordinator, complete a self-evaluation.
- From the lobby page, click on the “Self-evaluations” link.
- Click on “New self-evaluation.”
- Complete required fields designated with an asterisk and press “save.”
- Continue completing self-evaluation by scoring all applicable skills across the Big 9 using the provided scoring method and saving frequently to avoid loss of data.
- Once the evaluation is complete, check the “final submission” box and click “save.”
- Receive message stating “evaluation recorded.”
- Please note: you may edit and save the evaluation as often as you wish until the final submission box is checked. Once the final submission box is checked and the evaluation saved, the status will change from “in progress” to “final”.
- To view the evaluation, click “Evaluations list” located within the blue stripe.

Step 14: Complete Supervisor Feedback Form

- At the completion of each clinical course or as directed by your Clinical Coordinator, complete feedback for each clinical supervisor.
- From the lobby page, click “Supervisor feedback forms.”
- Click “New supervisor feedback.”
- Complete form and click “Submit feedback.”
• Your completed feedback form will be posted for Clinical Coordinator approval. Once approved, feedback will be posted for the clinical supervisor to view. Until approved, the feedback may be edited by clicking on “View/edit.”

Step 15: Complete Evaluation of Off Campus Placement

• At the completion of each clinical course or as directed by your Clinical Coordinator, complete feedback for each off-campus placement.
• From the lobby page, click “Student Evaluation of Off Campus Placement.”
• Click “New off campus placement evaluation.”
• Complete form and click “Save.”
Appendix 18

CHECK-OUT CHECK-LIST FOR CSDS 230

Before you check out, review the folder of every client seen during the semester for the following items:

- All pertinent information (e.g., beginning of therapy, end of therapy, phone calls to other professionals, etc.) is noted on the Client Contact Record (CCR).
- Any new phone number, address, etc., is noted on the CCR.
- Final semester recommendations are noted on the CCR, (e.g., Continue Treatment, Dismiss-Objectives met, Dismiss-client moved, etc.)
- All test protocol forms are signed, dated and secured in file brackets.
- All tests administered are noted and initialed on the Client Data Sheet.
- Treatment plans are signed (clinician, supervisor, and client) and dated.
- SOAP notes completed for EACH session.
- SOAP notes are stapled together and placed in the wire basket in the clinic office.
- Original reports (assessment, treatment, progress) must be signed and secured in the clients’ file.
- Does the client file need to be replaced or repaired? If so, see clinic office staff for a new folder before you checkout.
- All of your clients’ folders (file in the cabinet)
- Your Final Student Performance Evaluation is finalized by your supervisor on CALIPSO.
- Your Daily Clockhours are submitted and approved by your supervisor on CALIPSO.
- Completed Supervisor Evaluation on CALIPSO.
- Email the clinic director the Client Information and Client Progress Forms (located on the Clinical Placement page under the End of Semester Forms and Check-Out file on CALIPSO).
CHECK-OUT CHECK-LIST FOR CSDS 250

Before you check-out, review the folder of every client seen during the semester for the following items:

_____ All pertinent communication (e.g., phone calls, referrals, etc.) are recorded on the Client Contact Record.

_____ Appointment is recorded on the Client Data Sheet.

_____ Any new phone number, address, etc. is noted on the CCR.

_____ Final recommendations are noted on the CCR.

_____ All test recording forms are signed and dated.

_____ All tests administered are noted and initialed on the Client Data Sheet.

    **Original** report is signed (clinician and supervisor), dated and secured in the clients file.

_____ All of your clients’ folders (file in the cabinet)

_____ Your Final Student Performance Evaluation is finalized by your supervisor on CALIPSO.

______ Your Daily Clockhours are submitted and approved by your supervisor on CALIPSO

_______ Completed Supervisor Evaluation on CALIPSO.
CHECK-OUT CHECK-LIST FOR CSDS 257/267

The following items must be completed or you will receive a grade of “incomplete” and will not receive credit for your clinical practicum hours:

_____ Your Final Student Performance Evaluation is finalized by your supervisor on CALIPSO.

_____ Your Daily Clockhours are submitted and approved by your supervisor on CALIPSO

_______ Completed Supervisor Evaluation on CALIPSO.

_______ Completed Site Evaluation on CALIPSO
Policies and Procedures Manual

Fresno State University
Speech-Language-Hearing &
Communicative Sciences and Deaf Studies
(CSDS) Research Clinics
INTRODUCTION

GOALS
The goals of the Fresno State Speech-Language-Hearing & CSDS Research Clinics are:

- To provide high quality services for children and adults with disorders of speech, language, or hearing.
- To provide training, education, and research opportunities for students in the Department of Communicative Sciences and Deaf Studies.
- To serve as a community resource and advocate for individuals of all ages with communicative disorders.

ETHICAL STANDARDS
All individuals providing services in the Fresno State Speech-Language-Hearing & Communicative Sciences and Deaf Studies (CSDS) Research Clinics, or at affiliated off-campus clinical sites, are expected to abide by the highest ethical standards. All student clinicians and clinical supervisors are expected to adhere to the American Speech-Language-Hearing Association’s (ASHA) Code of Ethics. A copy of the current Code of Ethics may be obtained from the clinic office or located in the end of this manual.

