

**GRADUATE PROGRAM IN  
SPEECH-LANGUAGE PATHOLOGY**

**2018 - 2019**



***GRADUATE***  
**&**  
***CLINIC HANDBOOK***

**DAVIES SCHOOL OF COMMUNICATION  
SCIENCES AND DISORDERS**

**MILLER SPEECH AND HEARING CLINIC**

**TEXAS CHRISTIAN UNIVERSITY**  
*Fort Worth, Texas*

Revised 05/2018

**STUDENT ORIENTATION MANUAL  
GRADUATE PROGRAM IN SPEECH-LANGUAGE PATHOLOGY**

**DAVIES SCHOOL OF COMMUNICATION SCIENCES AND DISORDERS  
TEXAS CHRISTIAN UNIVERSITY**

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## Introductory Comments

Welcome to the graduate program in Speech-Language Pathology at TCU. You have made a great choice – a program which will educate you to be skillfully prepared as an entry level clinician competent to begin their career in a medical or school-based setting and able to evaluate and treat populations across the lifespan. Through your experience in the Miller Speech and Hearing Clinic and the externship sites you will be assigned to, the academic and clinical experiences you will receive will provide you with a strong foundation for a career as a speech-language pathologist. We sincerely hope that your time with us is not only educationally rewarding but also personally satisfying.

There are many resources available to assist you as you pursue a graduate degree in speech-language pathology. The faculty, of course, will serve as a primary resource. The faculty come from a variety of institutions and offers a broad array of individual interests. All hold the Certificate of Clinical Competence from the American Speech-Language-Hearing Association and all are licensed by the state of Texas. Their credentials obviously attest to their knowledge and experience. Beyond these credentials, however, you will learn that they are a caring group of professionals who have selected a position at TCU because they are committed to helping students achieve. When you have questions or problems of a professional nature to discuss you will find them available and interested.

Another excellent resource is the Miller Speech and Hearing Clinic. Dedicated in 1976, this modern well-equipped facility provides space for academic and clinical instruction. Since TCU is situated in the Fort Worth/Dallas Metroplex, students are educated not only in the Miller Clinic but also in a variety of other professional settings including hospitals, rehabilitation centers, schools, and long-term care facilities, among others. Because of the diverse populations in the area, a variety of communication disorders in both children and adults are available for student education.

Even though there are great opportunities awaiting you, there often are concerns about beginning your clinical and academic work and about staying on course to complete your studies. To help you, this Student Orientation Manual was developed. This manual is only a guide to information. You will need to become familiar with the details of the policies and procedures described inside as you proceed throughout your studies.

*Christopher R. Watts*

Christopher R. Watts, Ph.D., CCC-SLP

Director, Davies School of Communication Sciences and Disorders

## SECTION I. ORIENTATION TO ACADEMIC PROGRAM

The mission of the Davies School of Communication Sciences & Disorders is to advance the understanding and practice of COSD through the preparation of graduates who think and practice as ethical leaders by promoting scholarship, community clinical service, and cross cultural education

Graduate studies in Speech-Language Pathology at Texas Christian University include a sequence of academic and clinical course experiences which are guided by our mission, which build on knowledge obtained at the undergraduate level, and result in the education of clinically competent speech-language pathologists who are (1) knowledgeable about human communication and its disorders, (2) clinically skilled in the assessment and management of speech and language disabilities, (3) aware of research needs and approaches within the field, and (4) have an understanding of professional practices and responsibilities.

The M.S. in SLP at TCU requires completion of graduate level coursework and clinical practicum which builds on a core of undergraduate foundation coursework. Prior to enrolling in the graduate program, students are expected to have completed a set of courses at the undergraduate level that provide substantial academic foundations for the study of SLP, to include foundations in **(a) Basic Sciences & Statistics** consisting of coursework in: Biological Sciences; Physics or Chemistry; Statistics; Sociological/Behavioral Sciences; and **(b) Human Communication Sciences** (see next paragraph). Students with an undergraduate major in Speech-Language Pathology at TCU can meet these requirements through completion of the set of courses required for the major at TCU. Students who complete their undergraduate SLP program at another institution or complete a minimum set of undergraduate foundation coursework can meet the requirements through the demonstration of substantial equivalency to TCU undergraduate foundation courses, and/or through the completion of targeted coursework or other assignments to be specified by the student's graduate advisor at TCU.

The **required undergraduate foundation coursework in Human Communication Sciences** which, along with required foundation coursework in Basic Sciences & Statistics and completion of our accredited graduate program, will lead to partial requirements for ASHA certification and Texas state licensure as an SLP include:

COSD 20303 (**Speech & Hearing Science**)

COSD 20323 (**Clinical Methods**)

COSD 20333 (**Phonetics**)

COSD 30303 (**Anat. & Phys.**)

COSD 30323 (**Speech Sounds**)

COSD 30333 (**Language Development**)

COSD 30363 (**Audiology**)

COSD 30383 (**Aural Rehab**)

## Graduate Degree Requirements

Graduate studies in speech-language pathology at TCU lead to the Master of Science degree (M.S.). This degree not only incorporates standards established by Texas Christian University but also requires the student to demonstrate completion of the academic and clinical requirements necessary for the Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP) issued by the American Speech-Language-Hearing Association (ASHA) and licensure as an SLP in the state of Texas.

Students must complete all of the following graduate courses as part of the M.S. program at TCU:

COSD 50363 (Stuttering)	COSD 60390 (Contemporary Issues in COSD – x 2)
COSD 50383 (Voice Disorders)	COSD 60413 (Adult Neurolinguistics);
COSD 50413 (Adv. Speech Sound Dis)	COSD 60423 (Dysphagia)
COSD 60300 (Clinical Practicum – x 5)	COSD 60433 (Motor Speech Disorders)
COSD 60343 (Adv. Language Disorders)	COSD 60443 (Multicultural Issues)
COSD 70323 (Research)	COSD 60393 (Orofacial/AAC)
COSD 60453 (Infants/Toddlers)	

Students enrolled in the **M.S. with Emphasis in Bilingual SLP** track of the graduate program must also complete:

COSD 60453 (Speech, Language, and Cognition in Bilingual Adults).

Students pursuing a thesis will replace COSD 60390 with COSD 70980 and obtain knowledge & skills typically acquired in COSD 60390 through guided independent study.

Students may choose to replace 3 hrs of COSD 60390 with a **Study Abroad course** during the summer semester of their graduate program.

**Appendix A** illustrates the sequence of learning experiences for our traditional M.S. in SLP (monolingual) and M.S. in SLP with Emphasis in Bilingual SLP. Students enrolled in our traditional SLP track are required to complete 43 semester hours of which a minimum of 5 hours are clinical practicum. Students enrolled in our Emphasis in Bilingual SLP track are required to complete 46 semester hours of which a minimum of 5 hours are clinical practicum.

Students enroll in course distributions that will allow for the completion of academic and clinical requirements for the ASHA CCC-SLP and Texas state licensure as an SLP. While the student must enroll for clinical practicum each semester, no more than 6 semester hours of credit may be used to satisfy degree requirements. A minimum of 400 clock hours of clinical practice (325 of which must be on the graduate level) is required. Twenty-five of these hours are for observation and they must be accrued before beginning the graduate program. Documentation of all clinical hours, including

observation hours from an institution other than TCU must include signed verification, the name of the institution where the hours were obtained, and ASHA certification numbers for each supervisor.

In order to graduate from the program, the student must meet all requirements for either option described above with an overall grade point average (GPA) of at least 3.0 on a 4.0 scale. No more than two (2) grades of “C” will be permitted in courses applicable to the degree. For clinical practicum, students must receive a final grade of “B-” or higher from each clinical supervisor evaluating them during the semester. Clock hours obtained with grades lower than B- in COSD 60300 will not be counted, as a B- is the minimum grade for demonstration of knowledge & skill in clinical practicum. This policy applies to each grade assigned by individual supervisors. Students who receive a grade of C- or lower (including a no-pass) on an exam or assignment in an academic course are required to participate in an informal remediation process to demonstrate competency on the knowledge and/or skills being assessed (see course syllabus for targeted knowledge and skills). The remediation plan can be found in **Appendix Z**.

Student academic and clinical performance is assessed on a regular basis within the context of knowledge and skill acquisition needed for matriculation through the sequence of educational experiences and requirements for ASHA CCC-SLP. If academic performance (based on course grades) and/or clinical performance (based on clinical educator evaluations and clinical practicum grades) are evaluated to be unsatisfactory, students may be placed on academic probation. If a student is placed on probation, a **remedial plan** will be established by the graduate program director, clinical coordinator, and the student. Performance in the subsequent semester may result in a number of outcomes which can include (a) removal from probation and continuation with the original plan of study under which the student entered the program, (b) continued academic probation with continuation of the original plan of study under which the student entered the program, (c) continued academic probation with a delay in specific course enrollment and/or enrolling in clinical externships, and thus the addition of a minimum of one additional semester where the student will re-take a course and/or complete a clinical practicum, (d) any of the above with loss of the Graduate Assistantship, or (e) recommendation for dismissal from the program. Student appeals to course and/or clinical grades and evaluations will follow the guidelines of the **TCU student handbook** and **TCU Graduate Catalog**.

### Acquisition of Knowledge and Skills

All students who will be applying for certification under the ASHA’s 2014 Standards for Certification in Speech- Language Pathology may use the KASA form (**Appendix B**) to track their acquisition of knowledge and skills. Students will review their progress towards knowledge and skill acquisition with the graduate program director on a regular basis and at the conclusion of their graduate program. At the conclusion of the graduate program, the student and graduate advisor will complete the Verification by Program Director page for state licensure and ASHA certification. The signed Verification by Program Director page must accompany any application that is submitted for

ASHA certification. Students are advised to retain a copy of the KASA in a safe place should they need to provide information to the Council for Clinical Certification at a later date (e.g., upon application for reinstatement should certification lapse).

The ability to acquire knowledge and skills which will lead to successful completion of the M.S. and eligibility for certification and licensure require students to possess skills in the domains of communication, motor, intellectual-cognitive, sensory-observational, and behavioral-social abilities. A complete list of these essential functions is listed in **Appendix C**. These essential functions are required of each student for continued matriculation through the graduate program, and the capacity of each student to possess or acquire these functions is assessed by the program faculty on an ongoing basis.

Student acquisition of knowledge and skill is assessed throughout the M.S. program via formative assessments related to individual academic courses, lab assignments, and individual clinical learning experiences at MSHC and externship sites. Knowledge and skill is also assessed in a summative manner through completion of comprehensive examinations (Comps). Written and Oral Comps are required, details of which can be found in **Appendix D**. Comps are administered in the week prior to the 5<sup>th</sup> (final) semester. Written comps are administered first, and *it is recommended that students complete the PRAXIS examination as soon after written comps (i.e., in late January or early February) as possible, as their preparation for written comps will benefit them greatly when taking the PRAXIS examination.*

## Financial Assistance

Financial assistance for students admitted to the graduate program is made through the department on a merit basis, and is awarded in the form of a Graduate Assistantship (GA) at the time of initial offer to our graduate program. In order to be eligible for continuation of financial assistance, the student must maintain a 3.0 GPA overall, demonstrate adequate progress in the acquisition of knowledge and skills in academic and clinical courses, and complete GA duties as assigned by their respective faculty GA supervisor.

In accepting a GA, the student agrees to participate for a maximum of 8 hours per week in assigned responsibilities during the Fall, Spring, and Summer semesters of graduate school. These responsibilities are considered to be supportive of the student's program and include (1) teaching assistant, (2) research assistant and/or (3) clinical assistant. Students are assigned to work with individual faculty who in turn define the specific responsibilities of that student's assignment. Students who do not fulfill their assignments may lose part or all of their assistantship funding. **Appendix E** illustrates the possible roles and expectations of Graduate Assistants in our department.

## Students with Disabilities

Texas Christian University complies with the Americans with Disabilities Act and Section 504 of the Rehabilitation Act of 1973 regarding students with disabilities. Eligible students seeking accommodations should contact the Coordinator of Student Disabilities Services in the Center for Academic Services located in Sadler Hall, 1010. Accommodations are not retroactive, therefore, students should contact the Coordinator as soon as possible in the term for which they are seeking accommodations. Further information can be obtained from the Center for Academic Services, TCU Box 297710, Fort Worth, TX 76129, or at (817) 257-6567.

Adequate time must be allowed to arrange accommodations and accommodations are not retroactive; therefore, students should contact the Coordinator as soon as possible in the academic term for which they are seeking accommodations. *Each eligible student is responsible for presenting relevant, verifiable, professional documentation and/or assessment reports to the Coordinator.* Guidelines for documentation may be found at [http://www.acs.tcu.edu/disability\\_documentation.asp](http://www.acs.tcu.edu/disability_documentation.asp).

Students with emergency medical information or needing special arrangements in case a building must be evacuated should discuss this information with me as soon as possible.

## Academic Misconduct

***Academic misconduct will not be tolerated in any form.***

**Academic Misconduct** (Sec. 3.4 from the Student Handbook) –Any act that violates the academic integrity of the institution is considered academic misconduct. The procedures used to resolve suspected acts of academic misconduct are available in the offices of Academic Deans and the Office of Campus Life and are listed in detail in the Undergraduate Catalog (Student Policies>Academic Conduct Policy Details; [http://www.catalog.tcu.edu/current\\_year/undergraduate/](http://www.catalog.tcu.edu/current_year/undergraduate/)). Specific examples include, but are not limited to:

**Cheating:** Copying from another student's test paper, laboratory report, other report, or computer files and listings; using, during any academic exercise, material and/or devices not authorized by the person in charge of the test; collaborating with or seeking aid from another student during a test or laboratory without permission; knowingly using, buying, selling, stealing, transporting, or soliciting in its entirety or in part, the contents of a test or other assignment unauthorized for release; substituting for another student or permitting another student to substitute for oneself.

**Plagiarism:** The appropriation, theft, purchase or obtaining by any means another's work, and the unacknowledged submission or incorporation of that work as one's own offered for credit. Appropriation includes the quoting or paraphrasing of another's work without giving credit therefore.

**Collusion:** The unauthorized collaboration with another in preparing work offered for credit.

## Student Support Services

There are a number of student support services available on campus including:

- Mary Couets Burnett Library (257-7117)
- Center for Academic Services (257-7486, Sadler Hall. 1022)
- William L. Adams Writing Center (257-7221, Reed Hall 419)
- Student Development Services (257-7855, BLUU 2003)
- Office of Religious & Spiritual Life (257-7830, Jarvis Hall)
- Campus Life (257-7926, Sadler Hall 2006),
- Counseling, Testing, and Mental Health Center (257-7863, Brown Lupton Health Center).

For detailed descriptions of these services, please refer to the **TCU Graduate Catalog**.

## Student Complaints

Should the need arise, students are expected to follow the student grievance procedure outlined in the **TCU Student Handbook** and **TCU Graduate Catalog**. Students may file a complaint with the graduate program director at any time. A folder containing complaints is maintained by the graduate program director and is available to the Council on Academic Accreditation at their request. Students may also file a complaint with ASHA as follows:

*In accordance with standards established by the Council on Academic Accreditation of the American Speech-Language-Hearing Association, the following information is being made available to anyone who wishes to file a complaint about the graduate program in COSD at TCU. A complaint about any accredited program or program in Candidacy status may be submitted by any student, instructional staff member, audiologist, speech-language pathologist, and/ or member of the public. All complaints must be signed and submitted in writing to the chair, Council on Academic Accreditation (CAA), American Speech-Language-Hearing Association, 2200 Research Blvd, Rockville, MD 20850-3289, and must clearly describe the specific nature of the complaint and the relationship of the complaint to the accreditation standards and provide supporting data for the charge.*

## SECTION II. ORIENTATION TO THE CLINICAL PROGRAM

Clinical education is an integral part of the M.S. degree program in Speech-Language Pathology at TCU. Regardless of the degree option selected (i.e., thesis or non-thesis), each student must complete the minimum clinical requirements for the certification and licensure in order to qualify for the M.S. degree (**Appendix A**).

### Clinical Laboratory Registration

At TCU, clinical laboratory experiences are planned each semester in a manner similar to the planning for academic course selections. While the specific sequence of clinical registrations will vary across individual students, all will attain experiences with a variety of communication disabilities in at least three clinical environments. During the academic pre-registration period, students will meet with the Clinic Coordinator and file a Caseload Request Form (**Appendix F**) as a basis to plan for specific clinical laboratories for the following term. The selection process will be guided by several factors: (1) previous clinical experiences, (2) your particular interests, (3) recommendations of clinical laboratory instructors, and (4) availability of a specific clinical laboratory. **Students who fail to pre-register for clinical laboratory assignments cannot be guaranteed clinical placement at a later date.**

### Recording Clinical Clock Hours

In keeping with ASHA and programmatic standards, a student earns clinical clock hours only for the time spent in direct client contact. No clock hours are accrued for report writing, development of lesson plans, setting up the clinical space, or other necessary adjunctive activities. In situations where there is only one student clinician, that clinician receives full clock hour credit for the time spent (e.g., 1 hour session = 1 clock hour). In the few instances where there is more than one student clinician involved, each clinician will receive clock hour credit based upon the amount of time spent in direction of the clinical session. For example, in an evaluation session where one student conducts 60 minutes and another conducts 60 minutes, each will receive 1 clock hour credit.

Credit for observation of clinical laboratories will be assigned on a direct basis, i.e., 1 hour for each hour of observation regardless of the number of individuals who may be observing the same session. A cumulative record of observation hours for each class requiring observation is forwarded by the instructor to the department chair to be made a part of the student's permanent file.

