

# **Manual of Clinic Policy and Procedures in Speech-Language Pathology**



**Idaho State  
University**

**Department of Communication Sciences & Disorders  
Idaho State University  
Pocatello, Idaho  
Meridian, Idaho**

Note: Students are responsible for all information regarding departmental policies, procedures, clinical requirements, deadlines, and information on ethical and professional behavior contained in this manual. In the graduate manual and in accordance with the graduate school of ISU

This manual supersedes all prior dated clinic manuals.

December 2024

# Table of Contents

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INTRODUCTION	8
Non-Discriminatory Policy	8
Confidentiality	8
AI (Artificial Intelligence) Policy Statement	9
Sensitive Material	9
DOCUMENTATION OF CLINICAL REQUIREMENTS AND EXPERIENCES	10
CALIPSO	10
Licensure	10
PREREQUISITES FOR PRACTICUM ENROLLMENT	11
Core Functions and Statement of Student Understanding	11
Background Check (Castlebranch)	11
Basic Life Support (BLS)/Cardio Pulmonary Resuscitation (CPR) for Healthcare providers	11
HIPAA Training	11
Professional Liability/Malpractice Insurance	11
Required Health Insurance	12
Vaccination Policy and Clinical Education Requirements	12
Overview	12
Vaccination Recommendations and Clinical Site Responsibilities	13
Recommended Immunizations and Health Records	14
Where to Obtain Immunizations	14
Documenting Vaccination Status	14
Exemption Process	14
Placement Limitations and Client Reassignments	15
Final Notes	15
Observations	15
FACILITIES	16
The Student Workroom	16
Both Campuses Materials Procedures	17
Overnight Checkout	17
Use of tests and test forms outside of clinic (class or off-campus placements)	17
Check In/Return System	17
Computers	17

Printers	17
Consequences of Misconduct	17
Ethical Practices and Clinical Dishonesty	18
Professionalism and Cultural Sensitivity	18
Attendance	18
On Campus Clinical Rotation Attendance	19
Dropping Clinical Practicum	20
Dress Code	20
Student Dress and Demeanor	21
Cell Phones and Smart Phones	22
Authorized Personnel on Clinic Floors	22
CLINICAL ASSIGNMENTS	22
Assignment to Semester Practicums	22
General requirements	22
Financial Compensation Policy	23
Clinical Clock Hours	23
<b>Policy: Commitment to Off-Campus Placements and Externships</b>	24
Statement regarding overall supervision of graduate students	24
Minimum Requirement for Clinical Coursework Per Semester/Per Program By Cohort	27
Supervision by Clinical Educator at the Site	31
Protocol for Problems	31
Dismissal from a Clinical Site	31
Student Learning Outcomes for Clinical Practicum and Externship	32
Procedure Changes	32
Practicum Labs and Meetings	32
CLINICAL PROCEDURES	33
Scheduling for on-campus clinics	33
Client/Patient absences	33
Client Safety	33
Therapy Room Sign Up and/or Scheduling sessions for Telepractice	33
Therapy Room Preparation	34
Establishing services in our clinics	35
Procedure to Establish Services	35
Setting of Clinical Fees	35
Parking	35
Baseline Measures	35

Observation	36
Recording and Documenting Clients/Patients	36
Managing Drafts of Reports and Working File Documentation	37
Mailing Reports	39
Paper client/patient Files	39
Electronic client/patient Files	39
Photos of Clients	39
Working with Clients Outside of the Placement Setting	39
Gifts from Clients	39
Clinical Supervision	40
Qualifications	40
Supervision Duties	40
Supervision Requirements	40
Initial Meeting With Client/Caregiver	40
Documentation	41
Feedback	41
Contact	41
EVALUATION OF STUDENTS AND PRACTICUM/EXTERNSHIP EXPERIENCES	41
Grades	41
Incompletes	42
Failing Student Policy	42
DOCUMENTATION OF CLINICAL EXPERIENCES	44
Documentation of Clock Hours	44
Externship Procedures	44
<b>Policy on Full-Time Externship Requirement</b>	44
A. Student Requirements for Placement in the Externship Program	45
B. Responsibilities Prior to the Start of the Externship	46
C. Clinical Externship Activities	47
D. Post Externship Responsibilities	47
E. Remediation of Externships	48
Failing Student Externship Policy	48
National Exam	49
KASA Documentation	49
PROCEDURAL SAFEGUARDS	50
Procedures for General Safety	50
Accidents	50

Seizure Procedures	50
AED (Automatic External Defibrillator)	51
Fire and Emergency Evacuation Process	51
Emergency Procedures ISU	51
Idaho State University Resources	52
External Resources	52
HIV/AIDS/Bloodborne Pathogens	52
Bio-hazardous waste management	52
Infection Control Procedures	53
Clinic Infectious Disease Policy	53
Hand Hygiene & Contact	54
Gloves	54
Handwashing	54
Materials/Surface Disinfecting	55
End of Semester Cleaning Assignments	55
Cleaning Logs and Tracking	56
Maintenance Logs	56
Patient Satisfaction Surveys	56
Patient complaints	56
References	57
Appendices	58
Appendix A – Department of Communication Sciences & Disorders ISU, Health Requirements	58
Health Record Recommendations	58
Additional Clinical Requirements:	59
Additional Off-Campus Site Expectations (as applicable):	59
For Questions or Assistance:	59
Department of Communication Sciences & Disorders	60
Idaho State University	60
Appendix B: Health Records Form	60
<i>Vaccination Recommendations and Clinical Site Responsibilities</i>	60
Instructions:	60
Required Documentation:	60
Health Record Tracking Table	61
Additional Notes:	61
Appendix C – Hours Acceptance Policy	62
Appendix D – Off Campus Practicum in Work Setting Policy	63

Appendix E – Externship in a Work Setting Policy	64
Appendix F – ISU Dept. of CSD Supervision Agreement for Students Employed in their Practicum Setting	65
Appendix G – Client Attendance Policy	69
Appendix H – ISU-SLC Policies & Procedures for HIPAA Compliance	70
Appendix I – Clinic Probation/Intervention Procedures	72
Appendix J – Clinic Observation Policy for ISU Students	74
Appendix K – Clinic Observation Policy for Client Family Members	75
Appendix L – ISU Department of Communication Sciences & Disorders Clinic Observation Policy for Professionals	76
Appendix M – Needlestick/Bloodborne Pathogen Exposure Policy	77
Appendix N – Needlestick/Bloodborne Pathogen Exposure Incident Information	78
Appendix O – Oral Peripheral Examination & Otological/Audiological Evaluation Procedures	79
Appendix P – Sample Clinical Education Information & Assumption of Risk	80
Appendix Q – Sample Agreement of Confidentiality and Non-Disclosure	83
Appendix R – Clinical Deficiency Note	84
Appendix S – ASHA Code of Ethics	87

**It is the student’s responsibility to be aware of and to meet all clinical responsibilities outlined in this manual. Failure to adhere to the clinical requirements contained in these guidelines may result in a letter grade drop, loss of clinical privileges and/or dismissal from the clinical program. This document is a living document and can change at any time should it be necessary. Students will be notified of changes if they occur and an updated Clinic Manual posted online as well as in the CSD Advising Sites SLP Clinic sites (SOAR) and site/OSLP eManual.**

## LIST OF APPENDICES

- A. Student Health Requirements
- B. Health Requirements Form
- C. Hours Acceptance Policy
- D. Off Campus Work Setting Policy
- E. Externship Work Setting Policy
- F. Supervision Agreement for Students Employed in their Practicum Setting
- F-2 Memorandum of Understanding for Students Employed in their Practicum Setting
- G. Client Attendance Policy
- H. Policy and Procedures for HIPPA
- I. Clinic Probation Procedures
- J. Clinic Observation Policy for Students
- K. Clinic Observation Policy for Family/Caregivers
- L. Clinic Observation Policy for Professionals
- M. NeedleStick/Bloodborne Pathogen Exposure Policy and Reporting Form
- N. Needlestick/Bloodborne Pathogen Exposure Incident Information
- O. Oral Peripheral Examination and Otological/Audiological Evaluation Procedures
- P. Sample Clinical Education Information and Assumption of Risk
- Q. Sample Agreement of Confidentiality and Non-Disclosure
- R. Clinical Deficiency Note
- S. ASHA Code of Ethics
- T. Graduate Student Clinician Acknowledgment and Signature Page Professional Code of Conduct/ASHA Code of Ethics/Core SLP Functions

## INTRODUCTION

*Student participation in clinical practicum should be considered a privilege rather than a right. Clinical practicum participation is different in many ways from class and lab assignments. It involves the welfare of the clients/patients in our clinics as well as the training needs of students. We are ethically bound to protect the welfare of the clients/patients in our clinics, so special policies apply to these educational opportunities. Admission to graduate study in the Department of Speech, Language, and Hearing Sciences at Idaho State University does not guarantee participation in clinical practicum.*

The purposes of this document are to acquaint students with clinical policies and procedures, serve as a reference throughout the clinical experience, and provide details regarding responsibilities of graduate student clinicians during clinical assignments. The Speech-Language Pathology (SLP) clinical practicum assignments are an essential educational component of the SLP graduate program.

## Non-Discriminatory Policy

Individuals must not discriminate in the delivery of professional services on any basis that is unjustifiable or irrelevant to the need for and potential benefit from services which includes but is not limited to race, sex, age, religion, national origin, sexual orientation, or disability. Discrimination is not tolerated, and such acts will result in removal from the program.

## Confidentiality

Students are required to follow departmental policies and Health Insurance Portability and Accountability Act (HIPAA) of 1996 policies regarding confidentiality. The HIPAA requirements apply to the use, storage, and/or electronic transmission of patient related information to ensure patient confidentiality for all healthcare related information.

In general, the rules state that any healthcare provider or insurance entity that maintains or transmits individually identifiable health information, referred to as “protected information,” about a client/patient is deemed a “covered entity” and is subject to HIPAA. The HIPAA privacy rule, along with the information itself, cover an entity or device which collects, stores, or transmits data electronically (including social media), orally, in writing or through any form of communication, including fax. Please refer to the University’s policy on Social Media [found here](#).

Further, a Speech-Language Pathology graduate student enrolled in the program and any clinical rotation is required to have completed and to maintain a current HIPAA training (renewed annually) which is provided through an online training affiliated with ISU Office of Compliance. The due date for completion of this training will be each fall semester while enrolled in the program and will be provided by the HIPAA compliance ISU office. Failure to comply with HIPAA laws and regulations is considered to be significant and may result in termination from the program.

Each semester, students will sign a confidentiality and non-disclosure form (Appendix O), which will be sent to them via a DocuSign link provided on your 6602/6604/eManual sites.

## AI (Artificial Intelligence) Policy Statement

Non-Utilization of Artificial Intelligence for HIPAA-Related Activities by Graduate Student Clinicians in Speech-Language Pathology. The purpose of this policy aims to ensure confidentiality, security, and compliance with the Health Insurance Portability and Accountability Act (HIPAA) regulations in the clinical practice of graduate student clinicians in speech-language pathology. It explicitly prohibits using artificial intelligence (AI) technologies for HIPAA-related activities within the scope of clinical practice. The ISU SLP program recognizes the importance of safeguarding patient information and ensuring confidentiality at all times. While we appreciate the advancements in technology, we pledge to rely on traditional, established methods for handling HIPAA-related activities, prioritizing the privacy and security of our clients' sensitive information.

1. **Non-Utilization of AI:** Graduate student clinicians in speech-language pathology are prohibited from utilizing artificial intelligence technologies for any activities related to the handling, storage, transmission, or analysis of protected health information (PHI) as defined by HIPAA regulations.
2. **Traditional Methods:** Clinicians are encouraged to rely on traditional methods and established practices for HIPAA-related activities, including but not limited to documentation, record-keeping, communication, and data analysis.
3. **Compliance and Training:** All graduate student clinicians must undergo training on HIPAA regulations and compliance standards. They must demonstrate an understanding of the implications of PHI handling and the importance of safeguarding patient confidentiality.
4. **Supervision and Oversight:** Clinical faculty members are responsible for ensuring that graduate student clinicians adhere to this policy. They shall provide guidance, support, and oversight to ensure compliance with HIPAA regulations.
5. **Reporting and Accountability:** Any concerns or violations regarding the use of AI for HIPAA-related activities must be reported to the appropriate authority within the academic institution. Violations of this policy may result in disciplinary action, including but not limited to remediation, suspension, or dismissal from the clinical program.
6. **Review and Revision:** This policy shall be reviewed periodically to ensure its effectiveness and relevance. Amendments or revisions may be made as necessary to align with changes in HIPAA regulations or advancements in technology.

## Sensitive Material

Sensitive information includes but is not limited to information considered social in nature with an attached social stigma, to include:

- Family history of mental illness, substance abuse, suicide or suicidal intent.
- Marital discord or marital problems.
- Information about the behavior or personality of another family member not provided by that person (e.g., a mother describing her ex-husband as violent or abusive).