NONDISCRIMINATION POLICY
The Fresno State Speech-Language-Hearing & Communicative Sciences and Deaf Studies (CSDS) Research Clinics, including the faculty, staff, and student clinicians, adheres to a policy of nondiscrimination. The Clinic does not discriminate against clients, student clinicians, or staff on the basis of race, religion, national origin, gender, age, sexual orientation, marital status, or disability.
Overall Grading Policy for CSDS 230, 250, 257 & 267

Student clinicians receive a grade of credit or no-credit as a result of their performance in their practicum assignment(s). The clinical supervisor and university supervisor jointly confer with the student clinician as needed. A mid-term and final evaluation are completed and presented to the student clinician by the on-site supervisor. Requirements include:

- **1st semester grads; CSDS 230-First Experience:**
  - MUST earn a 3.0 average out of 5.0 by final
  - MUST earn a 2.0 or HIGHER on every item assessed by final
  - May not receive a “FAIL” in any of the Professional Practice, Interaction, and Personal Qualities section of the assessment

- **2nd - 3rd semester grads; CSDS 230-Second and Third Experiences:**
  - MUST earn a 3.5 average out of 5.0 by final
  - MUST earn a 3.0 or HIGHER on every item assessed by final
  - May not receive a “FAIL” in any of the Professional Practice, Interaction, and Personal Qualities section of the assessment

- **CSDS 257- Student Teaching or CSDS 267 Externship:**
  - MUST earn a 4.0 average out of 5.0 by final
  - MUST earn a 3.0 or HIGHER on every item assessed by final
  - May not receive a “FAIL” in any of the Professional Practice, Interaction, and Personal Qualities section of the assessment

When students are not successfully completing all practicum requirements, the steps listed below in the Clinical Remediation Plan (CRP) will be followed and completed within a three (3) week period:
Clinical Remediation Plan (CRP) INSTRUCTIONS

<table>
<thead>
<tr>
<th>FRESNO STATE SPEECH-LANGUAGE-HEARING AND RESEARCH CLINICS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department of Communicative Sciences and Deaf Studies</td>
</tr>
</tbody>
</table>

**CLINICAL REMEDIATION PLAN (CRP) POLICY & PROCEDURE**

**I. Purpose of the Clinical Remediation Plan (CRP)**

The purpose of a **Clinical Remediation Plan (CRP)** is to identify clinical concerns beyond the typical development of skills, offer concrete feedback and recommendations, and set clearly defined goals for student success.

**II. Concern beyond typical development of clinical skills arises**

1. Email the student and **CC the clinic director** with the following information:
   a. Indicate the exact clinical concern and the situation that brought the issue to light.
   b. Offer specific feedback and suggestions for improvement.

**III. Concern persists despite informal written feedback**

1. Contact the clinic director to develop and initiate a **Clinical Remediation Plan (CRP)**
   a. The clinical supervisor completes the Performance Evaluation Form-midterm on CALIPSO detailing the specific areas of concern.
   b. The clinic director creates the actual **CRP** and sends it back to the clinical supervisor for the development and addition of goals specific to the areas of concern.
   c. The clinic director will observe a clinical session.
   d. A meeting is scheduled between the student, clinical supervisor and clinic director.
      (a) Discuss each area of concern and present goals that must be achieved to earn a CREDIT for the clinic as outlined on the **CRP**.
      (b) Offer concrete strategy and recommendations for improvement.
(c) Determine a follow-up date that all goals must be met in order for the CRP to be discontinued.
e. Require weekly email updates to the clinic director on progress from the supervisor and student.
2. If the student meets all goals by the determined date, the CRP is formally discontinued.

IV. Concern persists beyond the formal Clinical Remediation Plan (CRP) follow-up date

1. Contact the clinic director to revise and update the Clinical Remediation Plan (CRP).
   a. The supervisor adds updated details of the persistent areas of concern on the CRP.
   b. A meeting is scheduled between the student, clinical supervisor and clinic director to discuss the updated CRP.
      (a) Present the updated CRP and offer concrete strategy, recommendations and expectations in order to earn a CREDIT for the clinic.
      (b) Determine a follow-up date that all goals must be met for the CRP to be discontinued and for the student to earn a CREDIT for the clinic.
2. If the student meets all goals by the determined date, the CRP is formally discontinued.

V. Goals are ultimately not met by the formal Clinical Remediation Plan (CRP) update

1. The clinical supervisor completes the Performance Evaluation Form-final on CALIPSO reflecting all performance and highlighting the reason for the student earning NO CREDIT.
   a. The student does NOT earn a CREDIT for the clinical experience and will be rescheduled for the next semester.
STUDENT CLINICIAN MANUAL

CLINICAL REMEDIATION PLAN (CRP) SUMMARY

, 2019

Student:
On-Site Supervisor:

Site: CSU, Fresno Speech and Hearing Clinic

(Student and on-site supervisor present for conference)

The purpose of this conference was to discuss the student’s progress in his/her clinical practicum during the ______ semester, and to clarify the required clinical practicum performance necessary to receive credit at the end of the semester.

At this time, the student has not demonstrated the necessary level of skills to receive a grade of Credit (CR) for the current clinical practicum as outlined in the course syllabus. The following areas of difficulty must improve in order to receive a grade of Credit (CR) by the end of the semester.

**PERFORMANCE RATING SCALE**

1. **Early Emerging:** Specific direction from supervisor does not alter unsatisfactory performance.

2. **Emerging:** The clinical skill/behavior is beginning to emerge. Efforts to modify may result in varying degrees of success. Maximum amount of direction from supervisor needed to perform effectively.

3. **Present:** Inconsistently demonstrates clinical behavior/skill. Exhibits awareness of the need to monitor and adjust and make changes. Modifications are generally effective. Moderate amount of direction from supervisor needed to perform effectively.