**IT IS THE RESPONSIBILITY OF EACH STUDENT TO KEEP AN ACCURATE RECORD OF OBTAINED CLINICAL CLOCK HOURS. AT THE END OF THE SEMESTER THESE HOURS MUST BE VERIFIED BY THE RESPONSIBLE CLINICAL INSTRUCTOR (APPENDIX G) AND THEN ENTERED INTO THE COMPUTER FILE FOR THAT STUDENT.**

A meeting explaining the process of entering data into the computer files is given at the end of each semester. The student will file the originally signed verification forms with the Clinic Coordinator. A copy of the computer record for each student will be provided to the Department Chair by the COSD Clinic Coordinator. **The student should arrange for verification of clock hours (observation or clinical contact) completed at another institution to be sent to the Department Chair.** Students are encouraged to review their advising file prior to graduation to insure that all pertinent clinical records are complete. In the absence of any information in the advising file, the Program Director cannot verify completion of all requirements as part of the application of ASHA certification or Texas State license.

### Eligibility for Clinical Laboratories

Prior to and throughout clinical laboratory enrollment students must meet all **essential function requirements**, which are listed in **Appendix C**. In addition, prior to clinical laboratory enrollment all students must undergo training in **healthcare provider CPR** as well as policies and procedures associated with the Health Insurance Portability and Accountability Act (**HIPAA**) and must submit to a **criminal background check (Appendix H)**. Scheduling of these will be arranged well in advance of initial clinical registration. No student may participate in any clinical laboratory until he/she completes COSD 20323, Clinical Methods, or its equivalent. Additionally, students will not usually select a particular clinical laboratory (e.g., voice disorders) unless they have completed the appropriate academic course (e.g., COSD 50383, Seminar on Voice Disorders), or are enrolled in the course congruently with the clinical experience.

Eligibility for placement in a cooperating off-campus clinical facility is determined by the Policy Statement on Clinical Externships (**Appendix I**). Students should be aware that a number of external clinical facilities may require **immunizations or tests (e.g., TB)** prior to allowing a student to train on the premises. As you are entering a healthcare or educational profession, there are certain public health requirements to which facilities expect you to adhere. The reason for this is that people who are not correctly immunized pose a significant public health risk to their patients, co-workers and themselves. *It is the responsibility of the student, when assigned to an external clinical facility, to determine what immunizations are required. Students should inquire about these requirements directly with the human resources department of the facility to which they are assigned, as soon as that assignment is made.* **The cost of any required immunizations or tests is the responsibility of the student.** If required immunizations or other health tests (i.e., TB) are not up to date, we cannot guarantee that you will be accepted at the medical and/or educational clinical facility. This could impact your timely progression through the program, prevent you from participating in a variety of clinical experiences and ultimately prevent you from graduating

## Clinical Laboratory Procedures

Specific guidelines and requirements for the variety of clinical laboratories in the program are provided to each student by the individual clinical laboratory instructor. The following are intended only to provide some initial orientation to those procedures, which are common to all clinical laboratory experiences.

**Infection prevention and control:** Hand-washing is an easy and cost effective means of preventing the spread of infection. Its purpose is to reduce the presence of contaminating organisms that might be present on hands that touch clients or objects in the clinical setting. Hands should be washed thoroughly before and after each therapy session or other contact with the client. Hands should also be washed prior to and after the use of disposable gloves. Gloves should be worn in situations where there is a likelihood of coming into contact with bodily fluids such as saliva and mucus during oral mechanism examinations and laryngeal videostroboscopy or nasoendoscopy. Optional no-rinse antimicrobial hand disinfectant dispensers are also available throughout the clinic. At the end of each treatment session all surfaces, toys, and materials should be disinfected using paper towels and disinfectant available in each room. Special procedures for sterilization of instruments such as rigid and flexible endoscopes will be covered in the associated clinic lab session.

**Role of the Clinician:** Clinical education taking place in the Miller Speech and Hearing Clinic requires services provided by student clinicians under the immediate direction of certified and licensed clinical faculty. Thus, the student, as the representative of the Clinic, is expected to conduct himself/herself in a manner consistent with the highest professional standards. This includes appropriate dress, maintenance of client confidentiality, punctuality, and strict adherence to the ASHA Code of Ethics (**Appendix J**). Specific clinical behaviors that the student is expected to demonstrate are reflected on the practicum evaluation forms used for diagnostics (**Appendix K**) and for therapy (**Appendix L**) using the practicum performance grading scale (**Appendix M**). Some clinical instructors also use the Self-Evaluation Checklist for Clinicians (**Appendix N**) or a similar form to assist the student in developing self-evaluation skills regarding effectiveness of treatment, organization, use of time, motivation of the client, and management of client behavior among others.

**Evaluation Sessions:** Students will participate in clinical evaluations following the completion of appropriate coursework (e.g., Language Disorders in Children). Participation in clinical evaluations will occur in each subsequent semester of the individual's program. Speech/Language evaluations are typically conducted by a two-student team assigned to a two-hour block of time. General procedures include:

1. The client folder will be given to the supervisor after the diagnostic is scheduled.

- ii.** The supervisor will then put the folder in the clinician's box.
2. Establish a meeting time to discuss evaluation procedures with the responsible faculty member who will then set a time for submitting a written assessment protocol. This protocol must be approved prior to conducting the evaluation.
3. Before the diagnostic, the student **must** confirm the appointment with the client.
4. Complete a billing form (**Appendix O**) which must be signed by the faculty member and given to the client (or parent/guardian) with the instruction to present the form to the Clinic Administrative Assistant for payment.
5. Conduct the evaluation.
6. Submit an initial draft of the evaluation report to the faculty member as directed. If the diagnostic is held on Friday, the first draft is due the following Monday. An edited draft will be returned to the student who must then submit a revised report back to the faculty member within 24 hours. This cycle continues until a final draft is approved by the faculty member.
7. When the folder is submitted, it should include all test protocols and the report, as well as a Client Enrollment Form (**Appendix P**). This should be signed by the faculty member and given to the Clinic Coordinator for clinic disposition.
8. When the report has been finalized, the student will then print the final version on TCU letterhead. The contents of the folder (client record) should also be arranged in the correct order (**Appendix Q**). All student signatures should be on this last draft before submitting to the faculty member.
9. The faculty member will sign the report and give to the Clinic Administrative Assistant for mailing, logging, and filing.

**Therapy Sessions:** At the beginning of each term, the student will receive his/her clinical assignments. Graduate clinicians, in consultation with each clinical laboratory instructor to whom they are assigned, will contact the client to establish a therapy schedule. A room can be selected from the room schedule book located in the south hallway of the Clinic between rooms 106 and 107. The following general procedures will then occur:

1. **Training Goals** for the semester will be submitted by the student to the laboratory instructor using the appropriate form (**Appendix R**). Once approved, this form is filed in the back of the working folder.
2. **Lesson Plans (Appendix S)** are to be completed and placed in the laboratory instructor's box by 10 a.m. on Friday of the week preceding the therapy sessions planned. Approved plans will then be filed in the working folder.
3. **At the Initial Session** each semester, the client information sheet (**Appendix T**) and the client consent forms (**Appendix U**) should be given to the parent/client. The client consent forms should be signed and returned to the client folder in the appropriate section.

- 4. A Billing Form (Appendix O)** is completed for each client and placed in the laboratory instructor's box immediately after the first session.
- 5. End of semester reports (Appendix V)** will be submitted at the end of each term. The specific day for receipt of the initial rough draft will be announced by the laboratory instructor. Revisions of these reports will follow the same 24-hour rule described above in "Evaluation Sessions."
- 6. Cancellations** originate either from the client or the student. If the client cancels, a message addressed to the student will be posted on the message board in the south hallway of the Clinic. The student will immediately notify the appropriate clinical instructor. Sessions canceled by the client are not required to be rescheduled. However, the student should make every effort to do so if a time can be coordinated with the client and the laboratory instructor. No adjustment to the bill will be made for client-canceled sessions. In the unlikely event that the student finds it necessary to cancel a session the student will:
  - a.** notify the laboratory instructor,
  - b.** notify the client/parent, and
  - c.** reschedule the session.If the laboratory instructor determines that the student-canceled session cannot be rescheduled, an adjustment to that client's bill will be made by the clinical instructor.
- 7. Termination** of a client is a joint decision between the student clinician and the laboratory instructor. Should dismissal be appropriate, for whatever reasons, a final conference with the client/parent will be held to discuss the dismissal. A Final Case Disposition form, (**Appendix W**) will be completed by the student who will then obtain the signature of the laboratory instructor and place the form in the client's permanent folder.
- 8. Complete a Continuing Client Enrollment Form (Appendix X)** at the end of the semester for all returning clients. Submit this to your faculty supervisor for initialing and return the form to the graduate clinical coordinator at the end of the semester.

## Clinical Folders

Subsequent to the initial clinical contact with a client (evaluation or therapy) a permanent clinical folder is established and organized in the manner established in **Appendix Q** and in keeping with HIPAA requirements. **The permanent folder is not to be taken from the Clinical Files Room or the Graduate workroom under any circumstances.**

A **working clinical file** is also developed. (**See Appendix Q**). It contains (1) all lesson plans for the current semester, (2) all written feedback from the laboratory instructor, (3) training goals for the semester, and (4) an attendance sheet (Appendix W) which is stapled to the left inside portion of the

folder. The working folder does not contain any information which would directly identify the client to whom it pertains. The working folder may be taken out of the Clinic.

## Clinical Calendar

The following time lines give a general orientation to the progress of the clinical semester. Each designation refers to the latest time at which a described clinical activity may be completed.

- First week of semester: Assignment of clients
- Second week of semester: Therapy sessions begin
- Two weeks prior to finals: Last week of therapy
  - Week prior to finals: Make-up sessions (if not already completed)

For Clinical Practicum (COSD 60300), students must receive a grade of "B-" or higher from each clinical supervisor evaluating them during the semester. Clinical clock hours will not be counted for grades below "B-" from individual supervisors, as a B- is the minimum grade for demonstrating knowledge and/or skill in clinical practicum experiences.

## Clinical Facilities

The students in the speech-language pathology program utilize both on-campus and off-campus (externship) clinical facilities. In each site, supervisory personnel are ASHA certified and hold a current Texas SLP license. A variety of clinical populations are provided to all students during the course of their program of studies. Clinical facilities include or have included:

### Private Practice/Medical/Rehab Facilities

#### **Miller Speech and Hearing Clinic**

Caseload: Children, adolescents, and adults with speech, language, and hearing disorders including deaf and language/learning disabilities.

Services: The Clinic provides a full range of assessment and management services to communicatively handicapped children and adults; services are provided by students under the direction of the certified faculty. Specialized clinical services are offered to the bilingual individual with a speech or language disability.

#### **Arlington Memorial Hospital**

Caseload: Primarily adults with organic and neurological impairments including dysphagia, aphasia, dysarthria, voice disorders, and cognitive and language impairment from TBI. Some pediatric patients are included in the outpatient population.

Services: Assessment and management of speech and language disorders to both inpatient and outpatient populations. Experiences may include modified barium swallow and clinical swallowing (bedside) evaluations.

#### **Baylor Scott and White All-Saints Medical Center**

Caseload: Primarily adults with organic and neurological impairments including dysphagia, aphasia, dysarthria, cognitive and language impairment from TBI, and voice disorders. Some pediatric patients are included in the outpatient population.

Services: Assessment and/or treatment of speech and language disorders to both inpatient and outpatient populations. Experiences may include modified barium swallows, fiberoptic endoscopic evaluations of swallowing, clinical swallowing (bedside) evaluations, videostroboscopy, and tracheoesophageal voice prostheses in head/neck patients.

### **Cook Children's Medical Center**

Caseload: Children with speech, language, and hearing disorders in addition to orthopedically handicapped, intellectual disability, deaf, and visually handicapped.

Services: The Speech and Hearing Department offers a full range of assessment and management programs for children with communication disorders (0-5). Experiences may include modified barium swallows and pediatric feeding/swallowing. Implementation of augmentative devices are also included.

### **Children's Health (Dallas) including Our Children's House**

Caseload: Pediatric aged clients (birth through 18) with speech, language, and /or hearing disorders.

Services: Evaluation and treatment of speech, language, and hearing disorders, including dysphagia.

### **Brookdale Broadway Cityview Care Center**

Caseload: Primarily geriatric aged patients with speech and/or language disorders that may be organic or neurological. Most patients are residents in the facility.

Services: Evaluation and treatment of all types of speech and language disorders as well as treating dysphagia.

### **Columbia Plaza Medical Center**

Caseload: Primarily adults speech, language, and/or hearing disorders that may be organic or neurological. Patients may be seen on an inpatient or outpatient basis.

Services: Evaluation and treatment of language and speech disorders, including speech, fluency, and swallowing.

### **ECI of Tarrant County (Fort Worth and Arlington sites)**

Caseload: Children considered being "high risk" from birth to three years.  
Services: A full range of diagnostic and management programs for children with communication disorders; emphasis is placed on aiding the parent.

### **Fort Worth Center for Rehabilitation**

Caseload: Primarily adults with organically or neurologically based impairments  
Services: Assessment and/or treatment of neurologically impaired in/outpatients, pediatric-geriatric; Also dysphagia evaluation and treatment.

### **Green Apple Therapy**

**Caseload: Children with various speech and language disorders**  
**Services: All services are provided in the child's home. A full range of diagnostic and treatments for children with communication disorders.**

### **Harris Hospital/Texas Health Resources**

#### **Harris Hospital Southwest/Texas Health Resources**

Caseload: Primarily composed of organically or neurologically impaired adults; some children are included in the outpatient population.  
Services: Assessment and management of speech and language disorders to both inpatient and outpatient children and adults.

### **Health South Rehabilitation: (Lancaster Ave., South Fort Worth, and Arlington)**

Caseload: Children and adults with neurological impairment.  
Services: Assessment and/or treatment of neurologically impaired in/outpatients, pediatric-geriatric; Also dysphagia evaluation and treatment.

### **Medical Center of South Arlington**

Caseload: Primarily composed of organically or neurologically impaired adults, some children are included in the outpatient population.  
Services: Assessment and management of speech, language, and swallowing disorders in both inpatient and outpatient children and adults.

### **North Hills Medical Center**

Caseload: Primarily adults with speech, language and/or hearing disorders including disorders which are organic or neurological in nature. This facility is run by osteopathic physicians.  
Services: Evaluation and treatment of speech, language, and hearing disorders that may be organic or neurological. Swallow studies are routinely done.

### **Parkland Medical Center**

Caseload: Clients range all ages. This is the leading trauma center for North Texas as well the county hospital and therefore serves patients of varying socioeconomic status.

Services: Evaluation and treatment of all types of speech, language and hearing disorders. Both inpatients and outpatients are seen. Experiences may include modified barium swallow, fiberoptic endoscopic evaluation of swallowing, clinical swallowing (bedside) evaluations, and videostroboscopy.

### **Pate Rehabilitation Hospital**

Caseload: Primarily adults who have suffered some sort of traumatic brain injury or other medical incident and are being readied to reenter the work force and/or day to day activities post incident.

Services: Evaluation and treatment of speech, language, and swallowing/feeding disorders that may be organic or neurological. A multidisciplinary approach is used.

### **Texas Rehabilitation Hospital of Arlington**

Caseload: Children and Adults with neurological impairment.

Services: Assessment and/or treatment of neurologically impaired in/outpatients, pediatric and Geriatric populations. Also includes dysphagia evaluation and treatment.

### **Vencor/Kindred Hospital**

Caseload: Primarily composed of organically or neurologically impaired adults

Services: Assessment and treatment of all various disorders of speech and/or language, including dysphagia.

### **Veteran's Administration Hospital, Dallas, Texas**

Caseload: Adults with speech, language, hearing, and swallowing disorders including organically or neurologically impaired adults. The clinical population includes laryngectomees.

Services: Assessment and management of speech and language disorders to both inpatient and outpatient adults.

### **School Districts**

**Aledo, Arlington, Birdville, Fort Worth, Grand Prairie, Grapevine- Colleyville, Irving, Keller, Southlake**

Caseload: Children 3 to 22 years of age with various speech, language, and/or hearing disorders.

**Services:** Evaluation and treatment of all types of speech and language disorders such as articulation/phonology, language, augmentative/alternative communication modes, fluency, voice as well as various disabilities, such as Down's Syndrome, Autism, Physically/Multiply handicapped, mental retardation, and TBI.

## SECTION III. PROFESSIONAL STANDARDS

The graduate program in Speech-Language Pathology at Texas Christian University fully subscribes to the state and national standards for licensing and certification of professionals in the field. In all instances, however, the faculty takes the position that such standards represent minimum qualifications and, therefore, we reserve the right to establish additional requirements where appropriate. In some instances, additional requirements are programmatic (e.g., all students must enroll for clinical practice every semester) and in other circumstances they reflect individual judgments (e.g., requiring a student to complete more than 20 clock hours in fluency disorders to demonstrate minimum competency).

Students seeking the M.S. degree in speech-language pathology at TCU are expected to demonstrate knowledge of appropriate professional standards and to adopt them as their own. These include (1) the requirements for the Certificate of Clinical Competence in Speech-Language-Pathology, (2) the state standards for obtaining a license to practice speech-language pathology in Texas, and (3) the ASHA Code of Ethics.

### Requirements for CCC-SLP

The ASHA certification standards are organized around three distinct events: academic and clinical education, a national examination, and a period of supervised professional experience subsequent to the educational preparation.

1. **Academic and Clinical Education** requirements required for the CCC are fully described in **Appendices A & B**. These requirements are incorporated into TCU's requirements for the M.S. degree. All of the described requirements must be obtained while in a student status.
2. **The national examination** (PRAXIS) may be taken at any time, *though it is highly recommended that students take the PRAXIS examination during their last semester of graduate school after completing written comprehensive examinations*. The PRAXIS examination must be completed prior to attaining the CCC. Information about test dates and sites can be obtained from the **TCU Testing Center**. Students must request that their test score be sent to the TCU Department of Communication Sciences & Disorders.
3. **Supervised professional experience** is completed according to the guidelines for the Speech-Language Pathology Clinical Fellowship (SLPCF). These guidelines are contained on the ASHA website ([www.asha.org/Certification/Clinical-Fellowship.htm](http://www.asha.org/Certification/Clinical-Fellowship.htm)). The SLPCF may **not** be initiated until all academic and clinical education requirements have been met.