This information should be included in a report only if its inclusion is relevant to the diagnosis. For example, if a child is being evaluated for a communication problem, family history of speech problems, hearing problems, learning disabilities, and mental handicapping conditions are important in making the diagnosis of a communication disorder. The source of this information must always be specified (e.g., According to the mother...). Subjective details and value-laden interpretations are to be avoided.

Financial information should almost always be excluded from a report unless it is directly relevant to the diagnosis (e.g., financial problems causing the parents to be unable to obtain medical care or a child's reaction to severe financial problems causing a communication disorder).

## DOCUMENTATION OF CLINICAL REQUIREMENTS AND EXPERIENCES

### CALIPSO

The Department will refer students to a specified, professional document storage company (<https://www.calipsoclient.com/isu/account/login>) to electronically manage and store all pre-clinic documentation and certifications including, but not limited to:

- BLS/CPR certification
- Immunization record
- HIPAA training certificate
- Observation hours records
- KASA-Knowledge Assessment Skills Acquisition
- PE- Performance Evaluation
- Direct clinical contact hours

Students will work with the identified company throughout the program of study to manage essential documentation. This provides a centralized, electronic storage mechanism for critical professional documents and will provide ease of access when needed. Students are responsible for updating and maintaining documentation, which most of the above (excluding immunizations) is required for participation in clinic at the Idaho State Speech Language Program and during all practicum and externship placements. Currently, the SLP graduate program pays for CALIPSO student accounts.

Upon entering the first clinical course, the Clinic Director will create an account for you in CALIPSO. You will be notified via email to confirm activation of that account. Please do so in a prompt manner (within 24 hours) as the link will expire 24 hours after the notification.

### Licensure

There are different licensure laws in each state. We will send you a Google form-called “Licensure Attestation” for you to fill out mid-June of your first year. The form has questions regarding licensure specifically in your state and what is required to practice once you graduate. For example, if you choose to work in the schools, some states require that you are certified in the schools, and some states require additional information necessary for you to begin practicing. Once the Google form comes to your MyISU email account, it is imperative that you fill it out and understand the licensure needed for you to begin practicing in the state where you plan on working after graduation. You then will receive a letter from us indicating that you have attested to understanding the licensure laws in your state. We would love for you to stay and work in Idaho, but just in case you choose to move after graduation we want you to be informed.

# PREREQUISITES FOR PRACTICUM ENROLLMENT

## Core Functions and Statement of Student Understanding

Please review the [Core Functions document](#), which contains essential information. After reading it, graduate student clinicians will be asked to sign a Statement of Student Understanding and Responsibility, and this will be asked of students prior to the first day of classes.

## Background Check (Castlebranch)

Because clinicians work with vulnerable populations, all students must complete a Level 2 background check following the instructions provided by the Department for completion and documentation. Also, when applying for off-campus externships, a professional license and/or teaching certificate, clinicians are often asked to disclose information about any existing criminal records. Any setting may also ask for additional background check completion. For example many school districts require state background checks. Students need to know that based on the setting they may be required to complete more than just the Castlebranch/ISU background check. Medical settings, school districts and healthcare boards have the right to know about any arrests, pleas of nolo contendere, adjudications withheld, or convictions that applicants may have sustained. When applying for professional licensure and certificates after graduation, applicants will be required to supply this information to the healthcare board. **Students are responsible for any costs associated with the background check process.** Idaho State University SLP program currently uses Castlebranch for all background checks. If a student receives a “hit” on their background check they are required to disclose this to all placements and licensure boards.

## Basic Life Support (BLS)/Cardio Pulmonary Resuscitation (CPR) for Healthcare providers

All students must have documentation of a training course in basic life support (BLS) for infants, children, and adults. Students must complete CPR/BLS training prior to **enrollment in and/or participation in direct patient care clinical practicum experiences**. Certification in BLS must be maintained through the duration of the program. **Students are responsible for any costs associated with these certifications.** Current proof of certification must be uploaded to CALIPSO. These certifications are required every two years, and students are recommended to complete the first certification in August prior to the start of graduate school.

## HIPAA Training

Students must complete the self-study program designated by the HIPAA compliance office at ISU and must upload a copy of the certificate of completion to their personal account on CALIPSO in order to initiate clinical assignments.

## Professional Liability/Malpractice Insurance

Idaho State University covers all ISU clinical students for professional liability insurance, including all CSD graduate students both in the university clinic and in outside settings such as externship, off campus and on campus clinical experiences, etc.

- A. Each student enrolled in clinical practicum or externship will receive malpractice insurance from the university, which is funded by student fees. This malpractice insurance does not cover any activities not assigned or overseen by the university.

- B.** The term of the insurance is August 1 through July 31 in the year purchased.
- C.** The malpractice insurance fee will be assessed automatically when a student enrolls in graduate CSD courses.
- D.** Idaho State University liability insurance does not cover clients transported in private vehicles. Therefore, transportation of clients in private / personal vehicles is not allowed under any circumstances.

### Required Health Insurance

You must maintain health insurance coverage throughout your time in the program to comply with on-campus and off-campus clinical placement requirements. You will be required to provide documentation of health insurance coverage.

## Vaccination Policy and Clinical Education Requirements

### Overview

This policy outlines expectations for student health documentation and participation in clinical education within the Idaho State University (ISU) Kasiska Division of Health Sciences (KDHS). Clinical education—including on-campus rotations, simulations and off-campus placements in schools, clinics, hospitals, private practices and other settings—is a required component of accredited health programs such as Speech-Language Pathology (SLP).

### Idaho Medical Freedom Act Compliance and Clinical Participation Disclosure

Idaho State University complies with Senate Bill 1210 (2025), the *Idaho Medical Freedom Act*. In alignment with this law, ISU and its academic programs do NOT require students to receive vaccinations, undergo diagnostic testing, or participate in other medical interventions as a condition of:

- Admission or enrollment
- Participation in coursework
- Campus access
- Employment with the university

However, many ISU programs—especially those in health sciences and related technical disciplines—require clinical education or experiential learning at external facilities such as hospitals, pharmacies, and clinics. These third-party clinical sites may independently require:

- Immunizations (e.g., MMR, Varicella, Hepatitis B, Tdap, Influenza, COVID-19)
- TB testing or other disease screenings
- Physical examinations
- Use of personal protective equipment (PPE)
- Completion of infection control training

Participation in clinical education is mandatory for program completion, licensure eligibility, and graduation. Students who decline to meet clinical site requirements may face:

- Delayed clinical placement
- Extended program length
- Ineligibility for graduation or licensure

Students may request medical or religious exemptions from clinical site requirements. However, approval is at the sole discretion of the clinical site, not ISU, and ISU may not be able to guarantee alternative placements for students who decline required interventions.

**Professional Expectations:** While not required by ISU, students preparing for careers in healthcare are strongly encouraged to stay up to date on recommended immunizations and preventive screenings. Doing so reflects the professional values of safeguarding patient health, protecting vulnerable populations, and modeling best practices in clinical and community settings.

**Employment Consideration:** Students should also be aware that healthcare employers may impose similar requirements for employment. Choosing not to undergo specific medical interventions may limit future job opportunities.

**Note on Drug Screenings and Background Checks:**

Drug and alcohol screenings, background checks, and other safety-related assessments are not considered medical interventions under SB 1210 and may continue to be required by ISU programs.

**Assumption of Risk Form:**

Programs may, at their discretion, ask students to sign the [Clinical Education Information and Assumption of Risk form](#), updated May 28, 2025, to acknowledge understanding of the clinical education process, including associated risks and site-specific requirements. This form is available on the KDHS website and may be used to support student awareness, documentation, and accreditation needs see an example in the Appendix as well.

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## Vaccination Recommendations and Clinical Site Responsibilities

ISU follows the **Idaho Medical Freedom Act**, which prohibits public institutions, such as ISU, from requiring medical interventions (including vaccinations, diagnostic tests, or similar procedures) as a condition of admission, employment, or campus access. This applies only within Idaho. **Please be aware that some clinical sites may be private entities or located in/or outside of Idaho, and may still require immunizations as a condition of participation.**

If a student chooses not to be immunized:

- They must work directly with the site to request an exemption.
- If approved, the site must provide written confirmation on **official letterhead** to the ISU clinical coordinator.
- Students **cannot begin placement** until that documentation is received.

If a site denies placement, ISU will help explore alternatives. However, the student may need to secure a new site, and such changes may delay graduation.

## Recommended Immunizations and Health Records

While immunizations are not required by ISU, they are **strongly recommended** for your safety and the safety of clients and colleagues. **Please see Appendix A** for a complete list of health recommendations and **Appendix B** for the **Health Records Recommendations Form**.

Recommended immunizations include:

- **TB screening:** Two-step test recommended initially; **updated yearly**-if this is not updated yearly and you are headed to a site that requires this screening, delays in yearly recommendations could delay or forgo a placement.
- **Seasonal flu:** Annual shot recommended; medical documentation needed if exempt
- **Hepatitis B:** Series of **three shots** over six months
- **COVID-19 vaccine:** Strongly recommended due to client vulnerability

These items may require **multiple visits**, so early planning is important. Vaccination records should be kept in a **safe and organized location**, as off-campus sites may request documentation.

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## Where to Obtain Immunizations

You may choose where to receive recommended immunizations. On-campus options include:

- **Pocatello:** ISU Health Center
- **Meridian:** Unity Health Center or ISU Meridian Health Care Clinic

If you have questions about vaccinations, contact:

**Donna Parker**

✉ donnaparker@isu.edu

☎ 208-373-1942

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## Documenting Vaccination Status

All students must submit:

- Health record forms indicating vaccination status (type and date), or
- Approved exemption documentation, or
- A letter from the clinical site on official letterhead confirming that immunization is not required for participation

Students are to submit all documentation to the health records admin assistant, Donna Parker in the first year and then students are required to keep health records up to date and all related documentation in CALIPSO. This is used for clinic readiness and to assist with placement compliance.

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## Exemption Process

If you cannot or choose not to be immunized, you may pursue the following exemption options:

## Medical Exemptions

Coordinate with the **Office of Disability Services**:

- Complete the *Student Request for Services Form*
- Contact:
  - ☎ (208) 282-3599 (Pocatello)
  - ☎ (208) 373-1732 (Meridian)
  - ✉ disabilityservices@isu.edu
- If approved, the Office will issue a letter to submit to the clinical site.

## Religious Exemptions

Coordinate with the **Office of Equal Opportunity and Title IX**:

- Complete the *Religious Exemption Request Form*
- Visit the Equal Opportunity Website
- Contact: ☎ (208) 282-3964

## Process Summary for Religious Exemptions:

1. Begin coursework and await clinical placement schedule.
2. Once assigned, work with your site to request accommodations.
3. Follow the site's process or submit the site's written request to ISU for assistance.
4. Submit the completed form and documentation to the ISU Office of Equal Opportunity.
5. Share their response with the clinical site at this point it will be up to the site to determine placement.

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## Placement Limitations and Client Reassignments

- If a student is unvaccinated and is assigned to a client who later becomes immunocompromised (on- or off-campus), they may be **reassigned** for health and safety reasons.
- Reassignment may reduce direct contact hours and impact clinical progress.
- ISU cannot guarantee nor is it responsible for an equivalent replacement or timely reassignment.

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## Final Notes

- These recommendations support safety and clinical readiness.
- Students are responsible for tracking and maintaining their health records.
- Clinical sites may have **additional or differing immunization recommendations/requirements** from those listed by ISU.

## Observations

**ALL students should have documentation of a minimum of 25 guided observation hours of assessment or treatment provided by an ASHA CCC-SLP.**

The American Speech-Language Hearing Association (ASHA) requires completion of twenty-five (25) observation hours. As of January 1, 2021, ASHA requires that observation hours completed after that date be ‘guided’ SLP observation hours, meaning a debriefing activity must take place for the hours to meet requirements. The ‘guided’ observation hours must be within the [ASHA Scope of Practice in Speech-Language Pathology](#) and must be under the supervision of a clinician who holds current ASHA certification in speech-language pathology and who, after earning the CCC-SLP, has completed (1) a minimum of 9 months of post-certification, full-time experience and (2) a minimum of 2 hours of professional development in the area of clinical instruction/supervision. Guided clinical supervision may occur simultaneously during the student’s observation or afterwards through review and approval of the student’s written reports or summaries. Students may use video recordings of client services for observation purposes (e.g. Master Clinician Network, client recordings shown in class) but still must complete a debriefing activity (this can be class discussion or instructor feedback if done as part of your undergraduate program) with a certified SLP to meet the guided requirements. For your observation hours to count towards the 25-hour ASHA requirement, these stipulations must be met and indicated on your observation documentation. Please see [ASHA SLP certification standards](#) (standards V-C) for more information. You can confirm a clinician’s date of ASHA certification and completion of supervision training at [ASHA Certification and Ethics Verification](#).