4. **Developing Mastery:** Displays minor technical problems which do not hinder the therapeutic process. Minimum amount of direction from supervisor needed to perform effectively.

5. **Independent:** Adequately and effectively implements the clinical skill/behavior. Demonstrates independent and creative problem solving.
Specific areas of difficulty in clinic have included the following:

**EVALUATION SKILLS**
- CURRENTLY (1)
  - GOAL: by midterm...

**TREATMENT SKILLS**
- Currently a
  - GOAL: By midterm...

**PROFESSIONAL PRACTICE, INTERACTION, AND PERSONAL QUALITIES**
- Currently a
  - GOAL: By midterm...

I have read and understand the above summary.

________________________________________   ______________________________
, B.A., Student       Date

________________________________________   ______________________________
Clinic Supervisor       Date

________________________________________   ______________________________
Sabrina Nii, M.S., CCC-SLP       Date
Clinic Director
CLINICAL INCIDENT REPORT INSTRUCTIONS
If a specific and concerning incident occurs within the clinic with a student not related directly to clinical skills but rather ethical or other, a formal Clinical Incident Report (CIR) will be initiated. See below for the steps of the CIR followed by the form used.

| FRESNO STATE SPEECH-LANGUAGE-HEARING AND RESEARCH CLINICS |
| Department of Communicative Sciences and Deaf Studies |

**CLINICAL INCIDENT REPORT POLICY & PROCEDURE**

**II. Purpose of the Clinical Incident Report (CIR)**

The purpose of a Clinical Incident Report (CIR) is to thoroughly document a specific clinical incident or concern, identify the standards impacted, offer concrete feedback, and set a clearly defined intervention.

**II. A specific clinical incident or concern arises**

1. Email the student and CC the clinic director with the following information:
   
   a. Indicate the exact incident or concern and the situation that brought the issue to light.
   b. Inform the student that a Clinical Incident Report (CIR) will be developed.

**III. Development of the Clinical Incident Report (CIR)**
1. Contact the clinic director to help develop and initiate a **Clinical Incident Report (CIR)**.
   a. The clinical supervisor completes the *Incident/Concerns and Intervention portions* of the **Clinical Incident Report (CIR)** and sends the document back to the clinic director.
   b. The clinic director adds the specific *Standards Impacted*.
   c. The clinical supervisor and clinic director schedule a meeting with the student to discuss the incident and present the **Clinical Incident Report (CIR)**.
      (a) Discuss the specific incident that occurred and the standards impacted.
      (b) Offer concrete intervention to remediate the situation.
      (c) Determine a follow-up date that the intervention must completed and the issue must be resolved in order for the **CIR** to be discontinued.
   f. Require weekly email updates to the clinic director on progress from the supervisor and student.

IV. **Clinical incident or concern persists beyond the specified Clinical Incident Report (CIR) follow-up date**

1. Contact the clinic director and report the persistent issues despite a clearly defined intervention on the **CIR**.
   a. The clinical supervisor and the clinic director schedule a meeting with the student to discuss the persistent issues and the consequences of not following the **CIR**.
   b. The clinical supervisor completes the Performance Evaluation-final on CALIPSO
## CLINICAL INCIDENT REPORT (CIR)

<table>
<thead>
<tr>
<th>Incident/Concerns</th>
<th>Specific Standards Impacted</th>
<th>Intervention</th>
</tr>
</thead>
</table>

I have read and understand the above summary.

_______________________________  __________
Student Clinician                     Date

_______________________________  __________
Clinical Supervisor                   Date

_______________________________  __________
Clinic Director                      Date
GRADE DISPUTE INSTRUCTIONS

If the student clinician believes the NC grade has been assigned unfairly, information may be obtained pertaining to the University’s policy and procedure for protesting a final grade in the Office of Advising Services, Joyal Administration, Room 121.

If a student receives a grade for a clinic practicum he or she believes was assigned incorrectly, unfairly, prejudicially, or capriciously, the following steps should be taken:

1. The student should speak with the supervisor who assigned the grade by no later than the end of the third week of the next semester. It may simply be that an error has occurred, which can be easily corrected with a grade correction form signed by the instructor and submitted to the records office.
2. If the student is not satisfied with the supervisor's explanation, he or she may discuss the issue with the clinic director which may arrange a conference with the student and supervisor in order to develop a resolution.
3. If the student is not satisfied with the clinic director’s intervention, the student may appeal the grade and speak to the department chair about it immediately. The department chair will discuss the allegation with the supervisor and give the student a response within ten working days.
4. If the student is still not satisfied with the department chair's response, the student may submit a written statement protesting the grade to the chair of the Student Academic Petitions Committee (SAPC) within five working days.
5. The student should contact the Office of Advising Services, Joyal Administration Building, Room 224, at 278-1787, and ask to make an appointment with the counselor in charge of grade protests. The counselor will provide the student with the necessary paperwork to be submitted to the Student Academic Petitions Committee and will help guide the student through the grade protest process.
6. The chair of the SAPC will send the student's statement to the supervisor who is required to respond in writing by a specified date. The student's statement and the supervisor's statement will be reviewed by the SAPC committee at its next meeting.
7. Once a decision by the SAPC is reached, the student will be notified of it in writing and will receive a copy of the supervisor's written response.
8. Further information on the University’s Dispute Policy can be found here: [http://fresnostate.edu/academics/facultyaffairs/documents/apm/415.pdf](http://fresnostate.edu/academics/facultyaffairs/documents/apm/415.pdf)
Speech-Language Pathology Complaint Procedure to CAA