## Texas State License in Speech-Language Pathology

Requirements for licensure as a Speech-Language Pathologist in the state of Texas can be found on the website of the **Texas Department of Licenses and Registrations (TDLR)** (<https://www.tdlr.texas.gov/slpa/slpa.htm>). These requirements are essentially the same as those required for the ASHA CCC-SLP. Upon graduation with an M.S. in Speech-Language Pathology students who decide to work in Texas must apply for an **Intern License**. The internship is the state of Texas equivalent to the ASHA CFY. Upon completion of the internship (typically 9 months of full-time employment, though it may be longer if the individual works less than 35 hours per week) the individual may apply directly for the Texas SLP license without applying for the ASHA CCC-SLP. **However, we recommend following ASHA CF guidelines during the internship period, including establishing a CF supervisor agreement and undergoing CF skill evaluations at appropriate intervals as specified by ASHA guidelines, so that the individual may apply for their CCC at the end of their internship and CF period, which will coincide.**

## ASHA Code of Ethics

The Code of Ethics (see **Appendix J** and this link: <http://www.asha.org/Code-of-Ethics/>) promulgated by ASHA is a set of descriptors, which help to define appropriate professional practices in the field of Speech-Language Pathology and Audiology. The intent of the Code is to be explanatory and informative relative to professional conduct rather than to be punitive. Nevertheless, there are severe sanctions that can be assessed to an ASHA member found to be in violation of the Code, including loss of membership in ASHA and revocation of the CCC.

Texas, through its licensure law, subscribes to the ASHA Code of Ethics. Violation of the Code at the state level, therefore, is a violation of Texas law and may include financial penalties and incarceration.

As a program, we endorse the Code as a set of principles by which professionals agree to conduct themselves for the interest of the profession and the communicatively handicapped that we serve.

## SECTION IV. PROFESSIONAL ORGANIZATIONS

Professional organizations at all levels (local, state and national) continue to provide an important role for individuals, for the profession at large, and for the communicatively impaired. At the local level, students and professionals have an opportunity to share common interests and concerns, to coordinate community resources, and to develop interprofessional collaborations through clinical services delivery and teamwork with other professions. State organizations such as TSHA (Texas Speech-Language-Hearing Association) not only adopt these goals but also add the critical dimension of membership education (through journals, conferences, and seminars) and legislative impact, of which the Texas licensure law is an excellent example. The national professional organization is the American Speech-Language-Hearing Association (ASHA). It provides services similar to state associations but on the broad national scope and sets professional standards.

Participation in professional organizations at all levels is an essential ingredient to any professional career. Professional bodies create an organized forum through which individuals may collectively have an impact upon their destiny. Recent efforts at the state and national level have resulted in major legislative enactments that have (1) provided a legal identity for speech-language pathology and audiology, (2) created opportunities to define professional practices as well as the qualifications of those eligible to conduct such practices, (3) developed access to funding for clinical service, research, and education, and (4) served to enhance the total professional image.

None of the professional benefits that we enjoy today could have occurred had there not been individuals within professional organization that were willing to devote their money (membership dues), time and energies to bring about appropriate professional and legislative policies and procedures. An organization can survive and benefit its members only if those members realize that they must actively contribute in some manner for their own individual benefit.

### NATIONAL STUDENT SPEECH-LANGUAGE-HEARING ASSOCIATION (NSSLHA)

Founded in 1972, NSSLHA ([www.nsslha.org](http://www.nsslha.org)) is the national organization for undergraduate, master, and doctoral students interested in the study of normal and disordered human communication behavior. **NSSLHA IS THE ONLY OFFICIAL NATIONAL STUDENT ASSOCIATION RECOGNIZED BY THE American Speech-Language-Hearing Association (ASHA).** NSSLHA membership is presently 13,000 students, with chapters in more than 300 colleges and universities.

**Eligibility:** Membership is open to any student (undergraduate or graduate) who is interested in the study of normal and disordered human communication.

**Benefits:** Students, on payment of dues, receive a number of NSSLHA and ASHA publications (including Contemporary Issues in Communication Sciences and Disorder, ASHA journals, the ASHA Leader online), receive reduced registration fees for professional conventions and meetings,

and have an opportunity to become involved in local chapter activities.

A remarkable savings is gained when becoming an ASHA member if you a student has been a member of national NSSLHA for the two years of graduate school. As a student organization, NSSLHA plans a variety of activities, both service and fund-raising projects, depending upon the changing needs and interests of its members. A faculty member serves as advisor to the group,

**Enrollment:** Membership applications are available online at [www.nsslha.org](http://www.nsslha.org) and students may make inquiry in the department office to determine who the current student officers are and which faculty member is advisor.

## AMERICAN SPEECH LANGUAGE-HEARING ASSOCIATION (ASHA)

The American Speech-Language-Hearing Association ([www.asha.org](http://www.asha.org)) represents the professions of speech pathology and audiology at the national level. This organization was founded in 1925 and has now grown to a membership in excess of 200,000 members. ASHA's goals are to:

- Maintain high standards of clinical competence for professions providing services to the public.
- Encourage the development of comprehensive clinical service programs.
- Encourage both basic research and studies of clinical procedures.
- Stimulate exchange of ideas through publications and meetings.

**Eligibility:** (1) Members must hold a graduate degree in speech-language-pathology, audiology or speech and hearing science. (2) Members must subscribe to the Code of Ethics. (3) Members who provide clinical services must meet requirements for the Certificate of Clinical Competence (CCC).

**Benefits:** Members receive a number of journals and other publications from the association. They also are eligible to participate in regional and national conventions. In addition, ASHA maintains an extensive governmental affairs program, a public information program, and an employment registry (at the convention and in the ASHA Leader), and in general, serves as a catalyst in matters dealing with speech and hearing issues nationwide.

**Enrollment:** Application forms for membership are available at the department office or may be obtained by writing to:

## Texas Speech-Language Hearing Association (TSHA)

The Texas Speech-Language-Hearing Association ([www.txsha.org](http://www.txsha.org)) came into being in 1957. TSHA serves as the state level professional organization for persons who practice speech pathology and/or audiology. The group now has a membership of almost 6,000, publishes a newsletter bimonthly, sponsors an annual three-day convention, and supports continuing education efforts.

**Eligibility:** Membership is open to persons holding a master's degree or higher, with an emphasis in speech-language pathology, audiology, speech or hearing science, or education of the hearing impaired. A student membership is available for persons enrolled in undergraduate or graduate programs.

**Benefits:** By belonging to the state association, one receives all publications of the TSHA including a newsletter specifying state-wide activities in speech and hearing and is eligible to attend the state convention at a reduced registration fee.

**Enrollment:** A department faculty member has membership applications. The department office will direct you to the proper person.

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**APPENDIX A: TCU COSD Degree Plan\*\***

\*\*Go to [www.csd.tcu.edu/g\\_coursework.asp](http://www.csd.tcu.edu/g_coursework.asp) for course descriptions

**Monolingual Track**

<b>FALL 1</b>	<b>Credits</b>	<b>SPRING 1</b>	<b>Credits</b>
COSD 50413 Adv Sp Snd Dis	3	COSD 50363 Stuttering	3
COSD 60343 Adv Lang Dis	3	COSD 60413 Adult Nuero	3
COSD 70323 Research	3	COSD 60423 Dysphagia	3
COSD 60300 Practicum	1	COSD 60300 Practicum	1
<b>Total</b>	<b>10</b>		<b>10</b>
<b>Option A</b>			
<b>Summer 1 (Residential)</b>		<b>Option B</b>	
	<b>Credits</b>	<b>Summer 1 (Study Abroad)</b>	<b>Credits</b>
COSD 60390 CICSD	6	COSD 60390 CICSD	3
COSD 60300 Practicum	1	COSD 50860 Study Abr.	3
		COSD 60300 Practicum	1
<b>Total</b>	<b>7</b>		<b>7</b>
<b>Fall 2</b>			
	<b>Credits</b>	<b>Spring 2</b>	<b>Credits</b>
COSD 50383 Voice	3	COSD 60463 Inf/Toddlers	3
COSD 60433 Motor Sp Dis	3	COSD 60390 Sem. Orofac	1
COSD 60443 Multicultural	3	COSD 60390 Sem. AAC	1
COSD 60300 – Practicum	1	COSD 60300 Practicum	1
<b>Total</b>	<b>10</b>		<b>6</b>
<b>Total Required Credit Hours</b>		<b>43</b>	

## Emphasis in Bilingual SLP Track

<b>FALL 1</b>	<b>Credits</b>	<b>SPRING 1</b>	<b>Credits</b>
COSD 50413 Adv Sp Snd Dis	3	COSD 50363 Stuttering	3
COSD 60343 Adv Lang Dis	3	COSD 60413 Adult Neuro	3
COSD 70323 Research	3	COSD 60423 Dysphagia	3
COSD 60300 Practicum	1	COSD 60300 Practicum	1
<b>Total</b>	<b>10</b>		<b>10</b>
<b>Option A</b>			
<b>Option A</b>		<b>Option B</b>	
<b>Summer 1 (Residential)</b>	<b>Credits</b>	<b>Summer 1 (Study Abroad)</b>	<b>Credits</b>
COSD 60390 CICSD	6	COSD 60390 CICSD	3
COSD 60300 Practicum	1	COSD 50860 Study Abr.	3
		COSD 60300 Practicum	1
<b>Total</b>	<b>7</b>		<b>7</b>
<b>Fall 2</b>			
<b>Fall 2</b>	<b>Credits</b>	<b>Spring 2</b>	<b>Credits</b>
COSD 50383 Voice	3	COSD 60463 Inf/Toddlers	3
COSD 60433 Motor Sp Dis	3	COSD 60390 Sem. Orofac	1
COSD 60443 Multicultural	3	COSD 60390 Sem. AAC	1
COSD 60300 – Practicum	1	COSD 60300 Practicum	1
		COSD 60453 Bilingual Adu	3
<b>Total</b>	<b>10</b>		<b>9</b>
<b>Total Required Credit Hours</b>		<b>46</b>	

## APPENDIX B

<p style="text-align: center;"><b>Department of Communication Sciences &amp; Disorders</b> <b>Texas Christian University</b> <b>ASHA Knowledge &amp; Skills Acquisition Summary (KASA) Form</b> <b>Speech-Language Pathology</b> <b>Standards IV-A, IV-B, IV-C, IV-D, IV-E, IV-F, IV-G, &amp; IV-H</b></p>
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Student: \_\_\_\_\_ Advisor: \_\_\_\_\_

Term Graduate Program Initiated: \_\_\_\_\_ Undergraduate Program: \_\_\_\_\_

All students who will be applying for certification under the ASHA's 2014 Standards for Certification in Speech-Language Pathology must use this form to track their acquisition of the knowledge and skills required for ASHA certification. Students must review and discuss the form with their advisor at the beginning of their graduate program of study, and update it at intervals throughout, and at the conclusion of their graduate program. It is expected that many undergraduate and graduate entries will appear in the course work *and* the clinical practicum columns, with some entries (lab, independent study, etc.), as appropriate, in the "Other" column.

Indicate in Column B whether each knowledge and skill was achieved. For academic courses, obtainment of knowledge is demonstrated by a final grade of "C" or better. For clinical practicum, obtainment of knowledge is demonstrated by a final grade of "B-" or better for each practicum experience (each supervisor) and verification of the Clinical Coordinator. If a particular knowledge or skill was acquired through work completed in a specific course or courses, the course title, number, and academic program should be entered in Column C. If the knowledge or skills were acquired in clinical practicum, enter the title, number, and site of the practicum in Column D. Note in Column E the course or practicum number, title, brief description, and program if the knowledge or skill was acquired through other forms of experiences (e.g., lab, independent study, research, etc.).

At the conclusion of the graduate program, the student and advisor must review the KASA form, and complete the Verification by Program Director page. The Verification by Program Director page, appropriately completed by the student and academic advisor, and signed and verified by the program director, must accompany any application that is submitted for ASHA certification. Students are advised to retain a copy of the KASA in a safe place should they need to provide information to the Council for Clinical Certification at a later date (e.g., upon application for reinstatement should certification lapse).

- 
- |                                                                                           |                  |
|-------------------------------------------------------------------------------------------|------------------|
| <ul style="list-style-type: none"><li>• <b>Departmental Degree Requirements</b></li></ul> | <b>Completed</b> |
| ○ 38/41 graduate semester credit hours                                                    | _____            |
| ○ 5 credits of clinical practicum                                                         | _____            |
| ○ Departmental comprehensive exam/thesis option                                           | _____            |
| <ul style="list-style-type: none"><li>• <b>ASHA Certification Requirements</b></li></ul>  | <b>Completed</b> |
| ○ 75 academic semester credit hours (min. 36 at graduate level)                           | _____            |
| ○ 25 hours of practicum observation                                                       | _____            |
| ○ 375 clinical practicum hours (min. 325 at graduate level)                               | _____            |

(revised 6/11/2013)

### **NOTE #1: Specification of Course Work**

Coursework that will be required to meet individual standards is specified below according to Departmental/TCU course numbers. It is recognized that many M.S. SLP students will have earned their undergraduate degrees from other institutions. In these instances, the equivalency to Departmental/TCU courses will be determined and documented appropriately via transcripts in the student's advising folder. A listing of all Departmental undergraduate and graduate courses can be found via: [http://www.csd.tcu.edu/g\\_coursework.asp](http://www.csd.tcu.edu/g_coursework.asp). A listing of all TCU courses is available at [http://www.catalog.tcu.edu/current\\_year/graduate/](http://www.catalog.tcu.edu/current_year/graduate/).

### **NOTE #2: Terminology**

The following terms are used in this document to refer to specific undergraduate and/or graduate course requirements to be met by all students in the M.S. SLP program.

- i. Undergraduate Foundation Coursework.* Students are expected to have completed a set of courses at the undergraduate level that provide substantial academic foundations for the study of SLP, to include foundations in: (a) the basic sciences and statistics and (b) human communication sciences. Students with an undergraduate major in Speech-Language Pathology at TCU can meet these requirements through completion of the set of courses required for the major at TCU. Students who complete their undergraduate programs at other institutions or complete a minimum set of undergraduate foundation coursework can meet the requirements through the demonstration of substantial equivalency to TCU undergraduate foundation courses, and/or through the completion of targeted coursework or other assignments to be specified by the student's graduate advisor at TCU.

*The required undergraduate foundation coursework which, along with completion of our accredited graduate program, will lead to partial requirements for ASHA certification and Texas state licensure as an SLP includes:* COSD 20303 (Speech & Hearing Science); COSD 20323 (Clinical Methods); COSD 20333 (Phonetics); COSD 30303 (Anat. & Phys.); COSD 30323 (Speech Sounds); COSD 30333 (Lang. Dev.); COSD 30363 (Audiology); COSD 30383 (Aural Rehab). Note: This foundation coursework does not represent all required coursework for a B.S. in SLP at TCU. It does represent the minimum coursework, taken at TCU or elsewhere, which is needed in addition to our graduate coursework to meet consideration for admittance to our graduate program, our programmatic accreditation requirements, ASHA CFCC requirements, and state licensure requirements.

- ii. Graduate Coursework in SLP.* In addition to the required undergraduate foundation coursework listed above, students must complete all of the following graduate courses as part of the M.S. program at TCU: COSD 50350 (Audiology Practicum); COSD 50363 (Stuttering); COSD 50383 (Voice Disorders); COSD 50413 (Speech Sound Disorders); COSD 60300 (Clinical Practicum – x 5); COSD 60343 (Advanced Language Disorders); COSD 60390 (Contemporary Issues in COSD – x 2); COSD 60413 (Communication Neuroscience 1); COSD 60424 (Communication Neuroscience 2); COSD 60433 (Communication Neuroscience 3); COSD 60433 (Multicultural Issues); Students enrolled in the Emphasis in Bilingual SLP track of the graduate program must also complete COSD 60453 (Speech, Language, and Cognition in Bilinguals). Students pursuing a thesis will replace COSD 60390 with COSD 70980 Thesis.
- iii. The Cultural/Linguistic Diversity Requirement.* All clinically related courses within in the M.S. SLP program curriculum in addition to COSD 60433 (all students) and COSD 60453 (Emphasis in Bilingual SLP students) emphasize aspects related to cultural/linguistic diversity.

**Standard IV-A: The applicant must demonstrate *knowledge* of the principles of biological, physical, mathematic, and social/behavioral sciences.**

Target Areas	Knowledge/ Skill Met? (Date)	Coursework	Clinical Practicum	Other (e.g. labs, independent study, research) (Include brief description of activity)
<ul style="list-style-type: none"> <li>Biological sciences</li> </ul>		One of the following: ✓ One HS AP biology course. ✓ One undergraduate course in an area of the biological sciences.		
<ul style="list-style-type: none"> <li>Physical sciences</li> </ul>		One of the following: ✓ One HS AP Physics or Chem course. ✓ One undergraduate course in physics or chemistry.		
<ul style="list-style-type: none"> <li>Statistics</li> </ul>		The following: ✓ One Statistics Course (MATH 10043)		
<ul style="list-style-type: none"> <li>Social/Behavioral sciences</li> </ul>		One of the following: ✓ One HS AP Soc. Sci. course. ✓ One undergraduate course in social or behavioral sciences.		