The ‘guided’ observation hours must be completed prior to beginning the graduate program in August. If you have any questions, or are concerned that your hours have not been ‘guided,’ please contact the Clinic Director as soon as possible so that the hours can be acquired over the summer.

Documentation must include:

- supervisor’s name,
- signature, and ASHA number, and date
- specifically indicate that the observations were ‘guided’.

Some programs will provide a formal certificate that these hours were completed during your undergraduate program, which will be accepted. Instructions on how to submit that information will be provided during clinic orientation.

## FACILITIES

### [SLP Graduate Student Mailboxes \(On-Campus Students only\)](#)

Student mailboxes are located in Meridian in the student lounge on the first floor; in Pocatello, students can work with their individual supervisors for storage of client protocols or communication of documents. **PLEASE EMPTY ALL MAILBOXES, STUDENT WORKSPACES THE LAST WEEK OF EACH ACADEMIC YEAR.** Make sure that all client documents are given to your assigned supervisor.

### [The Student Workroom](#)

The student workroom is located on the second floor of CSD in Pocatello and on the first floor in Meridian in the Student Lounge. It is open to all graduate student clinicians for planning, study, and work purposes. Please respect the space by keeping it clean and organized.

Please speak respectfully and kindly to and of one another and others. Be sensitive about the topics of discussion taking place and be aware of the parties (e.g., patients) who are within listening distance; thus, verbal communication volume should remain at a normal speaking volume, when possible.

*Toys/ Therapy Materials and Assessments:* Toys and materials are organized on the shelves in the Materials Rooms and storage spaces on both campuses. Following completion of any session, all materials must be cleaned properly and returned promptly. **No materials are to be left in the therapy rooms or observation rooms.**

## Both Campuses Materials Procedures

### Overnight Checkout

- 1 Materials/equipment may be checked out overnight and must be checked out from the Materials Room for overnight use between 4:00 and 5:00pm.
- 2 All overnight materials must be returned to the Materials Room by 8:30am the following day.
- 3 Any materials and/or equipment checked out prior to 4:00 must be returned between 4:00 and 5:00pm for overnight checkout.
- 4 During the first month of the semester, evaluation materials may not be removed from the clinic for overnight use unless given specific permission by their assigned clinical faculty.

### Use of tests and test forms outside of clinic (class or off-campus placements)

- 1 Clinic materials are not available for use at practicum sites during the day unless approved by the Clinic Director/Coordinator.
- 2 No more than two of the published test forms per test may be used off site. Additional forms need to be purchased by the site.
- 3 Class projects -Test forms needed for a class project or learning experience should be photocopied. Copyright law allows this type of copying for educational purposes only, **NOT** for use with clients.
- 4 Notify the Materials Room monitor or Clinic GTA if forms are low. **DO NOT** take the last form without notifying the Materials Room monitor or Clinic GTA.

### Check In/Return System

- 1 Everyone is expected to return all materials as soon as they are done using them. NOTE: Whoever checks out the materials is responsible for assuring that they are returned.

### Computers

Computers are provided for student use in completing assignments related to clinical and coursework assignments.

**They are not for personal use.** The building has Wi-Fi capability and students may use personal laptop computers to complete assignments. **If you are using a personal computer for clinic, you must follow all HIPAA compliance.**

### Printers

The printer in the student room is for student use for clinic in the Student lounge in Meridian and Materials Room in Pocatello. There are computer labs available on both campuses for student use not related to clinic. Do not use clinic printers for coursework or personal use.

## Consequences of Misconduct

The department's professional code of conduct lists the expectations [of students](#). Should a student violate these expectations and/or demonstrate misconduct, the Clinical Supervisor of record will report the misconduct to the Clinic Director, who will confer with the Program Director and the Department Chair. Any violation or misconduct could result in immediate dismissal from a clinical placement and impact academic standings in the Masters Speech-Language Pathology clinical program.

## Ethical Practices and Clinical Dishonesty

Students in Speech-Language Pathology are regarded as professionals and are expected to adhere to the [ASHA Code of Ethics](#). During their first semester, students will be required to sign a statement confirming their knowledge of the Code and their agreement to adhere to the Code (see Addendum). Further, students are expected to review the Code of Ethics at the onset of each new clinical rotation or semester and/or when working with a novel patient population.

- Acts of clinical dishonesty and unprofessional behavior are predictors of future unethical conduct and compromise the integrity of the clinical experience. Students who engage in such behaviors, not only forfeit the full benefit of clinical training, but also risk establishing a pattern of unethical professional practice.
- Acts of clinical dishonesty and breaches of the ASHA Code of Ethics will be addressed to the maximum extent allowed by University Policy. These acts include, but are not limited to: lying or misrepresenting information to clinic instructors, parents, or clients; plagiarism of reports; and deliberate or repeated violation of clinic policies and procedures. University Guidelines on Academic Dishonesty are available through the Idaho State University website. Students are also held to the CSD Standards of Professional Conduct, and violations of those standards are subject to the associated policy and procedure outlined in the Graduate Manual.

## Professionalism and Cultural Sensitivity

The academic and clinical faculty members of the ISU Speech-Language Hearing Clinic and the Department of Communication Sciences and Disorders value and maintain high expectations of the utmost professionalism including student demonstration of consistent, professional behavior. The Speech-Language Hearing Clinic is a recognized service provider in Idaho. The on-campus clinics serve as the primary facility for clinical training for graduate students enrolled in Speech-Language Pathology. Students are required to conduct themselves in a professional manner as reflected in their demeanor, dress, and written and oral exchanges. When in the on-campus clinic, academic environments, and community-based settings, students must comply with all policies and procedures associated with ISU clinical assignments and academic contexts; therefore, attire and behavior should reflect professionalism. Students are also expected to comply with the policies associated with sites external to ISU (e.g., off campus, externship sites). Adherence to professional expectations will be taken into consideration when calculating individual student grades on assignments or assessments as well as the overall course grade. Students will sign a statement that they have read and understand the [standard of professional conduct](#) as part of the welcome packet once admitted to the program.

Student clinicians should remember that they are practicing under the licenses of the Clinical Faculty/Supervisor. This relationship may result in specific and particular requirements from Clinical Faculty/Supervisors for the completion of documentation and the performance of clinical duties. The use of non-sexist, person-first, and professional language is expected in written assignments and class discussions. Guidelines for this are available in the *Publication Manual of the American Psychological Association (APA)*. This aligns with the American Speech-Language-Hearing Association (ASHA), which follows APA's style guide. More information can be found at <https://apastyle.apa.org/style-grammar-guidelines/bias-free-language/disability>. If a client prefers identity-first language, their preference may be used in clinical documentation.

## Attendance

Speech-Language Pathology Graduate Student Clinicians enrolled in CSD 6602/6604/6606 have an obligation to provide clients with regular and consistent therapy sessions. Consistent attendance in CSD 6602/6604/6606 as well as

other CSD classes as part of the program of study is also required to enable students to gain appropriate skills across disorders. When students can anticipate that personal obligations will cause absence during a semester, they should consider not registering for a clinic that semester. This will require approval from the SLP Graduate Petitions Committee and Clinic Director of SLP, the SLP Program Director and may need further approval to SLP faculty and Department Chair. The student may need to extend their program to accumulate the experiences and types of clinical hours required for graduation.

The Department's policy requires that Graduate Student Clinicians attend all scheduled appointments with clients and all class sessions. Only personal illness, death of an immediate family member, or pre-approved extenuating circumstances will be considered an excusable absence and a reason for canceling an appointment with clients, failing to attend assigned clinical placements, or missing CSD 6602/6604/6606. Graduate Student Clinicians must submit a doctor's note if the combined absences for class and any clinical placements are more than two sessions during a semester. Whenever possible, given the constraints of individual practicum settings, every effort should be made to reschedule clients in a timely manner to make up for the missed appointment.

Absences from clinical assignments not related to illness will be considered **unexcused** unless excused, **in advance**, by the Clinical Faculty/Supervisor, Clinic Director and/or SLP Program Director. Graduate Student Clinicians who miss more than 10% of any clinical practicum assignment or do not earn a grade of B or better on the SPE anytime during a semester may have their clinical privileges removed. No hours will be accrued.

All **unexcused** absences will be considered excessive and will necessitate corrective action. The Graduate Student Clinician will be placed on probation and a Remediation Plan will be developed. The Remediation Plan will be one of the following options:

- Graduate Student Clinicians who have an **unexcused absence(s) in a clinical assignment** will be required to make up all the sessions missed in the current semester if the situation permits. The clinical grade for the semester may be lowered or an incomplete grade assigned (if the student completed at least half of the practicum by midterm with a passing grade at midterm). Due to the limited availability of practicum assignments and depending upon circumstances and client availability, Graduate Student Clinicians needing to make up sessions may need to extend their program to accumulate the experiences and types of clinical hours required for graduation.
- Graduate Student Clinicians who have **unexcused absences** within a semester in an assignment may be removed from that particular clinical assignment; in this case no hours will be accrued, and the clinician will earn a clinical grade of C or lower. The clinician may withdraw if allowable by the University's and Graduate School's timetable. Due to the limited availability of practicum assignments and depending upon circumstances and client availability, Graduate Student Clinicians needing to make up sessions may need to extend their program to accumulate the experiences and types of clinical hours required for graduation.
- Graduate Student Clinicians who demonstrate a pattern of **unexcused absences** across two semesters may be removed from the clinical program either temporarily or permanently; in this case no hours will be accrued, and the Graduate Student Clinician will earn a clinical grade of F.

## On Campus Clinical Rotation Attendance

Attendance to weekly client/patient sessions is required. Student clinicians must arrive 30 minutes prior to the first scheduled appointment in clinic or on telepractice to accomplish all pre-session responsibilities, including preparation of all materials and supplies in the clinical on-site or remote environment, disinfection of the therapy room, pre-session consultation with the Clinical Faculty/Supervisor, greeting the client/patient and any other duties designated. If an

emergency arises and the student clinician expects to be late or absent on the day of a session, contact your Clinical Faculty/Supervisor immediately.

The sequence of notification is as follows:

1. Call and email your primary Clinical Faculty/Supervisor for that client/patient if you are calling before 8am
2. After 9am email and call your primary Instructor again. If still unable to reach them, call the clinic office at Pocatello: 208-282-3495 and Meridian: 208-373-1734, and ask to speak with your Clinical Faculty/Supervisor or one of the Clinical Faculty/Supervisors in the clinic. If a client/patient is absent during your assigned time slot(s), the student clinician is still required to attend clinic. The time will be spent performing clinic-related duties. See your Clinical Faculty/Supervisor for instructions.

Attendance for clinic lab and other mandatory meetings: Weekly meetings and other meetings assigned by the Clinical Faculty/Supervisor, Clinical Coordinator and/or Clinic Director require attendance as the meetings may be used as a forum to discuss clients, review clinical techniques, and to meet KASA Standards. Attendance includes punctuality, active listening, providing appropriate collegial and supportive feedback, appropriate response to questions and topics under discussion, and pragmatically appropriate behaviors. Instructors will attempt to give you at least 48 hours' notice of additional meeting times; however, **circumstances may necessitate a last-minute meeting and your attendance will be required.** In the event of an absence due to an emergency (health, family) the student is required to notify their Clinical Faculty/Supervisor prior to the scheduled meeting time and if possible, arrangements will be made for the student to attend by other means (zoom).

## Dropping Clinical Practicum

When a student registers for clinical practicum and externship (CSD 6602, 6604), it is expected that the student will complete the entire semester. Clinical assignments are based upon the practicum enrollments at the beginning of the semester. Occasionally, because of unusual circumstances, a student may find it necessary to drop the practicum or reduce practicum participation after the semester has begun. When this happens, however, it becomes very difficult to reassign the clients to another clinician and the clients' progress may be impeded. For these reasons, dropping a practicum course (or reducing practicum assignments once the semester has begun) is treated very differently from dropping a class or lab course.

The student who finds it necessary to request permission to drop or reduce practicum, regardless of the point in the semester at which the drop is requested, should first discuss the matter with the clinical faculty/supervisor responsible for the clients involved and then complete the SLP graduate petition. This petition must be discussed with the Tier III academic advisor, the ISU SLP clinic coordinator. If the placement is off campus practicum and Clinic Director in SLP, and then approved by the SLP petitions committee before the practicum course can be dropped or the load reduced. Failure to complete clinical practicum responsibilities for two semesters, as evidenced by twice dropping practicum after the semester has begun, is inadequate performance and results in ineligibility to continue in practicum. Clinical practicum hours are credited only when the student has completed practicum with a grade of 'B' or above.

## Dress Code

Participation in clinic is viewed with importance equal to that of a job. The ISU Speech-Language Hearing Clinic and all clinical practicums, as well as externship, are a professional environment and attire during clinical placements should reflect professionalism. When present in clinic, students must dress appropriately during clinic hours (typically Monday through Friday 8a-6p). NO extreme or casual clothing is allowed at any time when on the clinic floors (e.g.,

clothing that is TOO: tight, thin, short, low or high cut or clothing that exposes too much skin). Questions regarding dress should be directed to your Clinical Faculty/Clinical Coordinator or the Clinic Director.