A complaint about any accredited speech-language pathology program or program in candidacy status may be submitted by any individual(s). Complaints about programs must meet all of the following criteria:

a. be against an accredited graduate education program or program in candidacy status in audiology or speech-language pathology;
b. relate to the Standards for Accreditation of Entry-Level Graduate Education Programs in Audiology and Speech-Language Pathology, including the relationship of the complaint to the accreditation standards;
c. be clearly described, including the specific nature of the charge and the data to support the charge;
d. be within the timelines specified below:
   • if the complaint is being filed by a graduate or former student, or a former faculty or staff member, the complaint must be filed within one year of separation from the program, even if the conduct occurred more than 4 years prior to the date of filing the complaint;
   • if the complaint is being filed by a current student or faculty member, the complaint must be filed as soon as possible, but no longer than 4 years after the date the conduct occurred;
   • if the complaint is being filed by other complainants, the conduct must have occurred at least in part within 4 years prior to the date the complaint is filed.

Complaints also must meet the following submission requirements:

a. include verification, if the complaint is from a student or faculty/instructional staff member, that the complainant exhausted all pertinent institutional grievance and review mechanisms before submitting a complaint to the CAA;
b. include the complainant’s name, address, and telephone contact information and the complainant’s relationship to the program in order for the Accreditation Office staff to verify the source of the information;
c. be signed and submitted in writing via U.S. mail, overnight courier, or hand delivery—not via e-mail or as a facsimile—to:

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

Speech-language pathology and Audiology services are provided by student clinicians under the direct supervision of a California licensed and ASHA certified professional. Services are provided for children and adults. Speech-language pathology and Audiology services are provided during the fall, spring, and summer sessions.

BASIC SERVICES

Audiology

- Audiological evaluation
- Diagnostic follow-up
- Immittance testing
- Immittance re-check
- Hearing screening
- School hearing screening

Speech-language Pathology

- Speech and/or language evaluation
- Speech and/or language therapy- individual
- Speech and/or language therapy- group

CSDS Research Clinics

- Speech and/or language Evaluation
- Speech and/or language therapy-individual
- Speech and/or language therapy-group
CLINIC FEES

The Fresno State Speech and Hearing Clinic office describes clinic fees to clients when they first contact the clinic regarding services. All client fees are paid at the beginning of the appointment/treatment period unless a payment plan has been approved.

With prior approval from the clinic director, fees may be paid on a weekly or monthly plan. In a few instances, the Clinic Director may waive or reduce a fee when proven financial hardships exist with a client. **Student clinicians are not authorized to discuss changes in clinic fees with clients. Clients requesting fee reductions should be referred to the clinic director.**

The fees are as follows:

- **Individual clinic-** $250 per semester
- **Each additional sibling-** $125 each
- **Active students of CSU, Fresno-** $125
- **Children of active CSU, Fresno students-** $125 each
- **Diagnostics Clinic-** No Charge.
- **Audiological Evaluations-** No Charge
- **Aphasia Clinic-** No Charge
- **All Research Clinics (Parkinson’s, Neurological/Aphasia, Hearing)-** No Charge

Clients who are Medicare Part B eligible and are chosen by faculty to participate in the CSDS Research Clinics will receive all clinic services free of charge, if they agree to participate as stated in the consent form.
CLIENT ADMISSION

Clients are admitted to the clinic based on the following guidelines:

- Availability and qualifications of supervisor.
- Needs for clinical hours and qualifications of student clinicians.
- Continuing enrollment from previous semester(s).
- Date the case history was received.

No individual is denied services because of his or her gender, race, national origin, age, or disability. When an individual contacts the clinic concerning audiology or speech-language pathology services, the clinic staff will do the following:

- Describe clinic services and fees. If requested, the clinic staff will mail a copy of the fees and services to the individual.

- Describe procedures for applying for services. The clinic staff requests that the person complete and return a case history form, and include copies of reports of any related services. The clinic staff also states that an appointment cannot be guaranteed and explains the criteria for admittance.

- Mail a case history form.

- Give names of other professionals or agencies. If the individual is not interested in pursuing services at the clinic or requires services that are not available through the clinic, he or she is given the names of other professionals or agencies in the community.

SPEECH-LANGUAGE PATHOLOGY

When a completed case history is returned, the clinic staff will:

1. Assemble the client file.
2. Number the folder.
3. Deliver client file to the clinic director to determine the best placement for the client based on the information provided in the Case History Form.
4. Add the person’s name to the client list.
5. File the folder in the “waitlist” file.
6. If Medicare Part B eligible, and faculty approve, the client will be presented with a consent form to participate in the research project and placed in the CSDS Research Clinic appropriate for their needs.

If a client/parent requests an assessment, the clinic staff will place the case history in the “diagnostics waitlist” folder. This file is reviewed at the beginning of each semester to arrange appointments.
Making Appointments for Speech Therapy

Speech-language pathology clients are assigned by the clinic director, scheduled by the clinic assistant and confirmed by student clinicians. Student clinicians are responsible for completing the following prior to the first session of clinic:

1. Pick up your client file from the clinic office.
2. Phone the client to confirm appointment times.
3. Instruct the client to come to the clinic office before his or her first appointment to pay the fee and obtain a parking permit. (Arriving about 15 minutes early should be enough time)
4. Note phone communication with the client or caregiver on the Client Contact Record (CCR).
5. Inform the clinic staff, or clinic director that the appointment is confirmed.