Student meets Standard IV-A: \_\_\_\_\_

Advisor/Date

**Standard IV-B: The applicant must demonstrate *knowledge* of basic human communication and swallowing processes, including their biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases**

Target Areas	Knowledge/ Skill Met? (Date )	Curriculum		Other (e.g. labs, independent study, research,) (Include brief description of activity)
<b>Basic Communication Processes</b>				
<ul style="list-style-type: none"> <li>• Biological</li> </ul>		Undergraduate foundation courses AND: ✓ COSD 60423 Aphasia/Cognition ✓ COSD 60433 Motor Speech Disorders		
<ul style="list-style-type: none"> <li>• Neurological</li> </ul>		Undergraduate foundation courses AND: ✓ COSD 60423 Aphasia/Cognition ✓ COSD 60433 Motor Speech Disorders		
<ul style="list-style-type: none"> <li>• Acoustical</li> </ul>		Undergraduate foundation courses AND: ✓ COSD 50383 Voice Disorders.		
<ul style="list-style-type: none"> <li>• Psychological</li> </ul>		Undergraduate foundation courses AND: ✓ COSD 50415 Adv. Speech Sound Dis. ✓ COSD 60343 Adv. Lang. Dis. ✓ COSD 60443 Multicultural Issues. ✓ COSD 60423 Aphasia/Cognition ✓ COSD 60433 Motor Speech Disorders		
<ul style="list-style-type: none"> <li>• Developmental/Lifespan</li> </ul>		Undergraduate foundation courses AND: ✓ COSD 50415 Adv. Speech Sound Dis. ✓ COSD 60343 Adv. Lang. Dis. ✓ COSD 60443 Multicultural Issues. ✓ COSD 60453 Sp. Lang. Cog. Biling. ✓ COSD 60423 Aphasia/Cognition ✓ COSD 60433 Motor Speech Disorders		
<ul style="list-style-type: none"> <li>• Linguistic</li> </ul>		Undergraduate foundation courses AND: ✓ COSD 50415 Adv. Speech Sound Dis. ✓ COSD 60343 Adv. Lang. Dis. ✓ COSD 60443 Multicultural Issues. ✓ COSD 60423 Aphasia/Cognition ✓ COSD 60433 Motor Speech Disorders		

• Cultural		Undergraduate foundation courses AND: ✓ COSD 60433 Multicultural Issues. ✓ COSD 60453 Sp. Lang. Cog. Biling.		

<b>Swallowing Processes</b>				
• Biological		Undergraduate foundation courses AND: ✓ COSD 60413 Dysphagia		
• Neurological		Undergraduate foundation courses AND: ✓ COSD 60413 Dysphagia		
• Acoustical		✓ COSD 60413 Dysphagia		
• Psychological		✓ COSD 60413 Dysphagia		
• Developmental/Lifespan		Undergraduate foundation courses AND: ✓ COSD 60413 Dysphagia		
• Linguistic		✓ COSD 60413 Dysphagia		
• Cultural		✓ COSD 60413 Dysphagia		

Student meets Standard IV-B: \_\_\_\_\_  
Advisor/Date

**Standard IV-C: The applicant must demonstrate *knowledge* of the nature of speech, language, hearing, and communication disorders and differences and swallowing disorders, including their etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates. Specific knowledge must be demonstrated in the following areas:**

Target Areas	Knowledge/ Skill Met? (Date )	Curriculum		Other (e.g. labs, independent study, research) (Include brief description of activity)
<b>Articulation</b>				
<ul style="list-style-type: none"> <li>Etiologies</li> </ul>		Undergraduate foundation coursework AND: ✓ COSD 50415 Adv. Speech Sound Dis. ✓ COSD 60433 Motor Speech Disorders		
<ul style="list-style-type: none"> <li>Characteristics</li> </ul>		Undergraduate foundation coursework AND: ✓ COSD 50415 Adv. Speech Sound Dis. ✓ COSD 60433 Motor Speech Disorders		
<b>Fluency</b>				
<ul style="list-style-type: none"> <li>Etiologies</li> </ul>		Undergraduate foundation coursework AND: ✓ COSD 50363 Stuttering		
<ul style="list-style-type: none"> <li>Characteristics</li> </ul>		Undergraduate foundation coursework AND: ✓ COSD 50363 Stuttering		
<b>Voice and resonance, including respiration and phonation</b>				
<ul style="list-style-type: none"> <li>Etiologies</li> </ul>		Undergraduate foundation coursework AND: ✓ COSD 50383 Voice Disorders		
<ul style="list-style-type: none"> <li>Characteristics</li> </ul>		Undergraduate foundation coursework AND: ✓ COSD 50383 Voice Disorders		

<b>Receptive and expressive language (phonology, morphology, syntax, semantics, and pragmatics) in speaking, listening, reading, writing, and manual modalities</b>				
• Etiologies		Undergraduate foundation coursework AND: ✓ COSD 60343 Adv. Lang. Dis. ✓ COSD 60433 Multicultural Issues. ✓ COSD 60423 Aphasia/Cognition ✓ COSD 60453 Sp. Lang. Cog. Biling.		
• Characteristics		Undergraduate foundation coursework AND: ✓ COSD 60343 Adv. Lang. Dis. ✓ COSD 60433 Multicultural Issues. ✓ COSD 60423 Aphasia/Cognition ✓ COSD 60453 Sp. Lang. Cog. Biling.		
<b>Hearing, including the impact on speech and language</b>				
• Etiologies		Undergraduate foundation coursework AND: ✓ COSD 60463 Infants/Toddlers		
• Characteristics		Undergraduate foundation coursework AND: ✓ COSD 60463 Infants/Toddlers		
<b>Swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding; orofacial myofunctional)</b>				
• Etiologies		Undergraduate foundation courses AND: ✓ COSD 60413 Dysphagia		
• Characteristics		Undergraduate foundation courses AND: ✓ COSD 60413 Dysphagia		

<b>Cognitive aspects of communication (attention, memory, sequencing, problem-solving, executive functioning)</b>				
• Etiologies		Undergraduate foundation courses AND: ✓ COSD 60423 Aphasia/Cognition		
• Characteristics		Undergraduate foundation courses AND: ✓ COSD 60423 Aphasia/Cognition		
<b>Social aspects of communication (challenging behavior, ineffective social skills, lack of communication opportunities)</b>				
• Etiologies		Undergraduate foundation courses AND: ✓ COSD 60423 Aphasia/Cognition ✓ COSD 60343 Adv. Lang. Dis. ✓ COSD 60433 Multicultural Issues. ✓ COSD 60453 Sp. Lang. Cog. Biling. ✓ COSD 60463 Infants/Toddlers		
• Characteristics		Undergraduate foundation courses AND: ✓ COSD 60423 Aphasia/Cognition ✓ COSD 60343 Adv. Lang. Dis. ✓ COSD 60433 Multicultural Issues. ✓ COSD 60453 Sp. Lang. Cog. Biling. ✓ COSD 60463 Infants/Toddlers		
<b>Communication modalities (including oral, manual, augmentative and alternative communication techniques, and assistive technologies)</b>				
• Etiologies		Undergraduate foundation courses AND: ✓ COSD 60363 Orofacial/AAC		
• Characteristics		Undergraduate foundation courses AND: ✓ COSD 60363 Orofacial/AAC		

Student meets Standard IV-C:

Advisor/Date \_\_\_\_\_

**Standard IV-D: The applicant must possess *knowledge* of the principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates of the disorders.**

Target Areas	Knowledge/ Skill Met? (Date )	Course Number and Title		Other (e.g. labs, independent study, research) (Include brief description of activity)
<b>Articulation</b>				
● Prevention		Undergraduate foundation coursework AND: ✓ COSD 50415 Adv. Speech Sound Dis. ✓ COSD 60433 Motor Speech Disorders		
● Assessment		Undergraduate foundation coursework AND: ✓ COSD 50415 Adv. Speech Sound Dis. ✓ COSD 60433 Motor Speech Disorders		
● Intervention		✓ COSD 50415 Adv. Speech Sound Dis. ✓ COSD 60433 Motor Speech Disorders		
<b>Fluency</b>				
● Prevention		✓ COSD 50363 Stuttering		
● Assessment		✓ COSD 50363 Stuttering		
● Intervention		✓ COSD 50363 Stuttering		
<b>Voice and Resonance</b>				
● Prevention		✓ COSD 50383 Voice Disorders ✓ COSD 60363 Orofacial/AAC		
● Assessment		✓ COSD 50383 Voice Disorders ✓ COSD 60363 Orofacial/AAC		
● Intervention		✓ COSD 50383 Voice Disorders ✓ COSD 60363 Orofacial/AAC		

<b>Receptive and Expressive Language</b>				
• Prevention		Undergraduate foundation coursework AND: ✓ COSD 60343 Adv. Lang. Dis. ✓ COSD 60433 Multicultural Issues. ✓ COSD 60423 Aphasia/Cognition		
• Assessment		Undergraduate foundation coursework AND: ✓ COSD 60343 Adv. Lang. Dis. ✓ COSD 60433 Multicultural Issues. ✓ COSD 60423 Aphasia/Cognition ✓ COSD 60453 Sp. Lang. Cog. Biling.		
• Intervention		✓ COSD 60343 Adv. Lang. Dis. ✓ COSD 60433 Multicultural Issues. ✓ COSD 60423 Aphasia/Cognition ✓ COSD 60453 Sp. Lang. Cog. Biling.		
<b>Hearing, including the impact on speech and language</b>				
• Prevention		Undergraduate foundation coursework AND: ✓ COSD 60463 Infants/Toddlers		
• Assessment		Undergraduate foundation coursework AND: ✓ COSD 60463 Infants/Toddlers		
• Intervention		✓ COSD 60463 Infants/Toddlers		
<b>Swallowing</b>				
• Prevention		✓ COSD 60413 Dysphagia		

● Assessment		✓ COSD 60413 Dysphagia		
● Intervention		✓ COSD 60413 Dysphagia		
<b>Cognitive aspects of communication</b>				
● Prevention		✓ COSD 60423 Aphasia/Cognition		
● Assessment		✓ COSD 60423 Aphasia/Cognition		
● Intervention		✓ COSD 60423 Aphasia/Cognition		
<b>Social aspects of communication</b>				
● Prevention		✓ COSD 60423 Aphasia/Cognition ✓ COSD 60343 Adv. Lang. Dis. ✓ COSD 60433 Multicultural Issues.		
● Assessment		✓ COSD 60423 Aphasia/Cognition ✓ COSD 60343 Adv. Lang. Dis. ✓ COSD 60433 Multicultural Issues. ✓ COSD 60453 Sp. Lang. Cog. Biling.		
● Intervention		✓ COSD 60423 Aphasia/Cognition ✓ COSD 60343 Adv. Lang. Dis. ✓ COSD 60433 Multicultural Issues. ✓ COSD 60453 Sp. Lang. Cog. Biling.		
<b>Communication Modalities</b>				
● Assessment		✓ COSD 60363 Orofacial/AAC		
● Intervention		✓ COSD 60363 Orofacial/AAC		

Student meets Standard IV-D: \_\_\_\_\_

Advisor/Date

Standard IV-E: The applicant must demonstrate <i>knowledge</i> of standards of ethical conduct				
	Knowledge/ Skill Met? (Date)	Course Number and Title		Other (e.g. labs, independent study, research) (Include brief description of activity)
		✓ COSD 60390 Cont. Issues in COSD	✓ COSD 60300 Clinical Practicum	

Student meets Standard IV-E: \_\_\_\_\_  
 Advisor/Date

Standard IV-F The applicant must demonstrate <i>knowledge</i> of processes used in research and the integration of research principles into evidence-based clinical practice.				
	Knowledge/ Skill Met? (Date)	Course Number and Title		Other (e.g. labs, independent study, research) (Include brief description of activity)
		✓ COSD 70323 Research	✓ COSD 60300 Clinical Practicum	

Student meets Standard IV-F: \_\_\_\_\_  
 Advisor/Date

Standard IV-G: The applicant must demonstrate <i>knowledge</i> of contemporary professional issues.				
	Knowledge/ Skill Met? (Date)	Course Number and Title		Other (e.g. labs, independent study, research) (Include brief description of activity)
		✓ COSD 60390 Cont. Issues in COSD		

Student meets Standard IV-G: \_\_\_\_\_  
 Advisor/Date

<b>Standard IV-H: The applicant must demonstrate <i>knowledge</i> about certification, specialty recognition, licensure, and other relevant professional credentials.</b>				
	<b>Knowledge/ Skill Met? (Date)</b>	<b>Course Number and Title</b>		<b>Other (e.g. labs, independent study, research) (Include brief description of activity)</b>
		✓ COSD 60390 Cont. Issues in COSD		

Student meets Standard IV-H: \_\_\_\_\_  
 Advisor/Date

**Communicative Sciences & Disorders  
Texas Christian University  
CCC Standard V-B Summary Form**

**The applicant for certification must complete a program of study that includes supervised clinical experiences sufficient in breadth and depth to achieve the following skill outcomes. If the student’s level of performance is judged proficient for initial CF readiness (as measured by a final practicum grade of “B-” or better in each clinical practicum course), the Clinic Coordinator will initial the appropriate cells, and provide identifying information on last page.**

**Student Name:** \_\_\_\_\_

	Articulation	Fluency	Voice & Resonance	Receptive & Expressive Language	Cognitive Aspects	Social Aspects	Communication Modalities	Swallowing	Hearing
<b>EVALUATION</b>									
Conduct screening and prevention procedures									
Collect case history information and integrate information									
Select and administer appropriate evaluation procedures									
Adapt evaluation procedures									
Interpret, integrate, and synthesize information									
Complete administrative and reporting functions									
Refer clients/patients for appropriate services									

	<b>Articulation</b>	<b>Fluency</b>	<b>Voice &amp; Resonance</b>	<b>Receptive &amp; Expressive Language</b>	<b>Cognitive Aspects</b>	<b>Social Aspects</b>	<b>Communication Modalities</b>	<b>Swallowing</b>	<b>Hearing</b>
<b>INTERVENTION</b>									
<b>Develops appropriate intervention plans; Collaborates with others.</b>									
<b>Implements intervention plans</b>									
<b>Selects, develops, and uses appropriate materials and instrumentation</b>									
<b>Measures and evaluates clients'/patients' performance and progress</b>									
<b>Modifies techniques as appropriate</b>									
<b>Completes administrative and reporting functions</b>									
<b>Identify and refer clients/patients for services</b>									

<b>INTERACTION &amp; PERSONAL</b>				
	<b>First Setting</b>	<b>Second Setting</b>	<b>Third Setting</b>	<b>Fourth Setting</b>
Communicates effectively				
Collaborates with others				
Provide counseling regarding communication and swallowing disorders to clients/patients, family, caregivers, and relevant others.				
Adheres to ASHA code of ethics & behaves professionally				

**CLINICAL COORDINATOR NAME & CREDENTIAL**

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## APPENDIX C: ESSENTIAL FUNCTIONS

### Eligibility Requirements and Essential Functions

In order to acquire the knowledge and skills requisite to the practice of Speech-Language pathology, to function in a broad variety of clinical situations, and to render a wide spectrum of patient care, individuals must have skills and attributes in five areas: communication, motor, intellectual-cognitive sensory-observational, and behavioral-social. These skills enable a student to participate in learning activities which will facilitate progress towards certification and licensure. Many of these skills can be learned and developed during the course of the graduate program through coursework and clinical experience. The starred items (\*), however, are skills that are more inherent and should be present when a student begins the program.

#### COMMUNICATION

A student must possess adequate communication skills to:

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

#### MOTOR

A student must possess adequate motor skills to:

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

## **INTELLECTUAL/COGNITIVE**

A student must possess adequate intellectual and cognitive skills to:

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

## **SENSORY/OBSERVATIONAL**

A student must possess adequate sensory skills of vision, hearing, tactile, and smell to:

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

## **BEHAVIORAL/SOCIAL**

A student must possess adequate behavioral and social attributes to:

- Display mature empathetic and effective professional relationships by exhibiting compassion, integrity, and concern for others.\*
- Recognize and show respect for individuals with disabilities and for individuals of different ages, genders, race, religions, sexual orientation, and cultural and socioeconomic. Backgrounds.\*
- Conduct oneself in an ethical and legal manner, upholding the ASHA Code of Ethics and university and federal privacy policies.\*
- Maintain general good physical and mental health and self-care in order not to jeopardize the health and safety of self and others in academic and clinical settings.\*
- Adapt to changing and demanding environments (which includes maintaining both professional demeanor and emotional health.)
- Manage the use of time effectively to complete professional and technical tasks within realistic time constraints.
- Accept appropriate suggestions and constructive criticism and respond by modification of behaviors.
- Dress appropriately and professionally.

## APPENDIX D

### COMPREHENSIVE EXAMINATIONS FOR GRADUATE STUDENTS IN SPEECH-LANGUAGE PATHOLOGY

A requirement of the M.S. in Speech-Language Pathology at TCU is that all students pass comprehensive examinations. The primary purpose of comprehensive examinations is to allow for a summative assessment of a student's ability to integrate and synthesize information related to knowledge and skills obtained during their graduate studies. A secondary purpose of comprehensive examinations is to prepare students for the national PRAXIS examination. Comprehensive examinations, or "Comps", consist of two parts: **Part I**: written comps, and **Part II**: oral comps.

#### **Part I. Written Comps**

Written comps consist of applied questions submitted by faculty members who educated students in specific areas. Faculty members submit these questions in a format of their choice. The resulting examination is a multi-format test (combination of essay, short answer, and multiple choice). The examination is always administered on the Thursday and Friday prior to the start of classes in Spring semester of 2<sup>nd</sup> year. The examination is administered by the Graduate Coordinator.

Although questions comprising the written comps require students to integrate and synthesize information across patient populations, the lifespan, and individual courses, the examination will be organized into different content areas which can include:

1. Acquired Disorders of Language & Cognition
2. Fluency
3. Speech Sound Disorders
4. Language Disorders
5. Voice
6. Motor Speech
7. Swallowing

Within each major content area, questions potentially survey knowledge in professional issues, multicultural issues, research, basic science, and clinical management. Students will have a maximum of **1 hour** to complete the each section.