### Student Dress and Demeanor

- a. The Department of Communication Sciences and Disorders faculty is committed to instilling professional attitude and demeanor in all students. This will facilitate the individual growth and development of professional clinical attitudes. In addition, it also ensures homogeneity of quality services to the clients that are served by the Department of Communication Sciences and Disorders.
- b. To keep our clinical environment focused and professional, we ask that students dress and behave in a manner that supports our mission. Please avoid wearing shorts, tank tops, tight or worn clothing, flip flops, t-shirts, and excessive jewelry. Facial/ ear piercings should be limited to small piercings to prevent the risk of injury from jewelry being pulled out. Skirts should be no more than an inch above the knee. Additionally, please avoid wearing clothing that may be revealing or sagging pants. Thank you for helping us maintain a professional atmosphere in the ISU Speech-Language and Hearing Clinic spaces and off campus clinical rotations! Students participating in on-campus clinic (including telepractice) must wear approved top/shirt with the embroidered clinic insignia when actively participating in clinic. Approved tops/shirts are to be purchased through Old Town Embroidery using the instruction given during clinic orientation. OSLP (Online Speech Language Pathology) students' ISU clinic approved Tops/Shirts are optional for purchase. Off campus practicum settings will determine appropriate dress code depending on the specific setting and students are expected to follow those guidelines.
- c. All clothing worn in the clinic setting is to be clean. If the student has any questions regarding specific behaviors or dress as it pertains to the clinical setting, they are asked to discuss it with the assigned clinical faculty, Clinic Director, or their off-site clinical supervisor.
- d. Students are not allowed to bring food and/or beverages into the clinic room during client sessions unless it is directly related to the clinical activity/treatment plan. Students may bring a plain bottle or cup of water into session but must also have a cup of water available for their client unless otherwise not appropriate (e.g. client being on restricted diet).
- e. Students are also required to wear their name badges always provided by the department when providing clinical services both on and off-campus.

*Shoes:* Due to the fast-paced nature of healthcare, it is important to wear shoes that are in good condition (e.g., NO visual wear and tear or holes). Backless shoes and open-toed shoes are allowed but not recommended, due to the fast-paced environment, the potential need to quickly respond to or assist clients, as well as the possibility of needing to push wheelchairs or inadvertently having toes run over. **CLEAN ATHLETIC SHOES ARE APPROVED FOR CLINIC.**

*Personal Hygiene:* Students will exhibit excellent personal hygiene. Hair needs to be tidy and clean. Hair longer than shoulder length needs should be pulled back into a single ponytail or other style that keeps hair from falling onto the face. Approved hairstyles are those that do not become a distraction in clinic or interfere with hygiene or client focus. Hair colors are permitted as long as they are in moderation and do not distract or interfere with the client's focus. Adaptations may be made at the discretion of the Clinical Supervisor/faculty in consultation with the Clinic Director.

*Perfumes, make-up, and nails:* Perfumes/colognes and fragrances should NOT be used at all due to patient sensitivity and allergies. Make-up should be understated and business appropriate. Makeup is required to be used in moderation. Nails should be kept clean and short to allow for adequate hand hygiene and use of gloves without tearing; nail polish is permitted as long as it is properly maintained and not chipped. **Determination of excessive make-up, nail**

**appearance, and/or adornments will be made at the discretion of the Clinical Supervisor/faculty and/or Clinic Director.**

## Cell Phones and Smart Phones

Cell phones, smart phones and smart watches may be used as timing devices to track time during the sessions, but these devices may NOT be used for texting, photos/videos, or phone calls when completing a clinical assignment. Student clinicians are not to make or take personal phone calls or text messages during treatment sessions. Student clinicians also may not use their cell phones to contact clients on or off campus settings.

## Authorized Personnel on Clinic Floors

The Speech-Language Hearing Clinics are located on the first floors of ISU on both campuses. These clinic spaces are for the purposes of educating/training clinicians, conducting clinical research and providing clinical audiology and speech-language pathology services to patients of the Pocatello/Meridian area and surrounding communities. As such, the Clinics are held to standards related to delivery of services and safety compliance. It is imperative that clinical protocol and procedures are maintained, and that respect for clients and clinicians engaged in clinical activity is demonstrated. Access to clinical facilities is limited to individuals participating in activities related to education/training, clinical services or research. Therefore, students are required to wear their clinical badge always when on the clinic floor. Unauthorized individuals on the clinic floor should be brought to the attention of the Clinic Director, SLP staff, and/or immediate Clinical Supervisor/faculty. Students/clinicians must refrain from bringing individuals (adults or children) to the Clinic who are not engaged in the activities specified above.

## CLINICAL ASSIGNMENTS

### Assignment to Semester Practicums

**On-Campus Students:** Students should allow sufficient time for the Clinic Director, Clinical Faculty/Supervisor, Off Campus practicum coordinator, and Externship Coordinator to finalize practicum assignments. Students will receive client information **no earlier than one week** before their scheduled practicum sessions. This policy is in place to help students prepare for off-campus placements, where client schedules and details may be provided with little to no advance notice. The intent is to mirror real-world conditions and ensure students are comfortable adapting to variable clinical environments. By limiting the advance notice for client information, students will develop flexibility and readiness to work with clients in dynamic settings, a skill essential for successful off-campus placements.

**Online Students:** Students in the Online program are responsible for finding their off-site placements. One of the main reasons for this is students know the areas around their communities best. Students should not begin searching for a placement until they have attended the mandatory January/February meeting in the Spring of their first year. During this meeting, they will receive information on how to contact sites and use professional language. A placement map will be completed at that time to assist the OSLP Coordinators and students with planning.

Note: Regardless of cohort, all students, including on campus students, are responsible for securing their own externship placements.

### General requirements

**Weekly time commitment:** Practicum assignments within the ISU Speech Language Hearing

Clinic (ISU-SLC) require anywhere from 4 to 16 hours of direct client/patient contact time each week. Specialty clinics may require more. Student clinicians must provide on-site **availability 5 days** per week to accommodate the schedules of the clients and Clinical Supervisors/faculty. Additional time outside of direct client/patient contact hours is required for preparation, documentation and meeting with the Clinical Supervisor/faculty. Clinical Faculty/Supervisors provide 25% direct supervision while supervising in the ISU Speech-Language Hearing Clinic (ISU-SLC). If students are providing telepractice student clinicians are in line of sight 100% of the time.

### Financial Compensation Policy

- a. If employed as a speech-language pathologist/speech language pathology assistant under a letter of authorization for the public school or in other settings, guidelines have been established for accruing hours for ASHA certification and ISU graduation requirements in the employment settings.
- b. Students employed within the speech-language pathology/speech language pathology assistant provision agencies must be aware of the Departmental and ASHA guidelines in this area (See Appendix D for off campus practicum work setting policy and Appendix E for externship work setting policy).

### Clinical Clock Hours

Of the 400 required clinical hours, 25 hours must be through guided observations to fulfill ASHA requirements for certification (CCCs). The observation/log/form must designate “guided observation hours” and have the university name on it. The signature and ASHA number of the clinical educator or faculty administrator are also required. Observation hours completed independently, without the direction of a university program, will not be accepted. Students who do not present appropriate documentation by the required date in the first semester will need to complete additional hours before working with clients. These 25 guided observation hours must be completed prior to beginning any clinical experiences. If the hours are not completed on time, students may need to pay for them and might require a subscription to the Master Clinician Network to meet the requirement.

Of the 400 required clinical hours, 375 hours must be obtained at the graduate level in speech pathology at placement sites. What activities will count toward the 375 hours in direct client/patient contact? Only direct contact with the client or the client's family in assessment, management, and/or counseling can be counted toward the practicum requirement. (*ASHA certification standards for SLP clinical practicum, 2024*)

Fifty hours from the undergraduate clinical experience may also be applied with approval from the Clinical Director. Specific settings are not required; however, you must have 3 different settings with at least 50 hours at each setting for that setting to count. The ISU on campus SLP program will provide a minimum of 3 placement sites (including Simucase) for each on campus student but cannot guarantee the number of hours you will obtain at each site. OSLP students are responsible for obtaining their own placements throughout the program and ISU cannot guarantee a placement nor can ISU guarantee the number of hours you obtain at each site. As of January 2022, ASHA updated guidelines on simulation and telepractice hours: students cannot have more than 125 total hours count towards their total clinical clock hour experiences in their direct client contact hours.

**OSLP students and placements/externship in Boise/Pocatello areas:** If students are online students and live in the Pocatello or Meridian/Boise area they will be required to consult the clinic coordinator for the respective campus prior to contacting any off campus sites. They must also continue to coordinate with the OSLP clinical coordinator.

## Policy: Commitment to Off-Campus Placements and Externships

Graduate Speech-Language Pathology (SLP) students are required to remain at their assigned off-campus placement or externship site for the entire minimum requirement of the clinical course work—see table below re: minimum requirement of clinical course work. This policy is in place to ensure continuity of care for clients and to allow the off-campus supervisor to provide a comprehensive assessment of the student's clinical performance.

### Key Guidelines:

#### 1. No Mid-Semester Withdrawal:

Under no circumstances may a student voluntarily leave or withdraw from an off-campus placement or externship during the semester, **regardless of academic coursework or personal schedule conflicts**. **Medical Withdrawal or Personal Emergency:** In the event of a documented medical withdrawal or verified personal emergency, accommodations or modifications to clinical or academic requirements may be considered on a case-by-case basis. Students must notify the program as soon as possible and provide appropriate documentation. The program will work collaboratively with the student to determine next steps in accordance with university policies and accreditation requirements.

#### 2. No Vacation or Work-Related Absences:

Students may not leave a placement for vacation, personal travel, or work-related obligations. Graduate SLP clinicians are expected to demonstrate full commitment to their clinical training and academic responsibilities.

#### 3. Holiday Breaks:

If a student's off-campus site requires attendance during university holidays (e.g., Thanksgiving or Spring Break), the student must attend or arrange to make up the time. Failure to meet required clinical hours due to an unapproved absence must be remediated to remain in good standing.

#### 4. Approval for Absences:

Any request for a leave of absence must be formally approved **in advance** by all of the following:

- Clinic Coordinator
- Clinic Director
- Off-Campus Supervisor

#### 5. Consequences for Non-Compliance:

Failure to adhere to this policy will result in:

- A **failing grade (F)** for the clinical practicum/externship for that semester
- The requirement to **repeat the full semester** of clinical training at a different placement site, if permitted to continue in the program

This policy reflects the professional standards and ethical obligations expected of graduate SLP clinicians and is critical for clinical and academic success.

### Statement regarding overall supervision of graduate students

For purpose of graduate students using the telepractice hours for ASHA certification, the [certification standards \(V-C\)](#) requires a minimum of **25% direct care, real-time supervision of total clinical care** of a person with communication disorder by a licensed and active ASHA CCC-holder. The supervisor may choose >25% if the student needs more support. The supervisor must be *available to assist 100% of the time*, during direct client contact hours, for the well-being of the student and person receiving care.

The 25% direct supervision/100% supervisor availability applies to either in-person clinical care or telepractice clinical care. The supervisor must be able to join the telepractice session if they are not planning on being present for >25%.

The clinical standards for certification are not set in alignment with any insurance reimbursement, rather, the minimum requirement for public safety and support of the unlicensed and uncertified student practitioner.

- A. **Telepractice Hours:** According to updated ASHA guidelines (January 2022), students can accrue up to 125 telepractice and supervised clinical simulation hours towards their total clinical clock hours, with a maximum of 75 simulation hours. The 25% supervision requirement applies to simulations through the debriefing process.
- B. **Tele supervision:** In alignment with program standards, **tele supervision is only permitted for individuals in their Clinical Fellowship (CF) year.** All other students must have a **CCC-SLP (Certificate of Clinical Competence in Speech-Language Pathology) on-site** during all direct client contact hours. This ensures that appropriate, real-time supervision and support are provided throughout the practicum/externship experience. Tele supervision will not be used for practicum/externship students prior to the CF year, as in-person oversight is necessary to meet clinical and educational objectives and to ensure compliance with ASHA standards.
- C. **Simulation Hours: Simulation Hours:** Students will participate in clinical simulations and grand rounds/debriefing sessions to gain clinical hours and competencies not otherwise available at clinical sites. ISU currently uses Simucase.com, a competency-based online learning platform designed to enhance critical thinking and career preparation. Simucase fees are separate and the responsibility of the student.

No more than 75 simulation hours may be accrued toward the total required clinical hours. A minimum of 25% supervision is required during the debriefing process. Students must demonstrate expected competencies and meet all debriefing requirements to claim direct client contact hours for simulation activities. Students who do not meet these requirements will not receive credit for those hours; if the simulation hours are tied to a course, the student's grade will be reduced accordingly, either through point deduction or a reduction in letter grade.