After clients are assigned and appointments confirmed, the clinic staff will:

1. Complete and file the billing invoice, if applicable.
2. File the folder alphabetically in the “diagnostics” file or “active speech therapy” file.
3. Add the clients scheduled in the schedule for the appropriate clinic.

If clients cannot attend at the scheduled time, student clinicians are responsible for completing the following:

1. Inform clients that other appointment times cannot be guaranteed. The clients’ “appointment time” will be assigned to other clients on our waiting list and the clinic will attempt to reschedule them.
2. Tell clients that if the clinic is unable to reschedule their appointment, their names will remain on the waiting list and the clinic will try and reschedule, as appointments become available (including the next semester). **Again, students must clearly inform clients that if they turn down the proposed appointment, they may not receive services during the current semester.**
3. Note the communication on the Client Contact Record, including the times when the client is available for an appointment.
4. Immediately inform the clinic staff, or clinic director that the client cannot attend at the proposed time.
AUDIOLOGY

When a completed case history form is returned, the clinic staff will:

1. Schedule clients based on pre-arranged scheduling guidelines. The clinic staff, clinic director, and audiology supervisors review scheduling guidelines prior to beginning clinic each semester.
2. Direct clients to wait in the room PHS 220
3. Assemble the clients’ folders.
4. Number the folders.
5. File the folders in the audiology clinic cabinet

If a competed case history is returned along with a recent audiological examination report (within last 3 months), the clinic staff will discuss with the audiology supervisor what appointments will be necessary before scheduling the client. **Evaluating children under the age of 3 years old must be approved in advanced by the audiology supervisor.**
Clinic Scheduling Policy:

- **Clients participating in the Fresno State Speech and Hearing Clinic MAY NOT be Medicare Part B Eligible.**
  - If you are Medicare Part B eligible, please inform the office staff as you may be eligible to participate in our NO cost CSDS Research Clinic.

- Returning clients have priority for clinic assignments:
  - if a spot is available
  - the client questionnaire is returned by the clinic registration deadline
  - if the clients’ fees are paid in full

- Clients who participate in Diagnostics Clinic will receive priority placement the next semester following current active clients.

- **No clinic assignment is guaranteed.**

- Clients who confirm a clinic placement and withdraw less than two weeks prior to the start of clinic (including AFTER clinic starts), will be moved to the bottom of the clinic waitlist.

- Clients may not request specific clinicians or request a “more advanced” clinician in the program. This is a learning institution and the Clinic Director will match clients with clinicians as appropriate.

Absence/Late Policy:

- **Please initial on the lines below:**
  - Contact the clinic assistant at (559) 278-2422 if you will be absent from clinic. The clinic assistant will notify the student clinician for you.
    - _______ Clients are allowed up to 2 unexcused absences. An unexcused absence qualifies as:
      - no show/no call
      - Vacation
      - Other non-emergency
    - _______ More than 2 unexcused absences will constitute withdrawal of the client from clinic for that semester.
    - _______ Clients are allowed up to 3 excused absences. An excused absence qualifies as:
      - illness
      - family emergency
      - an absence out the client’s control
      - The clinic assistant MUST be notified 2 hours prior to the start of the session to be considered excused.
    - _______ More than 3 excused absences will constitute withdrawal of the client from clinic for that semester.
    - _______ A TOTAL combined excused/unexcused absence shall not exceed 3 absences. Absences combined greater than 3 will constitute a withdrawal from the clinic.
The client may request to be placed back on the waitlist after sitting out for 2 semesters (including summer) following withdrawal for any of the above reasons.

Any client who is late (10 minutes or more) 3 times will be withdrawn from clinic for that semester.

Payment Policy:
- A deposit of $100 must be received with the Registration Packet to hold your requested clinic spot.
  - If the client withdraws from clinic after reserving a spot, the $100 deposit will be forfeited.
  - The client and/or the parent or guardian is responsible to choose a payment plan for the remaining balance and make regular payments the time the client is receiving therapy.
  - They agree to make regularly scheduled payments and will not be invited to participate/return to the clinic if the balance is not paid in full by the last treatment session.
- The speech, language and hearing clinic does not accept insurance.
- The speech and hearing clinic ONLY accepts payments by cash, check, or money order.
- We do not accept debit or credit cards.
- The fees for clinic are as follows:
  - Individual and preschool clinic- $250 per semester
  - Each additional sibling- $125 each
  - Active students of CSU, Fresno- $125
  - Children of active CSU, Fresno students- $125 each
  - Diagnostics Clinic- No Charge
  - Audiological Evaluations- No Charge

Refund Policy:
- Clients are responsible for all accumulated treatment sessions and are only due a refund if:
  - they have paid for services in advance and are dropped from clinic because the client cannot benefit from services
  - your clinician withdraws from the program and a replacement is not available.
- A refund will not be given:
  - if the client/family withdraws themselves
  - the client is withdrawn from the clinic by the clinic director due to absences/excessive tardiness or long absence due to family vacation.
- The full payment will be required in both instances.