Responses from each content area will be graded by the faculty member submitting those questions, and scored as either:

**P** = Pass

**MP** = Marginal Pass

**F** = Fail

**Students must pass each section in order to progress to oral comps.** Students with an **MP** in any content area are required to meet with the respective faculty who wrote in that section, in order to discuss and rectify any possible deficiencies or misunderstanding of knowledge. Subsequent to that meeting, a faculty member may judge the student as passing, or they may require an additional remedial assignment which will allow the student to demonstrate required knowledge and/or skill in the content area.

Students with an **F** in any section are required to rewrite in each section for which they received the failing grade. The format of the rewrite is at the discretion of the faculty member who submitted questions in the specific content area(s). **This must be completed, graded and passed prior to the date for oral comps.**

Following successful completion of written comps, Part II will be administered.

### **Part II: Oral Comps**

Oral comps consist of a clinical case presentation based on a patient treated by the student during the course of their graduate studies. The case may be a patient treated in the Miller Speech & Hearing Clinic or at an externship site. Students in the Emphasis in Bilingual SLP track are required to present a bilingual case. Students are encouraged to begin thinking about possible cases they may be interested in presenting from the first semester of clinical practicum throughout the semester prior to oral comps.

Oral comps occur only after all content areas of written comps are passed. Oral comps are administered **after Spring Break in the 2<sup>nd</sup> year (last semester) of the graduate program.** A committee of 3 faculty members is assigned by the graduate coordinator to each student. This oral comps committee will independently score the case presentation using the **Oral Comps Grading Rubric** (see below). Separate scores for content & delivery will be generated. The student should use the rubric as a guide to developing the case presentation.

### **Guidelines for the case presentation are as follows:**

1. Once oral comps committees are assigned, the committee will identify a day and time for the presentation and notify these details to the student.
2. The student is responsible for reserving a room location for the oral comp, and also for making sure that any needed audiovisual aids will be present and working at that location.
3. On the day of the oral comp, the student will present the case, using the Oral Comps Grading rubric guidelines, for a maximum of 30 minutes.
4. Following the 20 minute presentation, the committee will ask follow-up questions for approximately 10 to 20 additional minutes.

5. Once the follow-up question period is completed, the committee will ask the student to step out of the room so that they can confer.
6. After conference, the committee will call the student back into the room and debrief them on their grade, performance, and demonstration of knowledge.

**Faculty of the department have provided these additional guidelines which may assist the student in putting the presentation together.**

- If a student is using another person's material (e.g., a faculty member's presentation/poster), he/she should obtain permission to use the material and then assign credit for that information. That is, it should be clear what the student generated for the presentation and what was from another source.
- Since the purpose of the oral comps is to integrate knowledge and skills acquired over the course of the graduate program, it is important for students to acknowledge new ways to think about cases. So it is fine to say how you may now change the treatment based on newly acquired information.
- Be prepared to provide sound rationales for treatment objectives and procedures. It is not appropriate to throw your supervisor under the bus when you don't understand why you did something.

The grade for the oral comp is either **Pass or Fail**, using criteria specified in the Oral Comps Grading rubric. If a student is judged to Fail, the committee will decide on a remediation procedure, which may include a subsequent presentation of the same case, a subsequent presentation of a different case, or some other demonstration of knowledge and/or skill deemed to be deficient during the initial presentation. All students must pass the oral comp prior to the last day of classes in their final semester, or risk having to delay graduation.

**Students choosing a Thesis option**

For students who choose to complete a thesis, the approved thesis document serves as the written comprehensive examination and the oral defense of the thesis serves as the oral comprehensive examination. A master's thesis represents the culmination of the student's program and is expected to demonstrate thoroughness of research, keenness of analysis, and effectiveness of expression. General instructions for preparing and presenting theses can be found in the TCU Information Manual for Theses and Dissertations. Additionally, thesis research that involves human subjects must be reviewed and approved by the departmental Student Research Review Committee and then submitted to and approved by the Chair of the university Institutional Review Board prior to the initiation of the methodological portion of the study. Similar guidelines apply to research involving animals, which must be submitted to and approved by the Institutional Animal and Use Committee prior to initiation of the methodological portion of the study.

Prior to students orally presenting their thesis, the written thesis document must have been submitted to the student's thesis committee. It is recommended that students submit this initial draft of their document to their committee no later than 2 weeks prior to their oral defense. Oral thesis presentations typically occur in the last semester of the student's graduate program. A flow-chart illustrating the thesis process along with specific guidelines for structure and format of the thesis can be found in the Research section of the Harris College website.

**Oral Comprehensive Examination  
Grading Rubric**

Criteria	3 points**	2 points**	1 point**	0 points**
<b>Content of Presentation</b>				
<b>Case History / Background</b>	Comprehensive information that is sequential; Medical history as needed; Previous therapy summarized	Some needed information missing; Unorganized and/or non-sequential; Lacks medical information; previous therapy not discussed	Misinformation or missing information; Unorganized; Lacks clarity; Presentation disjointed	Not included
<b>Assessment</b>	Detailed with descriptions of test purposes; Data clarified through use of graphics/charts; Variety of testing (e.g., criterion-referenced); Observational data included	Data presented, but lacking detail; Limited discussion of purpose of testing; Observations not documented/noted	Data provided with limited explanation; Many pieces missing	Not included
<b>Intervention / Therapeutic Strategies</b>	Triangulation of EBP (research, clinician preference, family/client preference); Proof of literature review; Addresses goal selection; Discussion of adaptability to client (client response)	Use of two out of three evidence-based elements; Limited literature review; Inappropriate goals; Limited discussion of client response	Only addressed one aspect of evidence-based decision making; No literature review present; Does not address goal selection; No discussion of client response	Not included
<b>Adaptability / Variability of Approach</b>	Noted changes in protocol based on client response; Discusses an example of flexibility in procedures; Problem solving in session discussed	Protocol followed with limited variability; Client specific adjustments not fully discussed; Examples of variability not specific	Protocol followed with no variability; Client specific adjustments not discussed; No examples of variability	Not included
<b>Summary of Client Progress</b>	Clearly demonstrates client progress with data and goals; Discusses client / family perception of progress; Potential for further improvement; Discussion of other possible strategies and future possible goals/strategies	Data reported on client's progress not clearly discussed; Client/family perception of progress not considered; Future therapeutic intervention not mentioned	No data to support goal outcomes; Summary of progress lacking or unorganized; Client/family perceptions not considered; Future strategies not discussed	Not included

Criteria	3 points**	2 points**	1 point**	0 points
<b>Delivery of Presentation</b>				
<b>Organization of Subject Matter</b>	Information presented in a logical, interesting sequence which audience can follow	Audience has difficulty following presentation because subject matter is not fully in a sequential or recognizable order	Audience has considerable difficulty following the presentation because there is little to no sequence of information	Not Acceptable
<b>Response to Audience Questions</b>	Student demonstrates full knowledge with explanations and by answering all questions accurately	Student is uncomfortable with information and is able to answer only rudimentary questions	Student does not have a grasp of information and cannot answer many questions	Not Acceptable
<b>Visuals: Graphics / PPT</b>	Graphics explain and reinforce screen text and presentation; Use of scanned images, pictures, and/or audio samples; Citations noted as appropriate	Student occasionally uses graphics that rarely support text and presentation; No use of scanned images, pictures, audio clips; Citations limited	Student uses superfluous graphics or no graphics; No additional visual supports included; No citations present	Not Acceptable
<b>Mechanics and Use of Text</b>	No misspellings or grammatical errors in presentation; Animation is used effectively/not distracting; Text is succinct and appropriate	Some misspellings and grammatical errors; Animation is distracting or superfluous; Text is too large/small and/or too long	Many misspelling and grammatical errors; Animation very distracting or not relevant; student uses whole paragraphs rather than bullet points; Text difficult to follow	Not Acceptable
<b>Eye Contact and Delivery</b>	Eye contact maintained with audience (seldom returning to notes); Periodically directs acknowledges audience and directs them to slides while presenting	Eye contact occasionally used; Reads more than 50% of presentation and seldom acknowledges audience or directs audience to important points on slide	Eye contact generally lacking; Reads more than 70% of presentation and does not acknowledge audience or direct audience to important points on slides	Not Acceptable
<b>Elocution</b>	Student uses a clear voice and correct, precise pronunciation of terms so that all audience members can hear presentation; Use of appropriate rate	Student's voice is low; Incorrectly pronounces terms; Audience members have difficulty hearing presentation; Rate of delivery too slow/fast	Student mumbles, incorrectly pronounces terms and speaks too quietly for people in the back of the class to hear; Delivery in monotone voice/distracting	Not Acceptable

**Grading Formula:** (content average\* X .7) + (delivery average\* X .3) = **Grade**

**Pass = Average of 2.5 points / Fail = Below 2.5**

**\*Average of scores of 3 committee members**

**\*\*Scores of 2.5, 1.5, & 0.5 can be given if students partially but not fully meet criteria for higher score.**

## **APPENDIX E**

### **Guidelines for Graduate Assistantships**

The following includes guidelines for the types of duties and responsibilities typically expected of Graduate Assistants in the Department of Communication Sciences & Disorders at TCU:

#### **Teaching Assistants**

- Development of instructional materials
- Grading of tests
- Limited direct teaching of course units
- Conduct labs for specified courses under faculty supervision

#### **Research Assistants**

- Planning, designing, and/or executing research projects
- Performing literature searches including copying at MCB library
- Subject scheduling
- Data collection, organization, input, and analysis

#### **Clinical Assistants**

- Development and maintenance of clinical materials and equipment
- Conduct demonstration therapy
- Collect and/or analyze clinical data
- Schedule diagnostics

**Departmental Assistants** will be tasked with Departmental assignments which assist with the academic, clinical, and research needs of the greater department. Assignments for Departmental Assistants will be given to them by the DA Manager, who will receive requests from faculty & staff of the department and assign them accordingly. The following includes guidelines for the types of duties and responsibilities typically assigned of Departmental Assistants:

- **Departmental GA Manager:**
  - Organize, schedule, and track assignments of the Departmental Graduate Assistants.
  - Reports directly to the graduate coordinator.
- **Clinical Recording:**
  - Complete recordings, and instruct students and faculty on the use and maintenance of recording equipment.
  - Serve as a contact for COSD students using clinic recording equipment (e.g., video cameras, VCR/viewing monitor, therapy room tape recorders, dubbing equipment, video archiving to DVDs/computer/etc.).
  - Act as a contact with Instructional Services personnel to problem solve recording difficulties.

- **Clinic Materials:**
  - Maintain an accurate inventory of assessment and treatment materials in the clinic, including the clinic library, grant materials housed in faculty offices, and toy closets.
  - Sterilize and complete other clinic material maintenance as needed.
  
- **Community Outreach:**
  - Alumni relations
    - Develop and maintain alumni data bases
    - Maintain Alumni Spotlight on Website
    - Develop and distribute COSD online newsletter
    - Coordinate alumni activities hosted by COSD
  - Support all faculty and staff in Spanish translations and interpretation
  
- **Department Promotion:**
  - Develop and distribute recruitment materials
  - Participate in major /career events
  - Website
    - Monitor the currency and navigation ease of the website
    - Solicit revisions and updates from faculty members
  
- **Transcription:**
  - Complete transcription of speech and language samples.
  
- **Clinical Instruction:**
  - Assist in the development of clinical materials
  
- **Academic Instruction:**
  - Assist with new course development
  - Provide support for academic course changes

**Faculty will assign duties to assistants which can be accomplished within 8 hours of a single week (Monday through Sunday) and within 15 weeks of a single semester. No GA will be required to work more than a maximum of 8 hours in any one week, and will not “accrue” hours where they are expected to work more than 8 hours in any one week because they worked less than that in a prior week, unless a mutual agreement is reached between the student and faculty member. When such an agreement is made the graduate coordinator will be notified. At the end of each semester, the last day students are required to perform GA duties is the last class day of the semester. No “accrued” hours will extend beyond that date.**

**During the summer semester, GAs are expected to work a maximum of 80 hours between the first day of class for the summer term through the last day of class. However, they will not be assigned a workload which requires more than 8 hours of work in any one**

**week, and faculty will make assignments accommodating the fact that students will not be physically present on campus during their clinical externship.**

## APPENDIX F

### TEXAS CHRISTIAN UNIVERSITY MILLER SPEECH & HEARING CLINIC

#### COSD 60300 Caseload Request Form

Name: \_\_\_\_\_

Check the semester this form pertains to:  Fall,  Spring,  Summer, 20\_\_\_\_\_

Please indicate the exact number of clock hours you have in each area. Then check all those areas in which you still need hours and rank order those areas in which you would most like to obtain hours during this coming semester.

AREA	CLOCK HOURS TO DATE	MINIMUM HOURS NEEDED	ARA REQUESTED (RANK ORDER)
<b>Evaluation</b>			
Speech (child)		15	
Language (child)		15	
Speech (adult)		15	
Language (adult)		10	
Dysphagia (adult/child)		10	
<b>Treatment</b>			
Language (child)		20	
Language (adult)		20	
<i>Speech</i>			
Articulation (adult/child)*		20	
Voice (adult/child)*		20	
Fluency (adult/child)*		20	
Dysphagia (adult/child)		10	

\*At least 20 speech (Artic, Voice, or Fluency) hours must be with children and 20 speech hours must be with adults.

Aural Rehabilitation                    \_\_\_\_\_ 20  
Audiological Screening                \_\_\_\_\_ 5

TOTAL HOURS AT UNDERGRAD \_\_\_\_\_  
TOTAL HOURS AT GRADUATE        \_\_\_\_\_

Form Continued.....

## APPENDIX G

### TEXAS CHRISTIAN UNIVERSITY MILLER SPEECH & HEARING CLINIC

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#### Policy for Criminal Background Check

- I. **COSD students required to have Criminal Background Check/Timing of criminal background check:**
  - A. COSD students enrolled in clinical coursework for the first time or student who has had a break in enrollment in clinical courses are required to complete the criminal background check at the time designated by COSD prior to the first clinical day at The Miller Speech and Hearing Clinic (MSHC). A break in enrollment is defined as non-enrollment for one full semester or more in clinical coursework.
  - B. Each student who will be the subject of the criminal background check is required to cooperate with the company conducting the check so that it can be completed at the time required by COSD prior to the student contacting clients or patients at the MSHC or off-campus facility. Each student is required to sign any and all consents/releases in the form designated by COSD including consent to the criminal background check and permission for it to be provided by the company to TCU and COSD. It is intended that the background check include all cities and counties of known residence for the 7-year period prior to the check. Under this policy, the term “falling” the criminal background check is defined as the screening company reporting to COSD that the student had any of the following during the 7-year period prior to the check:
    - A felony conviction
    - A misdemeanor conviction or felony deferred adjudication involving
    - a crime against a person (physical or sexual abuse),
    - A misdemeanor conviction related to moral turpitude (prostitution,
    - public lewdness/exposure,
    - A felony deferred adjudication for the sale, possession, distribution,
    - or transfer of narcotics or controlled substances,
    - Registration as a sex offender.

## **II. Reporting of Criminal Background Check to COSD:**

The company conducting the background check will communicate the criminal background check results to the Chair, COSD. It is the policy of TCU and COSD to maintain the confidentiality of these criminal background check results to the extent required by law.

## **III. Consequences**

Where a student fails the criminal background check, the following will occur:

- A. The student will not be allowed to begin clinical practicum until the company conducting the check reports to COSD (perhaps through clarifying information provided by the student to the company) that the student no longer fails the check:
- B. The student will be notified of a description of the adverse action taken, the name of the company which prepared the report, a statement that the company did not make the decision to take the adverse action, that the company, and to contest its contents:
- C. The results will be shared by COSD with the TCU Dean of Campus Life for further action under TCU's institutional policies; and
- D. Other appropriate action, if any.

A student who is convicted of or receives deferred adjudication for any of the offenses referred to in Section 1 B above while enrolled in the program must report the conviction to the Chair, COSD within three days of the conviction, at which time, the student will be referred to the TCU Dean of Campus Life and suspended from the COSD program.

*The estimated cost of the criminal background check is approximately \$45.00. The cost of the check is the student's responsibility.*

## **IV. TCU'S Institutional Policies/Policies of Other Departments or Programs**

TCU has separate and additional Institutional policies which may provide additional requirements, disciplinary action, and/or consequences applicable to events and occurrences covered by the COSD policy.

In addition, some other programs or departments at TCU have, or in the future may have drug test and/or criminal background check policies or procedures. These other policies and procedures, and their terms, conditions, requirements disciplinary action and/or consequences are in addition to those in this COSD policy.

See also the TCU Student Handbook, which provides additional information on about on-campus services and health risks associated with drug and alcohol abuse.

## APPENDIX H

### TEXAS CHRISTIAN UNIVERSITY MILLER SPEECH & HEARING CLINIC

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#### GUIDELINES FOR CLINICAL EXTERNSHIP

##### PURPOSE OF CLINICAL EXTERNSHIPS

The purposes of clinical externships are:

1. To provide more varied experience, not only with disorders managed, but also to allow for variation in site characteristics
2. To provide a transition between the clinical experience of an educational program and professional practice
3. To offer students additional exposure to different clinical philosophies and procedures.
4. To fulfill the requirement for ASHA certification.

##### GUIDELINES FOR STUDENT ELIGIBILITY

To be eligible for an externship placement a student must have:

- Completed 40 clock hours of clinical practice at the graduate level.
- Complete one semester of COSD 60300.
- Achieved a cumulative GPA of 3.0 in the major.
- Received a minimum final grade of B from all clinical instructors evaluating the student as part of COSD 60300.
- Normally completed the relevant didactic course/s before providing treatment for a disorder at the externship site; however, if the site supervisor agrees, the student may be enrolled in the relevant didactic course/s concurrently with the provision of clinical services at the site.
- Been able to spend a minimum of four hours per week up to a maximum of two and a half days per week at the externship site.
- Been recommended for an externship assignment by the faculty members assigned to teach COSD 60300 and the Clinic Coordinator. Preference will be given to students nearest the completion of their graduate program.