For students in online program tracks, several clinical rotations incorporate simulated experiences in place of on-site clinical contact. Students are expected to approach these simulations with the same level of professionalism, preparation, and engagement required in direct client care. Students who do not pass the required competencies for these rotations may be required to repeat the clinical course before proceeding to off-campus practicum placements.

- D. **Screening Hours:** Students who complete hearing screenings and/or speech/language screenings on-campus or in the community must have the supervising clinician complete a form indicating the type of hours accrued (area screened and age group), the number of hours accrued, and the level of competence demonstrated by the clinician. For screening purposes, a five-point system is used to determine competency. A student must receive a 4 or higher to count these hours as approved clinical clock hours. Only screening hours forms with signatures of clinicians with their ASHA CCCs can be entered for the purposes of obtaining ASHA hours. Not all audiologists are ASHA certified, so it is the student's responsibility to ensure that if a supervising audiologist has their ASHA CCCs. The student clinician should keep a copy of all screening forms and these forms must be loaded into CALIPSO for approval by the clinical coordinator/clinic director.
- E. **Additional Hours:** There are minimum hours that as an ISU student clinician, the SLP program would like students to achieve. There are some challenges in achieving minimum hours in certain areas of practice: aural rehabilitation, voice, swallowing are some examples. The student clinician is encouraged to contact sites that have affiliation agreements in place with ISU. If the clock hours are under 20 direct client contact hours a practicum evaluation is not needed in CALIPSO for that student clinician. The additional hours form will need

to be submitted into CALIPSO under documents by the student. If the Clinical Faculty/Supervisor is not in CALIPSO and the hours accrued are under 20 direct client contact hours, the hours can then be sent to the clinical coordinator assigned that semester and/or clinic director in CALIPSO, so that the graduate student gets credit for the direct client contact hours. The student clinician must also keep a daily log of these hours if accrued.

#### F. Supervisor Meetings and Student Responsibility:

- Due to supervisor workload and the need to foster student independence, students are expected to manage their clinical responsibilities effectively with limited supervision. For each practicum credit hour, students are required to spend **6-8 hours per week** on clinic-related work,
- Supervision requirements remain consistent regardless of the disorder or patient population. The amount of supervision provided should meet or exceed minimum standards and be tailored to the individual needs of the student, as well as the welfare of the client or patient being treated, the student must keep in mind:
  - It is essential that students are actively learning and developing their clinical competencies. If a student's learning is not progressing or being effectively applied, it is the ethical obligation of the supervisor to assess the student's competence. Supervisors have the authority to determine if a student should continue in their practicum placement and can withdraw the student at any time if they are not meeting essential learning outcomes.
  - Furthermore, it is **not the supervisor's responsibility** to continue meeting with the student if the student is not demonstrating progress in their learning. Students are expected to take the initiative and show that they apply their knowledge and skills effectively.
  - Many student clinicians may arrive at the facility with limited experience in specific areas, such as swallowing disorders, due to the infrequent exposure in the university clinic setting. These students may require additional supervision to build their skills in these areas, ensuring they are adequately prepared for future clinical responsibilities.
  - Meetings with supervisors may be recorded and reviewed for educational purposes. These meetings often involve discussions containing HIPAA and FERPA-protected information, which must be stored and reviewed in a manner compliant with HIPAA regulations.
- Additional meetings beyond the required time will be accommodated **only as needed** and based on supervisor availability. Students who require continual support beyond designated time per supervisor and site, will be considered as not meeting the core functions of the program. It is crucial for students to take ownership of their clinical duties and develop self-reliance, as repeated meetings with a supervisor will not adequately prepare them for the responsibilities of a practicing clinician. Building problem-solving and decision-making skills is an essential part of any practicum experience.

All clinical hours are recorded at the end of each placement in CALIPSO and signed off by the assigned Clinical Faculty/Supervisor for that placement. Each student is responsible for also keeping daily logs and recording daily hours; a sample log is provided in the on-campus clinical lab sections/eManuals for OSLP. The following requirements are set so that students meet ASHA requirements without experiencing a delay in their program. **Students must meet ALL minimum requirements outlined in the following chart.**

**Please note:** Completing the **minimum** number of clock hours in each semester will **NOT** meet the total requirement for graduation and ASHA certification. The following is an **estimate** of clock hours per practicum. Please note that

there is some variability in clock hours due to the length of each semester and the variability in client/patient assignments and availability. ISU SLP program has established minimum requirements in CALIPSO as a guideline for the hours needed to become a well-rounded graduate clinician as well as to provide breadth and depth. If these minimum hours are not met by the end of the externship, the student must submit a petition to the externship coordinator or clinic director. This petition should detail any areas where the student is lacking 3 or more hours, the efforts made to obtain these hours, and the reasons for not achieving the minimum requirements recommended.

### Clinical Hours Are Placement-Specific and Non-Transferable Between Semesters

Each practicum placement is designed to provide students with a distinct clinical experience within a specific setting, population, and supervisory context. Meeting the minimum hour requirement for a given placement reflects not only time accrued but the breadth and depth of experience gained in that setting. For this reason, hours earned beyond the minimum in one placement may not be applied toward the minimum requirement of a subsequent placement. Each placement must independently satisfy both Minimum Requirement I (direct client contact hours) and Minimum Requirement II (time commitment) as outlined in the table below. Students who accumulate excess hours in one semester should understand that doing so does not reduce their obligation in any future placement — every placement must be completed in full.

### Minimum Requirement for Clinical Coursework Per Semester/Per Program By Cohort:

On Campus SLP Grad Student Minimum Requirement for Clinical Coursework: **Clinical Roadmap for students who began the program 2026 or later**

<b>Practicum</b>	<b>*Minimum Requirement I</b>	<b>*Minimum Requirement II</b>
Placement 1&2 On Campus Practicum 6602 -2 Credits/Fall	**14 per credit direct client contact hours	Onsite 2 days/16 hours per week; 2-3 clients per week
Placement 3&4 On Campus Practicum 6602- 2 Credits/Spring	**14 per credit direct client contact hours	Onsite 2 days/16 hours per week: 2-3 clients per week
Placement 6 2 credits 6602/6604 (*Meridian students 1 credit=AAC camp requirement)	**50 direct client contact hours	Variable off campus or specialty clinics on campus 10-12 hours per week/ 6 week minimum.
Placement 7 Off campus practicum 6604 (01 Pocatello, 02 Meridian)-3 credits/Fall	**75 direct client contact hours	Assigned off campus placement 10-12 hours per week /14-15 week minimum

Placement 8 Off campus practicum 6604 (01 Pocatello, 02 Meridian)- 2 credits/Spring	**50 direct client contact hours	Assigned off campus placement 12-15 hours per week /8 week minimum
Placement Externship 7 credits 6606	**75-100 direct client contact hours	Students find full-time placement. 36-40 hours a week/8 week minimum

**\*Both minimum requirements must be met to pass the clinical course and advance to next placement.**

**\*\*These hours may include clinical simulations earned during clinical courses.**

Online OSLP Grad Student Minimum Requirement for Clinical Coursework: **Clinical Roadmap for students who began the program 2026 or later**

<b>Practicum</b>	<b>***Minimum Requirement I</b>	<b>***Minimum Requirement II</b>
Placement 1: Practicum 6601 - 1 Credit/Summer 1st year	**20 direct client contact hours/Simulation	1 credit = 6-8 hours per week for simulation (pediatric cases). For every 1 hour in simulation, a 15 min debriefing is required.
Placement 2: Off Campus Practicum 6604-03 - 2 Credits/Fall 2nd year	**50 direct client contact hours	Off-campus placements/home area/8-10 hours a week for /12 week minimum
Placement 3: Off- Campus Practicum 6604-03 - 2 Credits/Fall 2nd year	**50 direct client contact hours	Off-campus placements/home area/8-10 hours a week for /12 week minimum
Placement 4: Off- Campus Practicum 6604-03 - 2 Credits/Spring 2nd year	**50 direct client contact hours	Off-campus placements/home area/8-10 hours a week for /12 week minimum
Placement 5 and Placement 6: 1 credit 6601-04 and 1 credit 6604-04/Summer 2nd year	6601-04: **18-20 hours of direct client contact simulation hours. 6604-04: **25 direct client contact hours in either an on- campus specialty clinic (if offered) or off-campus placement in home area	6601 = 1 credit = 6-8 hours per week for simulation (adult neuro cases). For every 1 hour in simulation, a 15 min debriefing is required. 6604=Variable off-campus/home area or specialty clinics on campus 10-12 hours per week/ 6 week minimum.
Placement 6: Off Campus Practicum 6604-04 - 3 Credits/Fall 3rd year	**75 direct client contact hours	Off-campus placements/home area/ 10-12 hours a week for /12 week minimum

Placement 7: Off Campus Practicum 6604-04 - 3 Credits/Fall 3rd year	**75 direct client contact hours	Off-campus placements/home area/ 10-12 hours a week for /12 week minimum
Placement 8: Off campus practicum 6604 - 1 credit/Spring 3rd year	**25 direct client contact hours	Assigned off-campus placement 8-10 hours per week /6-8 week minimum or can carryover fall placement and complete 6-8 more weeks
Placement Externship 7 credits 6606 (Graduates in May)	**75-100 direct client contact hours (25 hours can be non-direct; see Aug 2027 CAA standards and CFCC)	Students find full-time placement 36-40 hours per week for 8 week minimum. Must start externship by the 2nd week of March and no spring break.

**\*Both minimum requirements must be met to pass the clinical course and advance to next placement.**

**\*\*These hours may include clinical simulations earned during clinical courses.**

On Campus SLP Grad Student Minimum Requirement for Clinical Coursework: **Clinical Roadmap for students who began program 2025 or earlier**

<b>Practicum</b>	<b>*Minimum Requirement I</b>	<b>*Minimum Requirement II</b>
Placement 1& 2 On Campus Practicum 6602 -2 Credits/Fall	**20 per credit direct client contact hours	Onsite 2 days/16 hours per week
Placement 3&4 On Campus Practicum 6602- 2 Credits/Spring	**20 per credit direct client contact hours	Onsite 2 days/16 hours per week
Placement 6 2 credits 6602/6604 (**Meridian students 1 credit=AAC camp requirement)	**50 direct client contact hours	Variable off campus or specialty clinics on campus 10-12 hours per week/ 6 week minimum.
Placement 7 3 credits 6602/6604	**75 direct client contact hours	Assigned off campus placements 8-10 hours a week for /12 week minimum
Placement 8 3 credits 6602/6604	**75 direct client contact hours	Assigned off campus placements 8-10 hours a week for /12 week minimum
Placement Externship 8 credits 6606	**75-100 direct client contact hours	Students find. 36-40 hours a week Full Time/8 week minimum

**\*Both minimum requirements must be met to pass the clinical course and advance to next placement.**

**\*\*These hours may include clinical simulations earned during clinical courses.**

Online OSLP Grad Student Minimum Requirement for Clinical Coursework: On Campus SLP Grad Student Minimum Requirement for Clinical Coursework: **Clinical Roadmap for students who began the program 2025 or earlier**

<b>Practicum</b>	<b>*Minimum Requirement I</b>	<b>*Minimum Requirement II</b>
Placement 1 On Campus Practicum 6602 -2 Credits/Summer 1 <sup>st</sup> year	**20 direct client contact hours/Simulation	1 credit =6-8 hours per week for simulation cases. 2 <sup>nd</sup> credit= 1 <sup>st</sup> year Summer Experience: 6-8 hours per week for pediatric clinical processes course
Placement 2 Off Campus Practicum 6604- 03 2 Credits/Fall 2 <sup>nd</sup> year	**50 direct client contact hours	off campus placements/home area/8-10 hours a week for /12 week minimum
Placement 3 Off Campus Practicum 6604- 03 2 Credits/Fall 2 <sup>nd</sup> year	**50 direct client contact hours	off campus placements/home area/8-10 hours a week for /12 week minimum
Placement 4/5 1 credit 6602-04 CARES and 1 credit 6604-04	**6604-04: 25 direct client contact hours in either an on campus specialty clinic if offered or off campus home area **6602-04: 18-20 hours of direct client contact simulation hours	Variable off campus/home area or specialty clinics on campus 10-12 hours per week/ 6 week minimum.  CARES is a clinical processes course 2 <sup>nd</sup> summer adult neuro
Placement 6 Off Campus Practicum 6602- 2 Credits/Fall 3 <sup>rd</sup> year	**50 direct client contact hours	off campus placements/home area/ 8-10 hours a week for /12 week minimum
Placement 7 Off Campus Practicum 6602- 2 Credits/Spring 3 <sup>rd</sup> year	**50 direct client contact hours	off campus placements/home area/ 8-10 hours a week for /12 week minimum
Placement Externship 8 credits 6606	**75-100 direct client contact hours	Students find. 36-40 hours a week Full Time/8 week minimum

**\*Both minimum requirements must be met to pass the clinical course and advance to next placement.**

**\*\*These hours may include clinical simulations earned during clinical courses.**

There might be opportunities to earn additional clinical clock hours through screenings, study abroad trips, community events, extra clinical assignments, research projects, etc. **Note: Most, if not all, of those opportunities are not likely during a global pandemic.** Periodically, volunteer opportunities are made available. **It is the student's responsibility,**

**with departmental assistance, to complete a minimum of 375 clock hours and 25 hours of observation during his/her academic career.**

If a student cannot meet the minimum requirements for a clinical course due to a supervisor's availability or an issue at the facility, clinical faculty should be contacted to determine if an alternative plan is needed.