Treatment Session/Waiting Room Policy:
- Younger clients and siblings of younger clients are to be supervised by an adult at all times whether they are in the waiting room or the observation area. Please do not leave children unattended.
  - If observers are disruptive during clinic sessions, they will be asked to leave the clinic observation area until the session is finished. All cell phones must be on silence in the clinic observation area.
- Minor aged clients (Ages 2-13) will not be permitted to participate in clinic unless a responsible adult remains in the clinic building for the duration of the session. This policy is in place to ensure the safety of the child.
- Clients with significant health and/or behavioral needs may require the attendance of the clients’ parent/caregiver at all times in order for the client to be able to participate in clinic.
- Due to limited space and equipment, no more than 2 family members are allowed to sit in the observation area at any time.
• The clinic will not be responsible for personal belongings left in the observation and/or clinic observation area.
• Phones/tablets may be allowed in the clinic observation area as long as the device is not a distraction to the clinic supervisor and other clients’ families.
• Please respect both the clinic observation and waiting room areas by keeping them clean and quiet.

Illness Policy:
• Client/Parent/Guardian must notify the clinic office (278-2422) **within two hours of the scheduled clinic session**, if the client is ill.
  o Please keep the client at home whenever he or she is sick.
  o Fevers 100 degrees or higher must be reduced to normal (98.6 degrees) for a minimum of 24 hours before returning to the clinic.
  o If the client is put on an antibiotic, please keep him/her home for at least 48 hours (2 days) before returning to the clinic.
• The illness policy is in place to protect the client, clinician, and any other parties who attend the clinic to prevent the spread of contagious viruses/infections.

Treatment Make-Up Session:
• If clients are absent, the missed session(s) will not be made up.
• If the clinician is absent, the client/parent/guardian *may* be given the choice to make-up the session at the end of the semester if time permits.
• During summer clinic, make up sessions are not offered due to time constraints.

Parking Policy:
• Clients are allowed to park in either the yellow or green parking lots by displaying a parking slip received from one of the on-campus parking dispensers.
  o A **parking code will be provided to you from the speech and hearing clinic after an appointment has been confirmed**.
• If you experience difficulties with the parking dispenser, contact campus police at (559) 278-8400. Please be sure to allot yourself enough time so that you do this and still make it on time to your scheduled appointment.
• You cannot park in one of the parking meters with the parking slip because you will receive a ticket.
• **For clients with physical limitations**, designated parking slots in front of the Social Sciences building are available. **Note**: a special card must be displayed along on your dashboard along with your parking slip or you may also be subject to a ticket.
  o The card can be received at the clinic office and is reserved for clients with physical limitations only.
  o There is a limited amount of tickets available in the office and are handed out in a first come, first serve basis.
• If you do receive a parking ticket, be sure to look on the back of it or contact the police department at (559) 278-8400 for information on how to contest it.
  o The Speech and Hearing Clinic does not petition tickets on behalf of clients.

If you have any questions about any of these polices, please contact the Speech, Language, and Hearing Clinic office at (559) 278-2422.

I have read and understand the above policy and procedure _________________________________

Client Signature                    Date
CLIENT DISMISSAL

Clients will be dismissed if they meet any of the following criteria:

- Service completed.
- Treatment objectives met.
- No longer benefits from treatment.
- Repeated absences. It is suggested that after one unexplained or unexcused absence, clients be counseled regarding the importance of regular attendance. If clients are absent for unexcused reasons after counseling, they should be told that another unexcused absence would result in their being dismissed from clinic. A client dismissed for repeated absences should be given a letter of explanation and a copy of the letter placed in his or her file. All client contacts should be noted on the Client Contact Record (CCR). Supervisors may use their own judgment regarding attendance problems. However, it is important to maintain documentation for future supervisors.
- Client moves to a different geographical location.
- Client chooses to discontinue services at the Speech, Language and Hearing Clinic.

The student clinician will do the following when dismissing a client from treatment:

- Write a discharge report on all clients who received treatment at the clinic.
- Obtain supervisor approval of the report and have the supervisor co-sign the report.
- Original report will be filed in the clients’ folder and one copy of the report given to the client.

The clinic supervisor will do the following:

- Discharge clients according to dismissal policy.
- Counsel clients regarding reason for discharge, as needed.
- Review, approve, and sign all discharge reports.

On-going clients who are not able to attend during the current semester will be placed on the client waiting list and contacted the following semester up to one year and then will be placed in Inactive files.
REFERRAL

Clients will be referred to other agencies if the clinic is unable to provide appropriate services or if the client requests additional or alternate services. The clinic personnel (staff or supervisors) making the referral should do the following:

1. Give the names of at least three providers or agencies. Lists of audiologists and speech-language pathologists are available through the clinic staff.
2. Note the referral on the clinical report.
3. Note the referral on the Client Contact Record.
4. Place a copy of any referral letter in client’s files. (Make sure a signed release of information is in the client’s file before releasing any information).

Clinic personnel shall not accept any type of compensation for referring clients to other agencies for service.

RECORDS

CLIENT RECORDS

The clinic maintains client records for a period of at least 5 years. Client files are located in the clinic office and are divided into three sections: waiting for assessment, waiting for treatment and active files. Inactive files are stored separately.

Each client folder initially contains the following: UPDATE!!!!

- Client Contact Record (CCR). The clinic staff types the client’s name, file number, birthdate, address, phone number, referral source, names of parents/spouse, and types of problem on the CCR. The CCR also provides an area for notes on all client contracts such as telephone calls to client, date of initial appointment, etc.
- Case history.
- Referral source.
- Release of information.
- Signed permission for observation.
- Signed/initialed Clinic Policy
- Client data sheet.
- Any reports, referral letters, or other pertinent information submitted by the client.