## **PROCEDURES REQUIRED FOR STUDENTS AND SITE SUPERVISORS**

- A. All externship supervisors must hold the Certificate of Clinical Competence from the American Speech-Language-Hearing Association in the appropriate clinical area.
- B. The student must engage in client contact as defined by ASHA guidelines in order to receive clock hour credit.
- C. The faculty member assigned to teach COSD 60300 will make externship assignments after consultation with other faculty members having knowledge of the student's clinical experience and completed didactic course work. The faculty member will then assign eligible students to a site after consultation with the site supervisor. Externship assignments for any student will be made only after client and class assignments within the Miller Clinic have been finalized.
- D. Externship site supervisors must agree to provide direct observation of the therapy provided by the student at least one-fourth of the time (e.g., 15 minutes of every hour with a client). Diagnostic procedures must be directly supervised at least one-half of the time. At the beginning of each externship placement, the practicum course instructor will send a letter of agreement to each externship supervisor, along with a copy of ASHA guidelines for supervision. By signing the letter and returning it to the faculty member, the supervisor agrees to abide by those requirements.
- E. The externship supervisor in accordance with that agency's requirements shall define record keeping and report writing responsibilities.
- F. A written evaluation from the site supervisor regarding each student's performance must be filed at midterm and at the end of the semester. Evaluation forms will be provided by The Miller Clinic. If any problems arise regarding the student's performance, the site supervisor is expected to contact the faculty representative as soon as possible. The site supervisor must confer with the student at midterm and at the end of the term to explain rating assigned on the practicum evaluation form. The completed evaluation forms will then be sent to the faculty representative who will use the form completed at the end of the semester to compute the student's grade. This evaluation may constitute all or part of the student's semester grade, depending on the number of other supervisors to whom the student is responsible. Rating assigned by each supervisor at the externship site and at the Miller Clinic will be weighed according to the number of hours obtained by the student with that supervisor.
- G. The externship site must not depend on the student to generate new services for the agency.
- H. Each externship site will be evaluated by a faculty committee on a regular basis, after receiving feedback from the externs and their supervisors.

## **APPENDIX I**

### **TEXAS CHRISTIAN UNIVERSITY MILLER SPEECH & HEARING CLINIC**

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#### **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 professions and positive outcomes for individuals who benefit from the work of audiologists, speech-language pathologists, and speech, language, and hearing scientists.

**Principles of Ethics I through IV can be found at this link: <http://www.asha.org/Code-of-Ethics/> It is each student's responsibility to read the complete set of ethics principles and rules found on that ASHA page.**

## APPENDIX J

### TEXAS CHRISTIAN UNIVERSITY MILLER SPEECH & HEARING CLINIC

#### EVALUATION OF PERFORMANCE IN DIAGNOSTICS

STUDENT: \_\_\_\_\_ CLIENTS: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_ SEM/YR: \_\_\_\_\_ DATE: \_\_\_\_\_

AVG. RATING: \_\_\_\_\_ # HRS. \_\_\_\_\_ PRACTICUM LEVEL: \_\_\_\_\_

**MINIMUM REQUIREMENTS:** An unsatisfactory rating on any of the minimum requirements will result in a reduction of 0.5 in your rating for that term. If you are in jeopardy of receiving an unsatisfactory rating on any item in this section, your supervisor will notify you. Students receiving a grade of less than B- on an individual evaluation form will accrue no clinical hours for that training.

REQUIREMENTS	U	S
<b>Regular attendance at clinical meetings</b>		
<b>(Meet deadlines for approval of reports and protocols</b>		
<b>Punctual in regard to client appointments and other meetings</b>		
<b>Personal appearance appropriate for setting and professional standards</b>		
<b>Respects confidentiality in all professional activities</b>		
<b>Appears to recognize own professional limitations through behaviors</b>		
<b>Uses socially and professionally acceptable communication style</b>		
<b>Prepares clinical setting prior to session</b>		
<b>Notifies supervisor when client would not be present for session</b>		
<b>Maintains appropriate records and organization of client folder</b>		

**CLINICAL SKILLS REQUIRMENTS:** Clinical skills must be demonstrated at an appropriate breadth and depth depending on the number of semesters a student has had clinical experiences. The following evaluation scale will be used to rate demonstration of skills in the domains of Planning, Procedures, Report Writing, and Interactions:

- 1** = Unacceptable at any level of training
- 2-4** = These values represent increasing clinical skills shown by the student, but with constant 5-or very specific in put form the supervisor as necessary.
- 5-6** = These values represent adequate or good performance of clinical skills shown by the student with general or broad guidance necessary from the supervisor.
- 7-8** =These values would be applied when the student functions with minimal specific instruction from the supervisor.
- 9** = Here the student is demonstrating initiative and is to a large extent self-directed in terms of preparation, carrying out and reporting treatment and diagnostic sessions.

<b>PLANNING SKILLS</b>									
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>
<b>Reads case history and develops appropriate assessment protocol to best assess the client's communicative behavior</b>									
<b>Meets with the supervisor before the diagnostic session and presented a rationale for selected assessment protocols</b>									
<b>Prepares prior to administration of diagnostic tests by demonstrating familiarity with testing procedures</b>									
<b>Uses case history to develop an appropriate list of questions for parent/client interview</b>									
<b>Obtains instrumentation in advance and ensures it is operational</b>									
<b>Gathers relevant background information thoroughly and efficiently.</b>									
<b>Prepares clinical environment so that it is conducive to testing</b>									
<b>Presents test instructions/materials appropriately</b>									
<b>Effectively deals with any behavioral issues</b>									
<b>Maintains client's attention and motivation</b>									
<b>Appropriately modifies formal test as needed considering ethnicity and other issues.</b>									

<b>PROCEDURAL SKILLS</b>									
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>
<b>Presents instructions so that the client clearly understands goals</b>									
<b>Administers all formal tests accurately and efficiently</b>									
<b>Demonstrates accurate clinical observation skills with sensitivity to and awareness of all relevant client behaviors</b>									
<b>Elicits and evaluates all appropriate (speech / language / hearing) behaviors</b>									
<b>Scores all diagnostics tests appropriately</b>									
<b>Uses and monitors the performance of any instrumentation required</b>									

<b>REPORT WRITING SKILLS</b>									
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>
<b>Interprets results of diagnostic tests appropriately in light of other available information (academic, medical, school, psychological)</b>									
<b>Frames diagnostic statements synthesizing results of the assessment</b>									
<b>Describes all aspects of communicative behaviors using terminology that would be clearly understood by those reading the report</b>									
<b>Reports informal testing, observations, and interpretations</b>									
<b>Organizes reports according to format established in 40300/50300/60300 handbooks</b>									
<b>Uses correct syntax, spelling, punctuation and IPA</b>									
<b>Makes appropriate, specific, and complete recommendations and/or referrals based on information obtained from the assessment</b>									
<b>Makes necessary revisions and resubmits report on a 24-hour cycle or agreed upon time line.</b>									

<b>INTERACTION SKILLS</b>									
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>
<b>Relates pertinent information to the client/parent/spouse in an organized and professional manner</b>									
<b>Orally interprets the diagnostic test appropriately in light of other available information (academic, medical, social, psychological).</b>									
<b>Maintains a confident image with client/parent/spouse during the diagnostic session</b>									
<b>Interacts appropriately with other professionals involved</b>									
<b>Evaluates own diagnostic performance and/or used self-supervisory skills</b>									
<b>Orally makes appropriate, specific, and complete recommendations/referrals to parent/client/spouse based on information obtained from the assessment.</b>									

**Student:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Supervisor:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## APPENDIX K<sup>1</sup>

### TEXAS CHRISTIAN UNIVERSITY MILLER SPEECH & HEARING CLINIC

#### EVALUATION OF PERFORMANCE IN PRACTICUM

STUDENT: \_\_\_\_\_ CLIENT: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_ SEM/YR: \_\_\_\_\_ DATE: \_\_\_\_\_

AVG. RATING: \_\_\_\_\_ # HRS. \_\_\_\_\_ PRACTICUM LEVEL: \_\_\_\_\_ GRADE: \_\_\_\_\_

**MINIMUM REQUIREMENTS:** An unsatisfactory rating on any of the minimum requirements will result in a reduction of 0.5 in your rating for that term. If you are in jeopardy of receiving an unsatisfactory rating on any item in this section, your supervisor will notify you. Students receiving a grade of less than B- on an individual evaluation form will accrue no clinical hours for that training.

REQUIREMENTS	U	S
Observes clinical rules as stated in 40300/50300/60300 handbooks		
On time and prepared for supervisory conferences with written self-evaluation		
Has regular and prompt attendance at clinical labs		
Meets deadlines for approval of lesson plans and reports		
Completes required closet assignments on a regular basis		
Upholds ASHA's Code of Ethics		

PLANNING SKILLS									
	1	2	3	4	5	6	7	8	9
Formulates realistic semester goals based on past reports and current semester probes									
Formulates appropriate daily session objectives									
Modifies program when indicated with supervisory approval									
Materials/activities are appropriate for client's interests and developmental level									
Structures sessions for maximum number of responses									
Plans home activities and reviews with parents, as appropriate									
Provides information on Evidence Based Practice for therapeutic approach selected in training goals.									

<b>INTERACTION SKILLS: CLINICAL &amp; SUPERVISORY</b>									
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>
<b>Relates to the client as an individual &amp; establishes good rapport</b>									
<b>Displays appropriate affect during treatment. Clinician appears to enjoy what they are doing</b>									
<b>Keeps personal issues from interfering with clinical responsibilities</b>									
<b>Uses initiative &amp; independence during therapeutic process</b>									
<b>Displays confident image in clinical setting, including interactions with client and family members; Is not overly informal; Modulates affect to fit the situation</b>									
<b>Updates the client &amp; family on therapy progress, as appropriate</b>									
<b>Self-critiques responsibly, accurately, and insightfully; Sets realistic personal goals; Develops and follows a plan to achieve these goals</b>									
<b>Responds to oral and written suggestions from supervisor; accepts balanced criticism constructively</b>									
<b>Establishes and maintains open, reflective, and constructive relationships with the supervisor</b>									
<b>Seeks and is receptive to supervisor's input but not overly dependent</b>									
<b>Interacts openly, positively, and non-judgmentally with client and family; Shows respect for other's different personal characteristics (disability, gender, race, ethnicity, sexual orientation, practices, beliefs, traditions, age, and national origin)</b>									

<b>SKILLS IN MANAGEMENT OF RECORDS</b>									
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>
<b>Maintains appropriate records in the client permanent file per 40300/50300/60300 handbook</b>									
<b>Maintains appropriate materials in working folder per 40300/50300/60300 handbook. Nothing with client's name appears in the working folder</b>									
<b>Has working folder available at each session for supervisory review</b>									

<b>PROCEDURAL SKILLS</b>									
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>
<b>Manages clinical time effectively, including prompt starts and finishes</b>									
<b>Demonstrates a planned focus for each transition and communicates this to the client; Tasks are transitioned in a n effective and efficient manner</b>									
<b>Goals are made clear to the client including an opening statement and summary at end of session; Application to real world setting is told to the client</b>									
<b>Maintains goal oriented therapy throughout each session; On task / off task ratios</b>									
<b>Uses activities &amp; materials appropriate for client age and areas of difficulty</b>									
<b>Adjusts room, materials, and tasks to maximize client attention</b>									
<b>Has all materials available and organized.</b>									
<b>Uses effective instructional techniques including modeling, informative feedback, and guidance as needed</b>									
<b>Collects sufficient data to adequately assess and refin treatment goals</b>									
<b>Demonstrates clinical flexibility &amp; adaptability – recognizes if tasks are too difficult or simple for the client; Increases and decreases task difficulty as necessary</b>									
<b>Models and elicits targets spontaneously as opportunities arise; Takes advantage of teachable moments</b>									
<b>Demonstrates behavior management – facilitates client’s cooperation by convincingly conveying expectations and limits and by supportively enforcing these limits</b>									
<b>Uses reinforcement effectively for treatment targets and behavior management</b>									
<b>Encourages client to self-evaluate when appropriate</b>									
<b>Uses speech rate and language appropriate to client’s developmental level</b>									
<b>Keeps client/clinician talking time at appropriate ratios/levels</b>									
<b>Follows therapy plan as written unless changed with supervisor approval</b>									
<b>Effectively uses established treatment programs</b>									
<b>Uses instrumentation appropriately</b>									

<b>PROBES/BASELINES/DATA COLLECTION SKILLS</b>									
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>
<b>Provides both qualitative and quantitative assessment of the week's results on lesson plans/in classroom results</b>									
<b>Language sample/connected speech sample contain correct IPA/data analysis/transcription</b>									
<b>Probe lists and target word lists are accurately selected</b>									
<b>Uses data/observations to set targets for following weeks; Collects sufficient data to make this judgment</b>									

<b>REPORT WRITING SKILLS (50% of cumulative grade)</b>									
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>
<b>Training goals</b>									
<b>Parent/Client letter</b>									
<b>Part I of Summary Report</b>									
<b>Parts II-V of Summary Report</b>									
<b>Progress Report to Parent/Client</b>									
<b>Lesson plan goals were written in correct, instructional objective format</b>									
<b>Reports were submitted on time and corrections returned in 24 hours</b>									
<b>Reports were proofread and recommended corrections were made</b>									
<b>Reports completed/filed in the permanent folder upon supervisor's signature</b>									

**FINAL GRADE CALCULATION**

**Writing**      Average of Report Writing Skills x .5 = \_\_\_\_\_

**Treatment**      Average of Planning through Probes/Baselines/Data Collection x .5 = \_\_\_\_\_

**TOTAL**      \_\_\_\_\_

**MIDTERM SIGNATURES**

**Student:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Supervisor:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**FIINAL SIGNATURES**

**Student:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Supervisor:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**STRENGTHS**

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**WEAKNESSES**

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**GOALS**

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## APPENDIX L<sup>2</sup>

### TEXAS CHRISTIAN UNIVERSITY MILLER SPEECH & HEARING CLINIC

#### EVALUATION OF PERFORMANCE IN SPECIALTY CLINICS

STUDENT: \_\_\_\_\_ CLIENT: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_ SEM/YR: \_\_\_\_\_ DATE: \_\_\_\_\_

AVG. RATING: \_\_\_\_\_ # HRS. \_\_\_\_\_ PRACTICUM LEVEL: \_\_\_\_\_ GRADE: \_\_\_\_\_

**MINIMUM REQUIREMENTS:** An unsatisfactory rating on any of the minimum requirements will result in a reduction of 0.5 in your rating for that term. If you are in jeopardy of receiving an unsatisfactory rating on any item in this section, your supervisor will notify you. Students receiving a grade of less than B- on an individual evaluation form will accrue no clinical hours for that training.

REQUIREMENTS	U	S
Observes clinical rules as stated in 40300/50300/60300 handbooks		
On time and prepared for supervisory conferences with written self-evaluation		
Has regular and prompt attendance at clinical labs		
Meets deadlines for approval of lesson plans and reports		
Completes required closet assignments on a regular basis		
Upholds ASHA's Code of Ethics		

PLANNING SKILLS										
	1	2	3	4	5	6	7	8	9	
Formulates realistic semester goals based on past reports and current semester probes										
Formulates appropriate daily session objectives										
Modifies program when indicated with supervisory approval										
Structures sessions for maximum number of responses										
Plans home activities and reviews with parents, as appropriate										
Uses information on Evidence Based Practice to formulate treatment plan.										

<b>INTERACTION SKILLS: CLINICAL &amp; SUPERVISORY</b>									
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>
<b>Establishes and maintains a professional relationship with client and family as indicated by rapport, appropriate affect, and confidence</b>									
<b>Self-critiques responsibly, accurately, and insightfully; Sets realistic personal goals; Develops and follows a plan to achieve these goals.</b>									
<b>Responds to oral and written suggestions from supervisor; Accepts balanced criticism constructively</b>									
<b>RECORD MANAGEMENT SKILLS</b>									
<b>Maintains appropriate records in the client's working and permanent files per 60300 handbook</b>									

<b>PROCEDUREAL SKILLS</b>									
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>
<b>Demonstrates effective use of clinical time to address objectives, including prompt starts and finishes</b>									
<b>Goals and objectives are made clear to the client at the start of the semester, and as they are changed.</b>									
<b>Uses effective instructional techniques, differentiating between objective, activity, and teaching strategy</b>									
<b>Evaluates client responses correctly</b>									
<b>Collects sufficient data to adequately assess and refine treatment and goals.</b>									
<b>Demonstrates clinical flexibility/adaptability – Recognizes if tasks are too difficult or simple for the client; Increases and decreases task difficulty as necessary</b>									
<b>Encourages client to self-evaluate when appropriate</b>									
<b>Uses instrumentation appropriately</b>									
<b>Includes family members as appropriate to the case</b>									
<b>Therapy procedures are consistent with target goals</b>									

<b>PROBES/BASELINES/DATA COLLECTION SKILLS</b>									
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>
<b>Provides both qualitative and quantitative assessment of the week's results on lesson plans</b>									
<b>Baseline and treatment probes are appropriate and included on the lesson plan</b>									

REPORT WRITING SKILLS									
	1	2	3	4	5	6	7	8	9
Training goals and objectives are measurable and reflect the expected outcome									
Letters and reports are well-written and submitted in a timely manner									
Reports demonstrate an understanding of the case history and its implications									

**FINAL GRADE CALCULATION**

Mid Term

MTA \_\_\_\_\_

Second Half of Semester Average

\_\_\_\_\_

$(MTA \times \#Hrs) + (SHSA \times \#Hrs) \div \text{total Hrs}$

Final Grade \_\_\_\_\_

**MIDTERM SIGNATURES**

Student: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Date: \_\_\_\_\_

**FIINAL SIGNATURES**

Student: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Date: \_\_\_\_\_

## APPENDIX M

### TEXAS CHRISTIAN UNIVERSITY MILLER SPEECH & HEARING CLINIC

#### PRACTICUM PERFORMANCE GRADING SCALE

The following grading system recognizes that students new to clinical practice need more guidance, and do not perform as well as students about to leave the program. They are expected to move toward increased initiative and improved clinical performance. Therefore, as a student moves through practicum assignments they are expected to score higher and higher on the scale in order to maintain an acceptable grade (A or B).