Graduate students will accrue clinical clock hours to meet ASHA certification requirements in clinical assignments that letter grades of A, B, or S were earned. Hours accrued in assignments in which letter grades of C, D, F, or U were earned will not be accepted to fulfill ASHA certification requirements. The practicum assignment in which a letter grade of C, D, F, or U was received must be repeated prior to externship placement.

Students must earn a minimum of 50 hours in three unique settings and have a cumulative total of 400 clinical clock hours to meet ASHA requirements. A hard deadline for completion of the 400 clock hours for all externship students will be set at the beginning of the externship semester. If the 400 hours are not completed on the designated date by midnight, the student will be given an “incomplete” for the externship course. The student will not officially graduate or receive a degree, but the student can still walk in the commencement ceremony with the students’ cohort. The student will have the next semester to complete the hours. This will also delay licensing and the Clinical Fellowship.

### Supervision by Clinical Educator at the Site

As a graduate student clinician, you are responsible to the placement facility. You should have a variety of experiences during your practicum experience, and each clinical educator/supervisor/faculty will have a different clinical teaching style. Diversity is needed to enhance your skills in working with different people and personalities. Your clinical educator/supervisor/faculty will want you to be a successful clinician. Please ask questions and discuss concerns with your clinical educator as early in the semester as possible. This may avoid problems later.

A weekly conference with your placement on-campus clinical faculty/supervisor is required. Once off campus you are responsible for initiating meetings and receiving midterm feedback. The meetings with clinical faculty/supervisors will vary in time based on your needs/skill level. Each weekly meeting is a collaborative time. These meetings will help you move toward independence in your development as a clinician. It is important to have an agenda of items you wish to discuss in your weekly meeting.

### Protocol for Problems

If a problem is experienced with a clinical educator/student, it becomes the responsibility of the student and clinical faculty/supervisor to discuss and work through the situation at the placement site. If it cannot be corrected at this level, then the student should discuss the matter with the Clinical Coordinator and then the Clinical Director. If the matter cannot be settled at this level, then the Program Director and the Chair of the Department will participate in the matter to its resolution.

### Dismissal from a Clinical Site

Clinical faculty/supervisors/clinical coordinators have the right to dismiss students from the clinical setting if behavior or attendance indicates that the student is unprofessional, unprepared, and/or not capable of providing safe care in their practice setting. The Clinical Supervisor/Instructor, the Clinical Coordinator and Clinical Director should be notified by phone/email as early as possible from the student when dismissal is being considered.

It is up to the discretion of the Clinical Director in consultation with the clinical supervisor, clinical coordinator, department chair, program director, and other faculty whether the student will be assigned a grade of Incomplete (I) or Fail (F) for the course, reassigned to another clinical site, or dismissed from the program. If the student continues in the program, a remediation plan may be implemented to address areas for improvement in their clinical practicum placement(s).

### Student Learning Outcomes for Clinical Practicum and Externship

KASA knowledge and skills areas (2020 standards): The student will demonstrate at least minimal competence in KASA knowledge and skill areas (2020 Standards IV E, H; V A, B, C, D, E, F). The student will complete the minimum requirement of 400 clock hours of supervised clinical experience in the practice of speech-language pathology including 25 hours in guided clinical observation and 375 hours in direct client/patient contact by the end of the program of study (Standard V-C). Up to 20% (i.e., 75 hours) of direct contact hours may be obtained through clinical simulation methods. Only the time spent in active engagement with client services-through clinical simulation (most simulation companies define what time can actually be counted as direct client contact time. Clinical Simulation may include the use of standardized patients and simulation technologies (e.g., standardized patients, virtual patients, digitized mannequins, immersive reality, task trainers, computer-based interactive). See clinical clock hours section. Debriefing activities may not always be included as direct client contact hours.

#### A. Student Clinic Performance Standards

- a. All students are to maintain appropriate levels of clinical performance commensurate with their level of training.
- b. Students deemed by the academic and clinical faculty not to have made satisfactory progress in the acquisition of clinical skills may be required to enroll in further credits of CSD 6602 (on-campus), 6604 (off-campus) or 6606 (externship) in addition to the credits required for graduation.
- c. If persistent and/or severe clinical deficiencies are noted, a student may be removed from clinical assignments and/or be required to complete additional academic or clinical work. If a student is removed from a clinical assignment due to poor performance, the student will receive a failing grade and must redo those clinical credits to demonstrate competence and meet graduation requirements.
- d. The department has established a policy of clinical probation to be followed when a student demonstrates unsatisfactory performance in a clinical practicum that warrants special attention. This policy is contained in Appendix G. All students should be familiar with the contents of the Clinical Probation Policy. A student may be placed on Clinic Probation/Remediation at any point in the semester, upon receiving a failing grade, or it is determined that their performance warrants Clinic Probation.

### Procedure Changes

**Procedures for each practicum are subject to change for a variety of reasons including availability and presenting diagnosis of clients as well as natural disasters and local and global pandemics.**

### Practicum Labs and Meetings

Practicum labs and/or meetings may be held weekly for each on-campus practicum. Clinical Faculty/Supervisors reserve the right to require mandatory attendance at the practicum labs and/or meetings with points deducted from the final grade for unexcused absences. Labs and/or meetings consist of discussions about the management of services

provided for clients, sharing therapy ideas, seeking help with problems encountered in therapy, literature reviews, simulation and hands-on learning and training opportunities, and announcements pertinent to clinic operations. A client/patient presentation also may be required during the term. Practicum meetings are also scheduled for the semesters during which students are assigned to externship. Students may be required to attend scheduled practicum meetings as required by the Clinical Faculty/Supervisor/Coordinator. Additional blocks of time may also be required.

## CLINICAL PROCEDURES

### Scheduling for on-campus clinics

After receiving client/patient assignments for a given practicum, student clinicians should follow the Clinical Faculty/Supervisor's directions for contacting client(s). Individual therapy and conferencing time is based on client/patient needs and is planned in unison with your Clinical Faculty/Supervisor. It is also necessary for clinicians and clients to leave promptly after each session so that the next session may begin as scheduled.

The On-Campus Clinical Coordinator in conjunction with the Clinical Faculty/Supervisor schedules clients. The Clinical Faculty/Supervisor may decide to include you in this process. However, **DO NOT** contact any clients unless specifically instructed by your Clinical Faculty/Supervisor and never by email. Clinical Faculty/Supervisors have encrypted email they use for PHI/HIPAA related clinical content.

### Client/Patient absences

To ensure that clients receive a full therapy session, they must arrive on time. If clients find it necessary to miss a session, they should notify the clinician and the clinic in advance. Make-up sessions may be arranged if scheduling permits. **If the client/patient misses' sessions, the decision to discharge is up to the discretion of the Clinical Faculty/Supervisor (see Speech Clinic client/patient attendance policy).** Typically, if the client/client family cancels, those sessions are not made up. If **clinicians** must cancel a session, it is mandatory that the session be rescheduled unless the client/patient is unable to attend a make-up session. **Always clear make-up sessions with the Clinical Faculty/Supervisor in advance.**

### Client Safety

After clinical sessions, the client, if not of legal age or is unable to independently care for themselves, is to be released **ONLY** to their legal guardian or someone whom the legal guardian has notified the clinical faculty/supervisor or student clinician, that will be picking up the client. The identification of the person will also need to be provided. It is imperative that the client is not released to any other person. If there are any questions about the person who has arrived to pick up the client, the clinical faculty member or Clinic Director/Coordinator must be contacted immediately before releasing the client to that person.

When in the waiting room or any clinical room, please note and remove any items that may be potentially harmful to the clients or siblings of clients served at the Department of Communication Sciences and Disorders, ISU Speech Language and Hearing Clinics. Please always be alert to this as potentially dangerous items may be left at any time by clients or visitors.

### Therapy Room Sign Up and/or Scheduling sessions for Telepractice

After the client/patient caseload has been confirmed, the Clinical Faculty/Supervisor will work with the Clinical Graduate Assistant (CGA) or Work Study assigned to schedule rooms in BOX and/or telepractice sessions on Zoom. Future room and session changes are coordinated with the CGA. Clients are typically scheduled for two-50 minute-sessions. If for initial measures or other reasons, a different room is needed for one or two days, notify your Clinical Faculty/Supervisor and arrangements must be made with the CGA to verify that the room is available. Each therapy room has furniture assigned to it. If the treatment room you are using is missing any furniture, please inform the

CGA. If you need to temporarily borrow furniture (i.e., for one session) from another room, please confirm that the piece(s) of furniture is(are) not needed in that room for that hour and if not needed, please only borrow the furniture for that one session. At the conclusion of your session, please place the furniture back where it belongs.

Due to fire safety and accessibility regulations, equipment/furniture should never be stored in hallways.

### Therapy Room Preparation

Before each therapy session, check the therapy room for the following:

- Greet/Meet your client/family in the dedicated clinical area, guide them and show them the observation rooms for family/caregivers, show them the clinical room you will be providing services. Answer any questions they may have prior to starting services/assessment.
- Be certain both client/patient and clinician are in camera range.
- Gather and organize all materials for the session. **Temporarily** store materials for therapy in the cabinet.
- **NEVER LEAVE THE client/patient UNATTENDED** in the treatment room.
- Do not leave any valuables unattended in the therapy room or in the student workroom.
- Do not staple any materials to the walls, floor, or doors.

## Establishing services in our clinics

### Procedure to Establish Services

- 1 Intake Forms: All confirmed clients will be mailed or sent via DocuSign by the clinic administrative assistant an intake form and other required documentation for completion prior to their initial session. Clients should be instructed to return their intake forms with their paperwork by mail or via DocuSign before or on their first scheduled therapy day. The intake packets should be completed once per year, except for the Consent for Participation which is to be completed every semester. Also be aware of who is the legal guardian of the client if under the age of 18 years old.
- 2 Consent for Participation: At the time of admission, the client / legal guardian should sign the Consent for Participation on paper or via DocuSign if it has not already been completed. This must be completed every semester while the client is participating in the clinic/treatment. Please ensure that this form has been signed by asking the clinic administrative assistant or the assigned clinical faculty member.

### Setting of Clinical Fees

- 1 Fee Determination Form: Clients should complete the fee reduction form with the assistance of the clinical administrative assistant or billing officer prior to their initial session.
- 2 Financial Assistance / Fee Reduction Form: If the client or legal guardian indicates that there is any type of financial hardship influencing their ability to pay for services; they should discuss these concerns with the clinic billing officer and complete the forms with her assistance prior to the first appointment. Fees will be determined based upon a set schedule related to income and expenses.
- 3 Should a client have questions or concerns regarding the clinic fees or fee reduction process, they should be immediately directed to the Clinic Billing Officer. Student clinicians should not discuss client finances with the client or family.
- 4 Fees are established according to the Fee Schedule for Clinical Services.
- 5 Fees may be adjusted according to the Fee Adjustment Scale.

### Parking

Each campus has special parking passes for clients, please check with your assigned Clinical Faculty/Supervisor. Clinic parking spaces are dedicated for clients.

### Baseline Measures

The first two weeks of clinic may be reserved for initial testing and completion of baseline measures for each client. A Pre-Treatment Assessment Plan is written for each client/patient and submitted to the Clinical Faculty/Supervisor for approval. Any variations in the schedule will be announced by the immediate Clinical Faculty/Supervisor. **Report writing and necessary revisions are time consuming; therefore, be prepared to set aside sufficient time to complete, make required changes, and receive approval for each report.**

## Observation

Clinical Instructors and peers/fellow students will observe therapy sessions. Parents or visitors must obtain permission from the Clinical Faculty/Supervisor to observe sessions. Only students with permission and persons directly related to the intervention process may observe. Encourage parents to make care arrangements for siblings who are not old enough to wait independently in the waiting room while they observe. The Clinical Faculty/Supervisor may not want observers for particular sessions or another observer may be scheduled. Parents/Clinical Instructors take priority for seating. Students completing observation hours in the Clinic must sign up for observations using the guidelines determined for that semester.

**Recording and photography of sessions by students/visitors is not allowed.**

## Recording and Documenting Clients/Patients

All clinical sessions are recorded using a digital recording system installed in the clinic. To view the sessions, students will sign into the computers in the Student Workrooms that are identified as HIPAA compliant areas. Under no circumstances are the sessions to be downloaded and saved for viewing outside the clinic. Data is deleted from the digital recording system (VALT) after 125 days.