Files of clients who have had or are currently receiving service at the clinic also contain the following:
Diagnostic reports.
Reassessment reports, treatment plans, progress reports, treatment summary reports daily progress notes, and lesson plans. At the end of the semester, lesson plans and daily progress notes are removed from clients’ folders and stored separately.
Test record forms, signed and dated.
Copies of any letters sent to other professionals or agencies.
Chronological log of services provided.
Name(s) of the student clinician and supervising speech-language pathologist or audiologist.

Student clinicians and their supervisors are responsible for maintaining complete and orderly files. At the end of each semester, the supervisor reviews each current client’s file with the student clinician.

CONFIDENTIALITY OF CLIENT RECORDS

All client records are confidential. **No information may be released to outside individuals or agencies** without the client’s prior written consent except in certain life or death emergencies, by court order, or in certain child abuse cases. Student clinicians may not release information without written consent or without prior approval of the clinic supervisor. All releases of information should be documented on the Client Contact Record. **Client folders may not be removed from the clinic area.** The clinic area includes the clinic office, media center, audiology suites, and clinic treatment rooms. No information (reports, letters, etc.) is to be removed from client folders except at the direction of the clinic director.

STUDENT CLINICIAN RECORDS

Student clinicians’ folders are housed in the clinic director’s office. These folders contain documentation of student clinicians’ earned clinical clock hours, medical clearance copies, Certificate of Clearance, and any Clinical Remediation Plans or Clinical Incident Reports. **Student clinicians have the right to review all information in their clinic folders.** Refer to the student clinician manual for additional information.

CONFIDENTIALITY OF STUDENT CLINICIAN RECORDS

The information in student clinicians’ folders is confidential. **No information is to be placed in or removed from these folders without permission of the clinic director.**
ASSESSMENTS

GENERAL INFORMATION

Student clinicians evaluate clients under the supervision of licensed and certified audiologist or speech-language pathologist. At least 50% of each evaluation session must be supervised. Student clinicians must discuss evaluation plans in advance with their supervisors.

DIAGNOSTIC AND THERAPY SUPPLIES

Tests available in the clinic are listed in the Assessment Inventory book. A copy of the inventory is located in the Media Center.

CLIENT DATA SHEET

A client data sheet is in each client folder. At the end of an evaluation, the examiner lists tests administered and results on the client data sheet.

ASSESSMENT REPORT

A report must be written following each evaluation. Supervisors will provide students with the specific report format required. Student clinicians give the parent/client/caregiver the approved completed reports (verified by clinic supervisor signature).

Each speech-language pathology evaluation will usually include a hearing screening. The results of the screening should be documented in the report. If a hearing screening was not possible, this should also be documented in the report. Clients failing the hearing screening should be referred for an audiological evaluation, as appropriate.
REPORTS

CLIENT REPORTS

Following is a list of the required written reports:

- **Assessment report.** The assessment report contains results of the initial assessment, conclusions, and recommendation. All clients receiving treatment must have a diagnostic report in their folders.
- **Reassessment Report.** Written for clients who have received previous diagnostic reports through the clinic.
- **Treatment plan.** A treatment plan must be prepared for each client receiving therapy. Supervisors may use different types of treatment plans. Each plan must contain brief assessment information (including diagnosis), type of services recommended, and goal/objectives.
- **Daily progress/SOAP notes.** Client progress must be recorded in the client’s folder at the end of each therapy session.
- **Treatment summary report.** At the end of the semester (or treatment period) a report of progress must be written for each client who received treatment.
- **Discharge report.** A discharge report must be written when treatment is terminated.
- **Audiological reports.** A report will be written following each audiology appointment. Refer to the audiology clinic manual for additional information.

With the exception of daily progress/SOAP notes, all clinic reports must be signed by both the student clinician and the clinic supervisor.
Clinic supervisors are responsible for ensuring quality service delivery in the clinic. Minimally, supervisors must:

- Possess a current Certificate of Clinical Competence in the subject area in which supervision is provided.
- Possess a current California State License in the subject area in which supervision is provided.
- Possess knowledge of and experience in the subject area or areas in which supervision is provided.
- Review and approve in advance all major clinical plans and decisions.
- Co-sign all clinical reports and letters.
- Observe a **minimum** of 25% of each clinical session taking into account the student’s level of knowledge and experience.
- Provide student clinicians with information regarding clinic procedures, requirements, and performance expectations.
- Give student clinicians clinical instruction and model specific procedures and techniques, as necessary.
- Provide ongoing feedback to student clinicians regarding their performance.
- Give student clinicians midterm and final Performance Evaluations, and discuss the evaluations with them.

**The clinic staff will:**

- Maintain a list of current supervisors and the expiration date of their CCC’s and licenses.
- Validate the currency of the supervisors’ CCC’s and licenses regularly.
QUALITY IMPROVEMENT

CLINIC MEETINGS

Clinic procedures, policies, and short and long-term goals are given to each student clinician via hard copy as well as emailed to all clinic supervisors (on and off campus) each semester.

Clinic supervisors hold regular meetings with their student clinicians. These meetings may include suggestions related to clinical performance, discussion of a specific communicative disorder, or other information related to clinic.

The clinic director meets at least once per semester with student clinicians to review clinic procedures, to discuss cases and to present information related to clinic and clients.

CLIENT PROGRESS

Clinic supervisors must ensure that:

- Measurable treatment objectives are written for all clients receiving therapy.
- Progress towards these objectives is measured throughout the semester and documented in the form of progress/SOAP notes.
- Modifications of objectives or procedures are made as needed.
- Treatment objectives and procedures, client progress, and recommendations are evaluated and reported in a written final summary at the end of the semester (or treatment period).