This grading system also assumes that students will have at least minimal academic training prior to a given clinical assignment and those assignments will be based on student need and preparation rather than client need or population. Students will be assigned to practicum in a disability category upon recommendation of a clinical supervisor, depending on the student's academic and clinical background.

It is particularly important that assignments made on the basis of student need and preparation in the case of students in 60300, where the clinical supervisor must eventually decide if the student could function at an independent professional level with a particular type of client.

1 <sup>st</sup> Semester 40340 & 40300		2 <sup>nd</sup> Semester 40340 & 40300		3 <sup>rd</sup> Semester 40340 & 40300		4 <sup>th</sup> Semester 40340 & 40300	
Mean Rating		Mean Rating		Mean Rating		Mean Rating	
3.6 or better	A	4.1 or better	A	4.6 or better	A	5.1 or better	A
3.5	A-	4.0	A-	4.5	A-	5.0	A-
3.4	B+	3.9	B+	4.4	B+	4.9	B+
3.3 – 3.1	B	3.8 – 3.6	B	4.3 – 4.1	B	4.8 – 4.6	B
3.0	B-	3.5	B-	4.0	B-	4.5	B-
2.9	C+	3.4	C+	3.9	C+	4.4	C+
2.8 – 2.6	C	3.3 – 3.1	C	3.8 – 3.6	C	4.3 – 4.1	C
2.5	C-	3.0	C-	3.5	C-	4.0	C-
2.4	D	2.9	D	3.4	D	3.9	D

1 <sup>st</sup> Semester 60300		2 <sup>nd</sup> Semester 60300		3 <sup>rd</sup> Semester 60300		4 <sup>th</sup> Semester 60300	
Mean Rating		Mean Rating		Mean Rating		Mean Rating	
5.6 or better	A	6.1 or better	A	6.6 or better	A	7.1 or better	A
5.5	A-	6.0	A-	6.5	A-	7.0	A-
5.4	B+	5.9	B+	6.4	B+	6.9	B+
5.3 – 5.1	B	5.8 – 5.6	B	6.3 – 6.1	B	6.8 – 6.6	B
5.0	B-	5.5	B-	6.0	B-	6.5	B-
4.9	C+	5.4	C+	5.9	C+	6.4	C+
4.8 – 4.6	C	5.3 – 5.1	C	5.8 – 5.6	C	6.3 – 6.1	C
4.5	C-	5.0	C-	5.5	C-	6.0	C-
4.4	D	4.9	D	5.4	D	5.9	D

### KEY TO EVALUATION SCALE

Each student will be evaluated using this scale on each of the previously mentioned items. The scale reflects evaluation on two continuums: **(a)** Amount of supervisory assistance needed, and **(b)** Actual performance after supervisory input.

- 1** = Unacceptable at any level of training
- 2-4** = These values represent increasing clinical skills shown by the student, but with constant 5-or very specific input from the supervisor as necessary.
- 5-6** = These values represent adequate or good performance of clinical skills shown by the student with general or broad guidance necessary from the supervisor.
- 7-8** = These values would be applied when the student functions with minimal specific instruction from the supervisor.
- 9** = Here the student is demonstrating initiative and is to a large extent self-directed in terms of preparation, carrying out and reporting treatment and diagnostic sessions.

**The different values in this range (7, 8, 9) allow for discrimination between adequate (7) and truly outstanding (9) clinicians, keeping in mind that these values would be applied only when the faculty member feels that the student can function relatively independently.**

**APPENDIX N**

TEXAS CHRISTIAN UNIVERSITY  
**MILLER SPEECH & HEARING CLINIC**

---

**SELF EVALUATION CHECKLIST FOR CLINICIANS**

Name: \_\_\_\_\_ Date \_\_\_\_\_

**A. Organization**

**YES**      **NO**

\_\_\_\_\_

Did I have all the materials I needed?

\_\_\_\_\_

Were my materials organized so that I could use them smoothly?

\_\_\_\_\_

Was the room organized?

\_\_\_\_\_

Did the client seem to know the routines for the session?

\_\_\_\_\_

Were my instructions clear and easy to follow?

**B. Use of Time**

\_\_\_\_\_

Did I begin promptly and avoid wasting time between activities?

\_\_\_\_\_

Did I present activities in a logical order?

\_\_\_\_\_

Did I maintain a pace appropriate to the age of my client?

\_\_\_\_\_

Did I stay on-task?

\_\_\_\_\_

Did I keep my client on-task?

\_\_\_\_\_

Did I elicit the maximum number of responses from my client?

**C. Planned Activities**

\_\_\_\_\_

Did I get my client's attention by beginning with an appropriate lesson focus?

\_\_\_\_\_

Did I convey the lesson objective in language appropriate for my client's age level?

\_\_\_\_\_

Did my client know why this objective was important?

\_\_\_\_\_

Did I model the expected client behaviors?

\_\_\_\_\_

Did I include activities that facilitated transfer?

\_\_\_\_\_

Did I change activities when appropriate?

\_\_\_\_\_

Did I close the lesson with a brief review or progress check?

**APPENDIX O**

TEXAS CHRISTIAN UNIVERSITY  
**MILLER SPEECH & HEARING CLINIC**

---

**BILLING FORM EVALUATION – SPEECH & LANGUAGE**

Date: \_\_\_\_\_ Term: \_\_\_\_\_

CLIENT NAME: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Work: \_\_\_\_\_

CLINICIAN: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

---

**SERVICES RENDERED**

ORAL PROFICIENCY EVALUATION @ \$10.00 \_\_\_\_\_

COMPLETE SPEECH-LANGUAGE EVALUATION @ \$100.00 \_\_\_\_\_

SPEECH/LANGUAGE SCREENING @ \$25.00 \_\_\_\_\_

AMOUNT DUE:	_____
PAID:	_____
BALANCE DUE:	_____

**RECORD OF PAYMENT: Speech/Language Therapy**

**NOTE TO CLINICIANS:** Complete only the top portion of this form. If any changes occur during the semester please notify the administrative assistant. Total numbers should agree with your attendance record at the end of the semester.

**Client:** \_\_\_\_\_

**Parent(s):** \_\_\_\_\_

**Address:** \_\_\_\_\_  
 \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Date of First Session:** \_\_\_\_\_

**Length of First Session:** \_\_\_\_\_

**Date Submitted:** \_\_\_\_\_

**Clinician:** \_\_\_\_\_

**Semester:** \_\_\_\_\_

**Special Fees:**

**Student:** \_\_\_\_\_

**SPPA Maj:** \_\_\_\_\_

**Days:** Mon/Wed or Tue/Thur

**Total # Hrs. for Term:** \_\_\_\_\_

**Supervisor Signature:** \_\_\_\_\_

Date/Term	Service	Charge	Payment	Credit	Balance

**Record of Statements Sent / Insurance Letters:**

Date	Action		Date	Action

**APPENDIX P**

**TEXAS CHRISTIAN UNIVERSITY  
MILLER SPEECH & HEARING CLINIC**

---

**CLIENT ENROLLMENT FORM**

**COMPLETE THIS FORM AFTER EACH NEW DIAGNOSTIC EVALUATION**

**Client Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Client Number:** \_\_\_\_\_ **Dx Supervisor:** \_\_\_\_\_

**DOB:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Diagnosis:** \_\_\_\_\_

**Telephon:** \_\_\_\_\_ **Recommended Rx Supervisor:** \_\_\_\_\_

**Date of Eval:** \_\_\_\_\_ **Recommended Rx Clinician:** \_\_\_\_\_

**Dx Clinician:** \_\_\_\_\_

**CURRENT RECOMMENDATIONS:**

---

**CLIENT ENROLLMENT FORM**

**COMPLETE THIS FORM AFTER EACH NEW DIAGNOSTIC EVALUATION**

**Client Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Client Number:** \_\_\_\_\_ **Dx Supervisor:** \_\_\_\_\_

**DOB:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Diagnosis:** \_\_\_\_\_

**Telephon:** \_\_\_\_\_ **Recommended Rx Supervisor:** \_\_\_\_\_

**Date of Eval:** \_\_\_\_\_ **Recommended Rx Clinician:** \_\_\_\_\_

**Dx Clinician:** \_\_\_\_\_

**CURRENT RECOMMENDATIONS:**

## APPENDIX Q

# TEXAS CHRISTIAN UNIVERSITY MILLER SPEECH & HEARING CLINIC

---

### CLIENT RECORD ORGANIZATION

**Organization of Permanent Folders:** You are responsible for organizing the permanent folder for each assigned client in the sequence given below. Arrange all similar forms chronologically with the most recent on top.

#### **Section 1. Preceded by blue paper.**

- i. Case History Form
- ii. Summary of Progress Report-grouped by semester
  - a. Progress Report- grouped by semester
  - b. Parent Letter- grouped by semester
- iii. Reports from other agencies with permission for release attached
- iv. Correspondence
- v. Audiological Reports

#### **Section 2. Preceded by pink paper.**

- i. Assessment Forms
  - a. Formal
  - b. Informal
- ii. Language Samples
- iii. Audiograms
  - a. Impedance Tests
  - b. Screenings

#### **Section 3. Preceded by yellow paper**

- i. Attendance records
- ii. Training Goal sheets from ALL previous semesters
- iii. Lesson Plans for only the previous semester

The sheet of paper stapled to the left side of the folder should be used for serial notations regarding status of audiological checks, medical referrals & outcomes, educational issues, and other pertinent information.

**Organization of Working Folders:** Working folders contain lesson plans, training goals, tests, attendance records, and recording sheets. Organize information in the working folder as follows:

**Right side:** Lesson plans, the most recent on top.

#### **Left side:**

- i. Training Goals
- ii. Test administered during the current semester
- iii. Attendance record
- iv. Recording sheets for the programs used
- v. Training of probe lists

**APPENDIX R**

TEXAS CHRISTIAN UNIVERSITY  
**MILLER SPEECH & HEARING CLINIC**

---

**TRAINING GOALS**

**Client:** \_\_\_\_\_

**Semester/Yr:** \_\_\_\_\_

**Clinician:** \_\_\_\_\_

**Therapy Time:** \_\_\_\_\_

**Date Filled:** \_\_\_\_\_

**Approved:** \_\_\_\_\_

**Date Approved:** \_\_\_\_\_

---

**Baseline Behavior:**

**Projected Target Behavior:**

**Description of Plan or Program to be used:**

**APPENDIX S**

TEXAS CHRISTIAN UNIVERSITY  
**MILLER SPEECH & HEARING CLINIC**

---

**LESSON PLAN FORM**

**WEEKLY LESSON PLAN**

**MILLER SPEECH AND HEARING CLINIC**  
**Texas Christian University**

CLIENT Designator: \_\_\_\_\_ Age: \_\_\_\_\_ CLINICIAN: \_\_\_\_\_ DATE: \_\_\_\_\_  
SUPERVISOR: \_\_\_\_\_  
ROOM/TIME: \_\_\_\_\_

LONG RANGE GOALS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>LESSON OBJECTIVES</b>	<b>METHODS/PROBLEMS\MATERIAL</b>	<b>EVALUATION/RECOMMENDATION</b>

## APPENDIX T

### INFORMATION FOR CLIENTS AT THE MILLER SPEECH AND HEARING CLINIC

Christopher R. Watts, Ph.D., CCC-SLP  
Director, Davies School of Communication  
Sciences and Disorders

#### **Admission and Scheduling**

Persons may be admitted to the Miller Speech and Hearing Clinic after an assessment by a speech-language pathologist recommends that there is a need for treatment. After the assessment is completed, clients will be assigned a priority for admission and will be scheduled as student clinicians are available based on that priority. The Miller Speech and Hearing Clinic provides service to our clients regardless of their race, color, national origin, religion, sexual orientation, age, disability or political affiliation. Every effort will be made to accommodate scheduling requests, within the limits of class schedules and clinic operating hours. The clinic is not open on weekends. As soon as possible after TCU classes begin, clients will be contacted to set a day and time for the semester's sessions.

#### **Fees**

Fees at the Miller Speech and Hearing Clinic are based on a rate of \$50.00 per hour and are computed for the entire semester program. Requests for adjustments in the fee schedule based on "ability to pay" must be made through the office of the director. Fees for therapy are billed on a semester tuition basis which reflects the number of weeks of therapy and the amount of therapy time per week. Payment may be made over the course of the semester. **NEW ACCOUNTS MUST BE PAID IN FULL BY THE FOLLOWING DATES IN ORDER TO CONTINUE ENROLLMENT IN THERAPY FOR THE CURRENT SEMESTER:**

**Fall-1/3 of account by Sept. 30, Oct. 30, Nov. 30**

**Spring- 1/3 of account by Feb. 28, Mar. 30, April 30**

**Summer- by July 5**

**Additionally, records will not be released until the client's financial account is current.**

#### **Observation Facilities**

Observation facilities are reserved for teaching functions. At certain times, however, individuals who have a "need to know" may observe the clinicians sessions at the invitation of the clinician and with the supervisor's permission. Family members who wish to observe must provide their own headphones (any type) and a 1/4" adapter (adapter may be purchased at TCU bookstore or Radio Shack). Please **DO NOT** bring children into the observation hall. Overhead speakers may be used only with supervisor permission.

## Reporting

After a period of assessment at the beginning of each term, therapy goals for each client will be established. Informal reporting about progress toward these goals takes place throughout the term. **Conversations about your child's therapy should be held in a therapy room or faculty office to ensure confidentiality and to abide with new federal laws.** Formal, written reporting is carried out at the end of each semester, at which time a statement regarding the need or advisability of further treatment is made. We ask that parents conduct no training or follow-up at home without specific direction from the clinician or supervisor. If you have any questions about clinic services, please contact the supervisor in charge.

## Client Records

Client records are maintained in strict confidentiality. In order to send information from our files to another professional agency, a release form addressed to that specific agency must be signed by the client or his/her parent or legal guardian. Such forms should be requested from the clinic administrative assistant. **Records will not be released until the client's financial account is current.**

The supervisor in charge is: \_\_\_\_\_

and may be reached by calling 817-257-7620.

The clinician in charge of your therapy is: \_\_\_\_\_

and may be reached by calling 817-257-7620.

**MSHC NOTICE OF HEALTH INFORMATION PRACTICES  
AND  
MSHC NEW CLIENT CONSENT FORM  
Notice of Health Information Practices**

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

**Introduction**

At MSHC, we are committed to treating and using protected health information about you responsibly. This Notice of Health Information Practices describes the personal information we collect, and how and when we use or disclose that information. It also describes your rights as they relate to your protected health information. This Notice is effective April 14, 2003, and applies to all protected health information as defined by federal regulations.

**Understanding Your Health Record/Information**

Each time you visit MSHC, a record of your visit is made. Typically, this record contains your evaluation and test results, diagnosis, treatment, and a plan for future treatment. This information serves as a:

- Basis for planning your treatment,
- Means of communication among the clinicians and supervisors who contribute to your treatment,
- Legal document describing the treatment you received,
- Means by which you or a third-party payer can verify that services billed were actually provided,
- A tool in educating health professionals,
- A source of data for research,
- A source of data for our program planning,
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve,

Understanding what is in your record and how your health information is used helps you to: ensure its accuracy, better understand who, what, when, where, and why others may access your health information, and make more informed decisions when authorizing disclosure to others

**Your Health Information Rights**

Although your health record is the physical property of MSHC, the information belongs to you. You have the right to:

- Obtain a paper copy of this notice of information practices upon request,
- Inspect and copy your health record as provided for in 45 CFR 164.524,
- Amend your health record as provided in 45 CFR 164.528,
- Obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528,

- Request communications of your health information by alternative means or at alternative locations,
- Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522, and
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

## **Our Responsibilities**

MSHC is required to:

- Maintain the privacy of your health information,
- Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you,
- Abide by the terms of this notice,
- Notify you if we are unable to agree to a requested restriction, and
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will mail a revised notice to the address you've supplied us, or if you agree, we will email the revised notice to you.

We will not use or disclose your health information without your authorization, except as described in this notice. We will also discontinue to use or disclose your health information after we have received a written revocation of the authorization according to the procedures included in the authorization.

## **For More Information or to Report a Problem**

If have questions and would like additional information, you may contact the MSHC Privacy Officer, William J. Ryan, Ph.D. at 817-257-7621.

If you believe your privacy rights have been violated, you can file a complaint with the MSHC Privacy Officer, or with the Office for Civil Rights, U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint with either the Privacy Officer or the Office for Civil Rights. The address for the OCR is listed below:

### *Office for Civil Rights*

U.S. Department of Health and Human Services  
 200 Independence Avenue, S.W.  
 Room 509F, HHH Building  
 Washington, D.C. 20201

## **Examples of Disclosures for Treatment, Payment and Health Operations**

*We will use your health information for treatment.*

**For example:** Information obtained by a student clinician, faculty supervisor, or clinic administrative staff will be recorded in your record and used to determine the course of treatment that should work best for you.

We will also provide your physician or other health care provider with copies of various reports.

*We will use your health information for payment.*

**For example:** A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

*We will use your health information for regular health operations.*

**For example:** MSHC student clinicians, supervisory faculty, and clinic administrative staff may use information in your record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the service we provide.

*Communication with family:* MSHC professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, information relevant to that person's involvement in your treatment or payment related to your treatment.