The Clinical Faculty and the student clinician will identify the method to be used for recording/documenting each session. **The student clinician must review the client's file to assure that the photography/publicity release form is signed by the client/patient or caregiver.**

Typical sessions recorded/documented include, but are not limited to: evaluations, initial measures for treatment, therapy sessions, therapeutic procedures, final measures and client/patient conferences during each semester in a clinical assignment. If the method of recording includes the use of audio recorders, the clinician may be required to provide the audio recorder to be used during recording. If students use a personal Audio recorder the recorder is not to be removed from the Clinic until all PHI has been deleted and must be stored in the student workrooms designated for the practicum. Review of recorded information must be conducted in the Department in areas that provide privacy and compliance with HIPAA guidelines.

Under no circumstances will a student clinician retain recorded documentation or review recorded documentation with anyone other than the Clinical Supervisor/Faculty, co-clinicians, or individual(s) approved by the Clinical Supervisor/Faculty.

## Telehealth and Session Recording Procedures

For telehealth sessions conducted via Zoom (ISU-approved account), which is deemed HIPAA compliant, recordings may be made by the clinical supervisor and stored in the supervisor's Zoom account. Zoom may be accessed on campus through a student's personal computer/laptop or an ISU-issued computer. The supervisor will upload the session recording to BOX using an ISU-issued computer. If working off-campus, the supervisor must connect via VPN before uploading.

Student clinicians may only view recordings through BOX, using an ISU-issued computer in a HIPAA-compliant room. Prior to viewing any recording, the student clinician must review the client's file to verify that a signed release form has been obtained from the client, patient, or caregiver.

The clinical supervisor/faculty member may maintain the recording in BOX and delete it following the student clinician's review.

#### Important Requirements:

- Zoom is HIPAA compliant when accessed through ISU-approved accounts
- Zoom may be accessed on campus ISU-issued computer
- Only clinical supervisors/faculty may create Zoom cloud recordings of telepractice sessions
- Student clinicians may only review video recordings in a HIPAA-compliant manner, using approved equipment on campus.

#### Managing Drafts of Reports and Working File Documentation

##### *Drafts and Working Files*

All drafts of reports and working documentation **must be de-identified** and housed in the student's assigned **mailbox on campus** or at the practicum site **in a HIPAA-compliant location**. Throughout the semester, and prior to the end of the term, the student clinician will collaborate with the Clinical Supervisor/Faculty to finalize documentation and add identifying information before submission to the **ISU Electronic Medical Record (EMR)** system and the mailing of any official documentation.

##### *Storage and Editing of PHI*

Effective immediately, **Protected Health Information (PHI)** may only be accessed or edited using **ISU-issued computers** located in **HIPAA-compliant areas** (e.g., the student charting lounge, supervisor offices, or other approved spaces).

Students **may not access, store, or edit PHI**—including SOAP notes, evaluation reports, treatment data, or client materials—on personal devices, laptops, tablets, or mobile phones.

VPN access from personal devices is no longer permitted for PHI-related work. All PHI must be handled within the ISU network on ISU hardware and systems.

##### *Use of BOX for Clinical Documentation*

ISU on-campus clinics use **BOX** as the secure, HIPAA-compliant platform for submitting, sharing, and storing clinical documentation. Examples of items managed through BOX include, but are not limited to:

- Pre-treatment Assessment Plans
- Lesson Plans--\*\*see below if de-identified
- Semester Treatment Plans
- SOAP Notes

- Data Collection Sheets
- Session Reports

Each client folder is created by the assigned Clinical Faculty/Supervisor. **All PHI-related documents must be initiated, edited, and submitted within BOX using an ISU device.** Once supervisor feedback is received, the student clinician should make corrections using **Microsoft Word Online** through BOX **using an ISU device.** Documents must never be downloaded or opened in Microsoft Word on a personal device if they contain PHI and can only be accessed **using an ISU device.**

After all edits are complete and approved by the Clinical Faculty/Supervisor, the final version will be stored in BOX and then uploaded to the client’s permanent EMR. All comments and tracked changes must be removed before finalization.

### *De-Identified Work and Lesson Plans*

Students may prepare lesson plans, draft documents, or materials on personal devices **only if the content is fully de-identified.** This means **no names, initials, dates of birth, addresses, or other identifiers** may appear. Use only coded identifiers (e.g., “Client A”).

Therapy materials that include PHI (e.g., name, diagnosis) must be created, printed, and accessed **only on ISU computers** in HIPAA-approved areas.

### *Access and Confidentiality*

Access to HIPAA-protected documents in BOX is restricted to individuals directly involved in the client’s care—specifically, the document creator (student clinician), assigned co-clinician(s), and the Clinical Faculty/Supervisor.

Students must log in through their ISU Box account at <https://isu.account.box.com/login> and use BOX exclusively for the purpose of saving and sharing clinic files with authorized faculty and co-clinicians.

**Sharing any client information with anyone outside of these authorized parties constitutes a breach of confidentiality and may result in disciplinary action or termination from the program.**

### *Reminder: What Counts as PHI*

Protected Health Information (PHI) includes, but is not limited to:

- Client names, initials, or ID numbers
- Dates of birth or treatment
- Addresses, phone numbers, or email addresses
- Medical diagnoses, assessment data, or session notes
- Audio, video, or written documentation linked to a specific client

All students are responsible for upholding the University's HIPAA compliance standards and ensuring that all client information remains secure at all times.

### Mailing Reports

The **clinical admin/clinical supervisor/faculty** are the only persons authorized to send/distribute reports generated by the Clinic. Only final drafts which have been approved and signed by the Clinical Supervisor/faculty will be disseminated. Student Clinicians must review the client/patient file and assure that the client/patient/caregiver has signed the appropriate release form before requesting that a report be mailed to any individual/professional/agency other than the client/patient.

### Paper client/patient Files

All clients who received services in the Speech clinic prior to COVID 2019 may have a permanent file housed in a former EMR system such as raintree or archived file. Consult the clinical administrative assistant and the Clinical Supervisor/faculty regarding procedures for establishing a new file. Use of client/patient files must comply with HIPAA guidelines.

### Electronic client/patient Files

As of January 2016, Clinical Administrative Assistants and Clinical Supervisors/Faculty utilized an Electronic Medical Record (EMR) system Raintree and currently utilize Point n Click for electronic scheduling and billing and electronic health record (EHR) access and maintenance. This system is closely monitored for HIPAA violations and students should only access their client's records --All PHI-related work must occur **only on ISU systems** and **only on ISU devices** located in approved clinical areas. Access to records for clients not assigned to the student, including their own personal records, is a violation of the privacy laws. Students do not generally have access to these systems.

### Photos of Clients

Due to HIPAA guidelines, you are not allowed to take pictures of your clients for your own personal use with your cameras or smartphones. If clients would like a picture of you that is fine if you agree to the picture.

### Working with Clients Outside of the Placement Setting

Due to licensure and certification requirements, no student is allowed to perform speech/language intervention without the presence of clinical faculty or a supervisor. Parents may ask you to babysit, go out to dinner, etc. However, you must not engage in any communication or activities with families outside of the clinic to avoid conflicts of interest. If you have any questions about this policy, please ask.

### Gifts from Clients

At times, a client or caregiver may offer you a gift. We cannot accept gifts that have monetary value, such as money or gift cards. If a client makes you something, you must ensure the client's name is removed from the item. Otherwise, the gift becomes a gift to the clinic and remains in the clinic due to PHI/HIPAA regulations.

## Clinical Supervision

### Qualifications

- Current ASHA Certification (CCC-SLP) and active State Licensure.
- Two hours of ASHA-approved supervision training.
- Two years of post-clinical fellowship experience, including one year in a relevant setting.

### Supervision Duties

- Provide supervision based on the student's knowledge and experience.
- Students must not engage in therapy or diagnostics without a Clinical Faculty/Supervisor present, except with an arranged substitute that meets all the qualifications.
- For off-campus placements, an ASHA CCC-SLP must be on site during client contact hours.
- For purpose of graduate students using the telepractice hours for ASHA certification, the [certification standards \(V-C\)](#) requires a minimum of **25% direct care, real-time supervision of total clinical care** of a person with communication disorder by a licensed and active ASHA CCC-holder. The supervisor may choose >25% if the student needs more support. The supervisor must be *available to assist 100% of the time*, for the well-being of the student and person receiving care.
- The 25% direct supervision/100% supervisor availability applies to either in-person clinical care or telepractice clinical care. The supervisor must be able to join the telepractice session if they are not planning on being present for >25%.
- The clinical standards for certification are not set in alignment with any insurance reimbursement, rather, the minimum requirement for public safety and support of the unlicensed and uncertified student practitioner.
- Contact On-Campus Clinic Coordinator/Clinic Director in emergencies.

### Supervision Requirements

- Minimum of 25% direct supervision, adjusted as per student's skills and experience.
- The supervisor must provide immediate feedback during live sessions, whether in-person or via telepractice. Watching recorded sessions does not fulfill the direct supervision requirement. Supervisors should be present in the clinic area during their assigned student sessions or arrange coverage from another CCC-SLP.
- Offer timely written and/or verbal feedback using observation summaries/checklists.
- Ensure client/patient welfare is protected.
- The student extern will take on the site supervisor's caseload, not develop an independent caseload.

### Initial Meeting With Client/Caregiver

- Discuss the student clinician's background, goals, and responsibilities.
- Review site policies, procedures, and standards of practice.

## Documentation

- Register and upload required documents on CALIPSO.
- Complete or facilitate the Affiliation Agreement before placement starts.
- Review ASHA Position Statements on Clinical Supervision and Ethics.
- Mid-placement: Review and discuss the student's performance and complete a mid-placement Performance Evaluation on CALIPSO.
- At placement end: Complete final Performance Evaluation, review clinical clock hours, and approve them on CALIPSO. A grade will be assigned only after these tasks are completed.
- For supervisors new to Idaho State University, site information forms on CALIPSO, each tab completed to the best of the supervisor's knowledge

## Feedback

- An anonymous survey will be sent post-placement to evaluate your experience with the ISU extern.

## Contact

- Reach out to the externship coordinator for clarification or additional information.

# EVALUATION OF STUDENTS AND PRACTICUM/EXTERNSHIP EXPERIENCES

## Grades

In the context of direct clinical care, grades for clinical assignments are based upon weekly performance in the completion of the clinical care and documentation assignment and demonstration of minimal or better competence on the ASHA KASA standards.

Numeric grades are not rounded up. See CALIPSO Performance Evaluation for specific information about the grading scale for each practicum and review CALIPSO Practicum Evaluation at the onset of the semester to learn the components and expectations. The evaluation of students incorporates the numeric grade and/or the successful demonstration of KASA competencies when assigning a final letter grade. **Students must meet SLP Standards to earn a passing grade.**

Failure to demonstrate clinical competence will result in a grade letter of C or lower or U grade and will require that the practicum be repeated, and/or academic probation or dismissal from the program. A marking of "NOT MET" on the practicum evaluation, the student will receive a clinical deficiency note see appendix R and this must be "MET" in the next clinical rotation. The student may be asked to complete an assignment or a paper in order to meet "NOT MET" areas. A student will not be failed based on "NOT MET" portions of the practicum evaluation.

If significant deficiencies (below a B- in any area or U grade) are demonstrated at any point in the semester (especially at midterm and later), opportunities for remediation through the design and implementation of a midterm matrix (only at midterm in a given semester), and/or a clinical probation/intervention plans (CPP/CPIPs) see Appendix R may be provided. Appendix R may also

be updated depending on the clinical probation/clinical status of the student. Any grade letter less than a B- , or U grade, does not reflect successful completion of the practicum and demonstration of clinical competence. Therefore, **clock hours will not be awarded if a clinical assignment is not successfully completed with a letter grade of B- or better or S grade. Students who earn a grade C or lower or U grade must repeat the practicum.** Upon successful completion, some clock hours from the initial experience may be awarded at the discretion of the Clinical Faculty/Supervisor in consultation with the Clinic Coordinator and/or Clinic Director. Failure to complete a practicum/externship successfully will likely result in a delay in further practicum assignments and graduation. The student must meet with the Clinical Coordinators and Clinic Director to reschedule all remaining practica/externship and the student must inform their Tier III academic advisor and if a change in program of study is needed, it must be approved by the SLP Petitions Committee.