CONSUMER SATISFACTION

Consumer satisfaction is measured at the end of each semester for clients receiving speech-language pathology services. Procedures are as follows:

- The clinic staff distributes the Client Questionnaires to the clients at the end of each semester.
- The student clinicians collect the completed questionnaires or ask the clients to complete the questionnaires and return them to the clinic office. (In person or by mail)
- The clinic staff uploads the results in Google Drive by semester.
- The clinic director reviews and distributes the results of the questionnaires department chairperson.
- The clinic director, supervisors, and department chairperson discuss any areas of concern.
- The clinic director oversees any needed modifications.
SUPERVISOR QUALIFICATIONS AND EVALUATION

The clinic staff does the following:

- Maintains a list of all clinic supervisors, their CCC and license numbers, and the expiration dates of the CCC’s and licenses.
- Verifies each clinic supervisor’s ASHA certification and state license on an annual basis.
- Notifies the clinic director if a supervisor has not maintained CCC or licensure.

Student clinicians evaluate their supervisors at the end of the semester. Procedures are as follows:

- The clinic director instructs the student clinicians to complete the Supervisor Evaluation on CALIPSO, and pulls reports directly from the site, addressing any issues that may be noted.

The Clinic Director does the following:

- Reviews all supervisor evaluations.
- Discusses any area of concern with the department chairperson and the supervisor.
- Makes changes, as needed.
SAFETY PRECAUTIONS

To help ensure their health and safety of their clients, all individuals responsible for providing services at the Fresno State Speech-Language-Hearing & Research Clinics should adhere to the following guidelines:

- In an emergency (e.g., accident, sudden illness, campus fire), dial 911. Stay on the line and given necessary information. The telephone report should include details as to building, location in the building, and nature of the fire. There is a telephone, fire extinguisher, and first aid kit in the audiology lab. The safety of the clinic staff and clients are the first priority.
- Never leave a child unattended in the clinic.
- Do not allow children to stand on tables or chairs.
- Do not let children run in the clinic area.
- Unless used as a part of treatment, avoid giving clients food. Before using food in clinic, check with the client (or client’s guardian) to assure that the client is not allergic to the food or otherwise restricted from eating it.
- If clients in wheelchairs do not lock their brakes when they enter the clinic room, advise them to do so. If clients are unable to independently operate their chairs, clinicians should lock the brakes on their clients’ chairs.
- Do not smoke or allow smoking in the clinic.
- Wash your hand before and after each client. Antiseptic wipes are available in each clinic room.
- Use gloves or finger cots when performing an oral peripheral examination, when there is a possibility of your coming into contact with the client’s saliva or blood, or during other types of invasive procedures.
- Avoid touching your face while wearing gloves.
- Use disposable equipment for examinations or in treatment whenever possible (e.g., tongue depressors, swabs, gauze, etc.).
- Wipe off the clinic table after each use with antiseptic wipes.
RESEARCH

All research involving the CSDS Research Clinic Clients must be in accordance with California State University, Fresno Research Policy. All research involving clients must comply with the provisions of the Policy and Procedures for Research with Human Subjects at California State University, Fresno (October, 2001).

Faculty must notify the clinic director in advance of any client who is Medicare Part B eligible and appropriate for the CSDS Research Clinic. Clients must be notified that they are eligible for a research project and sign the appropriate consent form. A client’s attendance for research sessions (but not necessarily the results of the research itself) must be noted in the client’s folder. Dates of sessions and reasons for attendance should be noted on the Client Contact Record. This documentation is necessary in the event the client later questions his or her participation in those sessions.

STUDENT ACCESS TO FILES AFTER GRADUATION

Former students who require access to their Formative Assessment Files, Academic Files or Clinical Files must contact the Clinic Office staff or the Clinic Director for access during regular business hours.
ASHA CODE OF ETHICS

For the ENTIRE ASHA Code of Ethics, please visit https://www.asha.org/code-of-ethics/
ASHA Code of Ethics

PREAMBLE

The American Speech-Language-Hearing Association (ASHA; hereafter, also known as “The Association”) has been committed to a framework of common principles and standards of practice since ASHA’s inception in 1925. This commitment was formalized in 1952 as the Association’s first Code of Ethics. This Code has been modified and adapted as society and the professions have changed. The Code of Ethics reflects what we value as professionals and establishes expectations for our scientific and clinical practice based on principles of duty, accountability, fairness, and responsibility. The ASHA Code of Ethics is intended to ensure the welfare of the consumer and to protect the reputation and integrity of the professions.

The ASHA Code of Ethics is a framework and focused guide for professionals in support of day-to-day decision making related to professional conduct. The Code is partly obligatory and disciplinary and partly aspirational and descriptive in that it defines the professional’s role. The Code educates professionals in the discipline, as well as students, other professionals, and the public, regarding ethical principles and standards that direct professional conduct.

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

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

By holding ASHA certification or membership, or through application for such, all individuals are automatically subject to the jurisdiction of the Board of Ethics for ethics complaint adjudication. Individuals who provide clinical services and who also desire membership in the Association must hold the CCC.

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

The Code is designed to provide guidance to members, applicants, and certified individuals as they make professional decisions. Because the Code is not intended to address specific situations and is not inclusive of all possible ethical dilemmas, professionals are expected to follow the written provisions and to uphold the spirit and purpose of the Code. Adherence to the Code of Ethics and its enforcement results in respect for the