*Research:* We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

*Workers compensation:* We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

*Public health:* As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability

*Correctional institution:* Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals

*Law enforcement:* We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

Federal law Makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

**Miller Speech and Hearing Clinic (MSHC)  
New Patient Consent for the Use and Disclosure of Health Information  
For treatment, Payment, or Healthcare Operations**

I, \_\_\_\_\_, understand that as part of my health care, MSHC originates and maintains paper and/or electronic records describing my health history, symptoms, evaluation and test results, diagnosis, treatment, and any plans for future treatment. I understand that this information serves as:

- A basis for planning my treatment,
- A means of communication among the professionals who contribute to my treatment,
- A source of information for applying my diagnosis to my bill
- A means by which a third-party payer can verify that services billed were actually provided, and
- A tool for routine healthcare operations such as assessing quality and reviewing the competence of healthcare professionals

I understand and have been provided with a *Notice of Information Practices* that provides a more complete description of information uses and disclosures. I understand that I have the following rights and privileges:

- The right to review the notice prior to signing this consent,
- The right to request restrictions as to how my health information may be used or disclosed to carry out treatment, payment, or health care operations

I understand that MSHC is not required to agree to the restrictions requested. I understand that I may revoke this consent in writing, except to the extent that the organization has already take action in reliance thereon. I also understand that by refusing to sign this consent or revoking this consent, this organization may refuse to treat me as permitted by Section 164.506 of the Code of Federal Regulations.

I further understand that MSHC reserves the right to change their notice and practices and prior to implementation, in accordance with Section 164.520 of the Code of Federal Regulations. Should MSHC change their notice, they will send a copy of any revised notice to the address I've provided (whether U.S. mail or, if I agree, email).

I wish to have the following restrictions to the use or disclosure of my health information:

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I understand that as part of this organization's treatment, payment, or health care operations, it may become necessary to disclose my protected health information to another entity, and I consent to such disclosure for these permitted uses, including disclosures via fax. I fully understand and accept / decline the terms of this consent.

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient / Caregiver Signature

\_\_\_\_\_  
Date

## APPENDIX V

### TEXAS CHRISTIAN UNIVERSITY MILLER SPEECH & HEARING CLINIC

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#### END OF SMESTER REPORT TEMPLATE

##### SUMMARY OF THERAPY

Name:	Dates of Therapy:
Birthdate:	Sessions Present:
Client Number:	Sessions Absent:
Parents:	Total Clinical Hours:
Address:	Clinician:
	Supervisor:
Phone:	Date of Report

##### STATUS AT THE BEGINNING OF TERM

Include a brief summary of diagnostic findings, a statement regarding hearing acuity, prior training at the clinic or elsewhere, base rates for this term, and goal statements for this term

##### SUMMARY OF THERAPY

Include all pertinent information about methods and procedures, especially the most effective of these.

##### RESULTS OF THERAPY

First, list final probe results. Compare final probe results with initial probe results and figure a percentage of improvement (e.g., 20% correct at first of term, 80% correct at end, or an improvement of 60 percentage points.)

Second, compare final probe results with therapy results. This is especially important if final probes vary significantly from therapy results.

Include any information about factors which may have influenced results (behavior, audiological results behavior, audiological results, etc.)

##### COMMENTS

Any other information not stated about which is pertinent.

##### RECOMMENDATIONS

State whether the client needs further training and where and when it will be provided.

---

Lynn K. Flahive, M.S., CCC-SLP  
Clinical Supervisor

---

(Name)  
Clinician

**APPENDIX W**

**TEXAS CHRISTIAN UNIVERSITY  
MILLER SPEECH & HEARING CLINIC**

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**FINAL CASE DISPOSITION FORM**

**FINAL CASE DISPOSITION**

\_\_\_\_\_  
CLIENT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CLINICIAN

**REASON FOR TERMINATION OF THERAPY  
(CHECK ONE)**

- NO LONGER NEEDS THERAPY
- MOVING
- TRANSFERRING TO PUBLIC SCHOOL PROGRAM
- OTHER

EXPLANATION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
SUPERVISOR

\_\_\_\_\_  
STUDENT CLINICIAN

**APPENDIX X**

TEXAS CHRISTIAN UNIVERSITY  
**MILLER SPEECH & HEARING CLINIC**

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**CONTINUING CLIENT ENROLLMENT FORM**

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

Client Number: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Tel: \_\_\_\_\_ Current

Supervisor: \_\_\_\_\_ Clinician: \_\_\_\_\_

Semesters at MSHC: \_\_\_\_\_ Disorder: \_\_\_\_\_

**Recommended**

**Recommended**

Rx Clinician: \_\_\_\_\_ Rx Clinician: \_\_\_\_\_

**CURRENT RECOMMENDATIONS:** \_\_\_\_\_

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- Supervisor should retain this copy during semester of therapy
- Return this form to clinical coordinator with changes/additional information at end of semester

TEXAS CHRISTIAN UNIVERSITY  
**MILLER SPEECH & HEARING CLINIC**

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**CONTINUING CLIENT ENROLLMENT FORM**

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

Client Number: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Tel: \_\_\_\_\_ Current

Supervisor: \_\_\_\_\_ Clinician: \_\_\_\_\_

Semesters at MSHC: \_\_\_\_\_ Disorder: \_\_\_\_\_

**Recommended**

**Recommended**

Rx Clinician: \_\_\_\_\_ Rx Clinician: \_\_\_\_\_

**CURRENT RECOMMENDATIONS:** \_\_\_\_\_

---

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- Supervisor should retain this copy during semester of therapy
- Return this form to clinical coordinator with changes/additional information at end of semester

**APPENDIX Y**



## **APPENDIX Z**

### **Academic Remediation Plan**

Students who receive a grade of C- or lower (including a no-pass) on an exam or assignment are required to participate in an informal remediation process to demonstrate competency on the knowledge and/or skills being assessed (see course syllabus for targeted knowledge and skills). The instructor will inform the student in writing when an informal remediation is required and will meet with the student to identify the target standard(s) and formulate a remediation plan. The requirements of the remediation plan are at the discretion of the instructor and might include, but are not limited to, one or more of the following activities: redoing an assignment or portion of assignment, completing an equivalent assignment, or participating in a structured discussion. The instructor will provide the student with feedback on his/her performance on the remediation activity in writing. A copy of the completed Academic Remediation Plan form will be given to the student and the graduate advisor. Successful completion of the remediation plan confirms that the student has demonstrated competence of the knowledge and skills but will not change the original grade obtained on the examination or assignment.

A formal remediation plan will be implemented for students who fail to demonstrate competency following an informal remediation plan, receive three or more informal remediation plans in one or more courses within a single semester, or displays significant areas of concern identified by a member of the faculty. The graduate advisor will inform the student in writing when a formal remediation plan is implemented. The department chair will convene a remediation committee comprised of the student's clinical and/or academic faculty and the graduate advisor. The committee will formulate a remediation plan that might include, but is not limited to, one or more of the following activities: supplemental resources that target concerns evident across courses (for example, referral to Campus Life, the writing center, the counseling center, etc.), supplemental projects, case study analysis, or a novel assignment that addresses one or more of the targeted standards.

The graduate advisor will meet with the student to communicate the formal remediation plan and provide a timeline for the completing the activity(s). After the student completes the remediation activity(s), the committee will meet to review the student's performance and make recommendations. This meeting may or may not include the student, depending on the nature of the activity(s) and recommendations. The graduate advisor will communicate the committee's recommendations to the student and provide him/her with a copy of the completed Remediation Plan form. If the student successfully completes the formal remediation plan, the student's academic and clinical performance will be monitored by the graduate advisor for the remainder of the semester and the following semester to identify any remaining difficulties. If the student does not successfully complete the formal remediation plan, the student does not receive credit for having met the targeted knowledge and skills. As a result, the committee will make specific recommendations which may include, but are not limited to, the following: delaying assignment to an externship placement or retaking one or more of the courses involved.

**Department of Communication Sciences and Disorders  
Texas Christian University**

**Remediation Plan for Academic Courses (50000 and above)**

Formal     Informal (check one)

**Student:**

**Instructor:**

**Course Number:**

**For formal remediation plan include committee members:**

**Semester:**

**Outcome of remediation:**

<b>KASA standard for which remediation is required</b>	<b>Remediation plan</b>	<b>Due date for remediated work</b>	<b>Outcome of remediation</b>

**Did the student demonstrate satisfactory competency:  Yes     No. If no, describe plan for further remediation.**

**Date plan initiated:** \_\_\_\_\_

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Faculty Signature**

**Date plan completed:** \_\_\_\_\_

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Faculty Signature**

## APPENDIX AA

### Academic Remediation

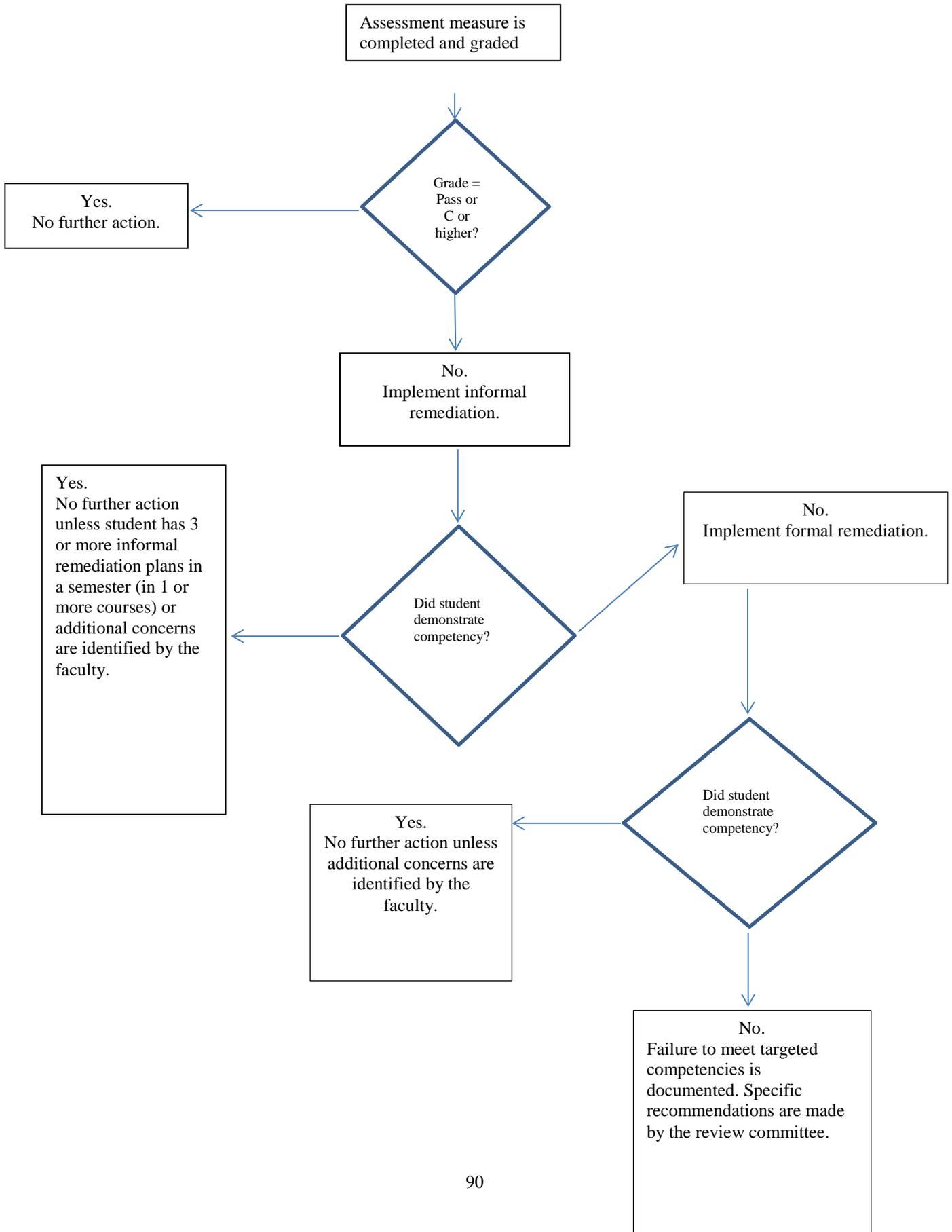
Students who receive a grade of C- or lower (including a no-pass) on an exam or assignment are required to participate in an informal remediation process to demonstrate competency on the knowledge and/or skills being assessed (see course syllabus for targeted knowledge and skills). The instructor will inform the student in writing when an informal remediation is required and will meet with the student to identify the target standard(s) and formulate a remediation plan. The requirements of the remediation plan are at the discretion of the instructor and might include, but are not limited to, one or more of the following activities: redoing an assignment or portion of assignment, completing an equivalent assignment, or participating in a structured discussion. The instructor will provide the student with feedback on his/her performance on the remediation activity in writing. A copy of the completed Academic Remediation Plan form will be given to the student and the graduate advisor. Successful completion of the remediation plan confirms that the student has demonstrated competence of the knowledge and skills but will not change the original grade obtained on the examination or assignment.

A formal remediation plan will be implemented for students who fail to demonstrate competency following an informal remediation plan, receive three or more informal remediation plans in one or more courses within a single semester, or displays significant areas of concern identified by a member of the faculty. The graduate advisor will inform the student in writing when a formal remediation plan is implemented. The department chair will convene a remediation committee comprised of the student's clinical and/or academic faculty and the graduate advisor. The committee will formulate a remediation plan that might include, but is not limited to, one or more of the following activities: supplemental resources that target concerns evident across courses (for example, referral to Campus Life, the writing center, the counseling center, etc.), supplemental projects, case study analysis, or a novel assignment that addresses one or more of the targeted standards. The graduate advisor will meet with the student to communicate the formal remediation plan and provide a timeline for the completing the activity(s).

After the student completes the remediation activity(s), the committee will meet to review the student's performance and make recommendations. This meeting may or may not include the student, depending on the nature of the activity(s) and recommendations. The graduate advisor will communicate the committee's recommendations to the student and provide him/her with a copy of the completed Remediation Plan form. If the student successfully completes the formal remediation plan, the student's academic and clinical performance will be monitored by the graduate advisor for the remainder of the semester and the following semester to identify any remaining difficulties. If the student does not successfully complete the formal remediation plan, the student does not receive credit for having met the targeted knowledge and skills. As a result, the committee will make specific recommendations which may include, but are not limited to, the following: delaying assignment to an externship placement or retaking one or more of the courses involved.

# REMDIATION PLAN CHART

## COSD ACADEMIC REMEDIATION PLAN



**Informal Remediation Plan** (Student receives a C- or below on an assessment).

- Inform the student about the need for informal remediation.
- Complete the Informal Remediation form to identify competencies being targeted.
- Notify the graduate advisor about the implementation of the informal remediation. The graduate advisor will determine if academic issues exist across courses.
- Meet with student to discuss and implement remediation plan.
- Method of establishing competency is determined by the faculty member and might include, but are not limited to, one or more of the following:
  - Redo assignment or portion of assignment student did not achieve competency.
  - Complete an equivalent assignment.
  - Structured discussion
- Review performance on remediation activity and provide feedback to the student (in writing or in person).
- If student meets competency(s), plan is complete.
- If student does not meet competency(s), implement formal remediation plan.
- Submitted copies of the completed remediation form to the student and the graduate advisor.
- Grade does not change as a result of the informal remediation process.
- Three or more informal remediation plans across courses in a single semester or additional areas of concern identified by the faculty triggers a formal remediation plan. The graduate advisor will inform the student when a formal remediation plan has been initiated.

**Formal Remediation Plan** (three or more informal remediation plans or does not demonstrate knowledge on an informal remediation plan).

- A formal remediation plan is implemented when a student fails to demonstrate competency on one informal remediation plan, undergoes informal remediation plan in three or more courses within the same semester, or when a single informal remediation raises additional areas of concern for the faculty.
- The faculty member submits a written record of the concerns and informal remediation plan form to the department chair and graduate advisor.
- The graduate advisor will inform the student when a formal remediation plan has been initiated.
- The department chair convenes a meeting with the student's clinic and/or academic instructor(s) to formulate a formal remediation plan. The plan must give the student opportunities to demonstrate competencies that were missed. Remediation activities might include, but are not limited to, the following:
  - Supplemental resources that target concerns evident across courses. For example, referral to Campus Life, the writing center, the counseling center, etc.

- Supplemental project
- Case study
- Novel assignment that addresses one or more of the targeted competencies
- The graduate advisor/chair communicates the formal remediation plan to the student.
- The student meets with faculty to discuss target competencies and remediation expectations, as needed.
- The committee meets to review the student's performance on the remediation measures. This meeting may or may not include the student, depending on the nature of the measure.
- If the student successfully completed the formal remediation plan, student should be monitored by the graduate advisor for the remainder of the semester and the following semester to identify any remaining difficulties.
- If the student does not successfully complete the formal remediation plan, the student does not receive credit for having met targeted competency(s). As a result, the committee may a number of recommendations including but not limited to, the following:
  - Delay assignment to an externship placement.
  - Retake one or more of the courses involved.

**Department of Communication Sciences and Disorders**  
**Texas Christian University**  
**Remediation Pan for Academic Courses (60000 and above)**  
 \_\_\_ Formal \_\_\_ Informal (check one)

Student:  
 Instructor:  
 Course Number:  
 For formal remediation plan include committee members:  
 Semester:

Outcome of remediation:

KASA standard for which remediation is required	Remediation plan	Due date for remediated work	Outcome of remediation

Did the student demonstrate satisfactory competency: \_\_\_ Yes \_\_\_ No. If no, describe plan for further remediation.

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Date plan initiated:

\_\_\_\_\_  
 Student Signature

\_\_\_\_\_  
 Faculty Signature

---

Date plan completed:

\_\_\_\_\_  
 Student Signature

\_\_\_\_\_  
 Faculty Signature