As with other deviations from stated policies and procedures, decisions concerning clinical policy privileges that are not successfully resolved with the clinic directors and faculty may be appealed to the Academic Affairs. For more information concerning grade appeals see the current Graduate handbook. **Student clinicians must attend all scheduled sessions and complete written assignments CSD 6602, CSD 6604, CSD 6606 and all other scheduled clinical assignments.**

### Incompletes

A grade of incomplete can only be assigned if the criteria established by the instructor of record have been met. An incomplete in a practicum must be resolved to the satisfaction of the Clinical Faculty/Supervisor/Instructor(s) or the student may not be eligible for subsequent practica. Any incomplete grade must be completed the following semester. A contract following the terms designated by the University and outlining the time-frame and terms of completion of a grade of “Incomplete” must be developed by the Clinical Faculty/Supervisor/Instructor and student, in consultation with the Clinic Coordinator and Clinic Director. The contract must follow the guidelines established by the instructor of record. Clock hours will not be awarded until successful completion of the practicum assignment according to the terms of the contract. It is also the student’s responsibility to contact the instructor of record, once the terms have been met for a passing grade, B- or better, S grade.

### Failing Student Policy

**If a student earns a “C” or less in a practicum/externship, the student must repeat the practicum/externship (the same site will not be repeated if off campus, but the same general population of client must be completed at a different site):** If the student cannot complete the second attempt of the practicum/externship successfully, it will be considered the student’s 2<sup>nd</sup> “C” and the student will be brought for pending dismissal and be considered to be dismissed from the program.

**If an On-Campus Clinical Students earns a “C” or less or a “U” in a practicum, the student must repeat the practicum:** The schedule for repeating a practicum for On Campus Students and retake is as follows:

First Year Clinic

Fail in Fall semester – retake in following Fall

Fail in Spring semester – retake in following Spring  
Fail in Summer semester – retake in following Summer  
Each First Year Clinic path listed above delays graduation for possibly 1 full year

#### Second Year Clinic

Fail in Fall semester – retake in Spring  
Fail in Spring semester – retake in Fall  
Fail in Summer semester – retake in Fall  
Each Second Year Clinic path listed above delays graduation for possibly 1-2 full semesters

**If an OSLP student earns a “C” or less in an on-campus practicum experience (ex: the first year summer clinical practicum experience or during the second year summer clinical practicum experience), the student must repeat the practicum experience and/or complete remediation based on the performance as indicated by the instructor of record, clinical faculty/supervisor(s) assigned to the experiences and is unable to continue in off-campus placements until remediated or student earns a “B- or better”.**

If the student cannot complete the second attempt of the practicum or remediation with a “B- or better” this would be considered the student’s 2<sup>nd</sup> “C” and the student will be brought for pending dismissal and be considered to be dismissed from the program.

OSLP schedule for repeating a practicum and retake is as follows:

First Year Summer Clinical Experience and Second year summer Clinical Experience: OSLP  
Fail in the summer: retake/remediate in the Fall and depending on the student needs/remediation student may need to retake the following summer delaying the student’s program for a year.

#### OSLP Second and Third Year Clinic

Fail in Fall semester – retake in Spring  
Fail in Spring semester – retake in Fall  
Fail in Summer semester – retake in Fall  
Each Second/Third Year Clinic path listed above delays graduation for possibly 1-2 full semesters

Under no circumstance should a practicum be split into two semesters and/or completed across more than one semester. Further, a student may enroll in only one clinical practicum at a time; thus, a student cannot enroll in multiple practicums in the same semester.

ASHA clock hours should **normally** be awarded ONLY for the semester in which the student completes the practicum with a passing grade and successfully passes the Clinical Intervention Program (see next section). However, there may be circumstances when some ASHA hours could be awarded to a student with a “C” grade. In these instances, the hours will count at the discretion of the Clinical Faculty/Supervisor and in consultation with the Clinical Coordinator and Clinic Director.

Areas that are not passed with a “B-“ or better or “S” or better are not considered areas of competence.

## DOCUMENTATION OF CLINICAL EXPERIENCES

### Documentation of Clock Hours

*On-Campus Clinic placements:* At the end of each semester students are responsible for totaling the number of client/patient contact minutes completed during the semester (Daily Logs), reviewing the contact minutes with the Clinical Faculty/Supervisor, and recording them in the CALIPSO site.

**Report clock minutes in actual time, NOT rounding to the nearest quarter hour.** And only report direct client contact time. Once the Clinical Faculty/Supervisor has reviewed and agreed with the documented minutes, the Clinical Faculty/Supervisor will sign off on the hours in the CALIPSO system.

*Off-site rotations:* At the end of each semester in off-campus practicum placements and Externships, students are responsible for totaling the number of client/patient contact minutes completed during the semester (Daily Logs). **Report clock minutes in actual time, NOT rounding to the nearest quarter hour.** Prior to semester checkout meetings with their off-site Clinical Supervisor, students are to complete the entries in CALIPSO and enter direct client contact time. Once the off-site Clinical Supervisor has reviewed and agreed with the documented minutes, the off-site Clinical Supervisor will sign off in the CALIPSO system.

Students might be asked to complete a survey/evaluation of their off-site clinical site at the end of the semester. This is helpful feedback for the program for future semesters and is designed as a method of collecting information for the purposes of Quality Improvement. The information is kept secure and will be used to improve policies, procedures, and processes.

### Externship Procedures

The Externship Program aims to provide students with clinical educational experiences that are not available in the university setting. It offers students the opportunity to tailor their clinical training experiences to their professional interests and future employment goals. Additionally, the program allows for interdisciplinary experiences with various professional disciplines within the externship setting, when available. Students will become familiar with the scope of professional practice in the externship setting, including administrative requirements, regulations, policies, documentation, service delivery models, program evaluation procedures, and financial aspects.

The program also aims to increase students' independence and skill levels in professional competency areas. Students will benefit from a range of supervisory and collegial experiences beyond those provided in the university setting. Finally, the externship program introduces professionals at externship sites to the abilities and qualities of graduate students in speech-language pathology from Idaho State University.

### Policy on Full-Time Externship Requirement

**Purpose:** To ensure that all Speech-Language Pathology (SLP) students acquire the necessary clinical competencies before graduation in accordance with the standards set by the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA).

**Policy Statement:** All students enrolled in the Speech-Language Pathology program must complete a full-time clinical externship prior to graduation. This requirement aligns with the CAA accreditation standards and the American Speech-Language-Hearing Association (ASHA) certification requirements to ensure students are adequately prepared for independent clinical practice.

**Rationale:** According to the CAA Standards for Accreditation of Graduate Education Programs in Audiology and Speech-Language Pathology, students must engage in sufficient supervised clinical experiences to demonstrate entry-level competence across a variety of disorders, client populations, and service delivery settings. A full-time externship provides:

1. **Comprehensive Clinical Training:** Exposure to diverse patient populations and clinical settings, ensuring students develop the necessary diagnostic and treatment skills.
2. **Progression to Independence:** Opportunities for students to transition from supervised practice to independent clinical decision-making under the guidance of experienced supervisors.
3. **Professional Readiness:** Real-world application of theoretical knowledge in a full-time, immersive environment that mirrors professional practice expectations.
4. **Accreditation Compliance:** Adherence to CAA Standard 3.1B, which mandates sufficient supervised clinical experiences across settings to prepare students for entry into professional practice.

### **Implementation:**

- The externship must be completed in an approved clinical setting that meets CAA and ASHA requirements.
- Students must be supervised by qualified SLPs holding ASHA certification (CCC-SLP) and state licensure, where applicable.
- The externship should provide experience across the scope of practice and client populations, ensuring that students meet the clinical clock hour and competency requirements outlined in CAA Standard 3.1B.
- Faculty and clinical supervisors will evaluate student performance to ensure compliance with program and accreditation standards.

The full-time externship is a critical component of the Speech-Language Pathology program, designed to ensure graduates are clinically competent and prepared for professional certification and licensure. This requirement upholds the integrity of the program and supports student success in the field.

#### **A. Student Requirements for Placement in the Externship Program**

To be eligible, students must be currently enrolled in the ISU SLP graduate program and must meet the following requirements:

- a. Students must have completed appropriate didactic coursework in areas consistent with the clinical population of the externship setting. The department's coordinator for each externship setting is in the best position to advise students as to what is meant by

"appropriate coursework" relative to a particular setting. The Tier III academic advisor can also be consulted.

- b. Students must have a cumulative GPA in their graduate program of 3.0 or higher before beginning the externship, and they must have completed between eleven and twelve credits of CSD 6602/6604 with no grade below a 'B-' or S. If a grade of 'C' or lower or "U" unsatisfactory is earned in any of these credits, it will delay and may preclude an externship if adequate improvement is not demonstrated within the specified time period listed in the Remediation Plan as described above.
- c. Students must have successfully completed the Evidence-based Capstone project or MS Thesis and passed the oral examination with a passing grade.
- d. A minimum of 275 clinical clock hours will be obtained prior to beginning the externship. It is the student's responsibility to be in contact with their clinic coordinator for their campus in advance of completing their final placement prior to externship if they believe they will be short of the hours necessary to meet this minimum so that a plan can be put in place to meet this requirement before beginning externship.

## B. Responsibilities Prior to the Start of the Externship

- **Investigate Externship Sites:**
  - Gather information on available opportunities.
  - Determine application requirements (some need applications a year in advance).
  - Visit sites in the first 3 semesters.
  - Contact the SLP administrative assistant for affiliation agreements (can take over 6 months).
  - Evaluate an externship site. Does the externship site meet the hour requirements the student needs? At this point, many students are at varying levels of direct client contact hours. Some sites, such as acute care or hospital settings, may only offer a few direct client contact hours due to extensive documentation requirements and the high level of care. This can result in students not achieving as many hours per week.
- **Current Agreements:**
  - Check existing ISU SLP affiliation agreements with the clinical coordinator.
  - Obtain contact details for affiliation agreement handlers at each site.
- **Application Process:**
  - Complete the Externship Application Google Form (2nd year for on-campus, 3rd year for OSLP students).
  - Ensure all steps are done for each site on the application.

### For Each Site Listed:

- **Contact and Confirm:**
  - Discuss scheduling an 8-week externship.
  - Verify the site meets clinical, educational, and professional requirements.
- **Prior to Placement:**
  - Read and understand the affiliation agreement with Idaho State University.
  - One month before start:
    - Contact supervisor for first-day details.
    - Discuss clinical training needs.
- **Documentation and Compliance:**

- Submit Confidentiality Understanding and Non-disclosure Agreement.
- Update Health Records in CALIPSO and provide to the site if required.
- Complete any additional site-specific requirements, such as orientation.

### C. Clinical Externship Activities

#### Student Extern Responsibilities:

- **Clinical Participation:**
  - Engage in all clinical activities as directed by the site supervisor per ASHA training requirements.
  - Follow the orientation, observation, and clinical activities schedule.
- **Clock Hours Management:**
  - Maintain and record clinical clock hours daily on the Daily Hour Summary Form.
  - Differentiate clock hours:
    - **Treatment Hours:** Clinical management, direct activities, progress monitoring, counseling.
    - **Assessment Hours:** Screening, assessing, diagnosing communication disorders.
    - **Direct Client Contact Hours:** Include all direct interaction with clients.
  - Weekly review of clock hours with supervisor for accuracy.
- **Meetings:**
  - Schedule a midterm progress meeting in the fourth or fifth week.
  - Schedule a final week meeting to:
    - Discuss final evaluation.
    - Review and approve clock hours in CALIPSO.
- **Hour Requirements:**
  - Ensure accumulation of 75-100 direct client contact hours during externship.
  - Total of 375 direct client contact hours required for graduation (excluding observation hours).
  - Contact ISU Clinic Director if there are more than three absences.

### D. Post Externship Responsibilities

#### Tasks to Complete:

- **Supervisor Evaluation Survey:**
  - Complete via SurveyMonkey (link provided near the end of placement).
- **Form Submission:**
  - Submit the following to the appropriate externship coordinator by the end of the semester:
    - Performance Evaluation in CALIPSO.
    - Supervisor-approved clock hours in CALIPSO.
    - Petition for any areas with 3 or more hours lacking in ISU minimum hours in CALIPSO (sent via email to Clinic Director).
  - Note: The Daily Hours Summary Form does not need to be submitted but should be retained by the student.
- **Final Grade:**
  - Final grade will be recorded only after all final practicum evaluations and clock hours are signed off.

- **Hour Requirements:**
  - Ensure all required hours have been accrued for externship as well as overall hours, making sure that observation hours are not padding the 375 direct client contact hours needed for graduation. Make sure that the externship was at a minimum 75-100 direct client contact hours.
  - If there are excessive absences or insufficient direct client contact hours, the student may be required to extend the externship placement.
- **Contact:**
  - Reach out to the externship coordinator for clarification or additional information as needed.

### E. Remediation of Externships

If significant deficiencies (below a B- in any area or U grade) are demonstrated at any point in the semester (especially at midterm and later), opportunities for remediation through the design and implementation of clinical intervention/probation plans (CIP or CPPs) see Appendix I/R may be provided. Any grade letter less than a B- or U grade does not reflect successful completion of the externship and demonstration of clinical competence. Therefore, **clock hours will not be awarded if the externship assignment is not successfully completed with a letter grade of B- or better or S grade. Students who earn a grade C or lower or U grade must repeat the externship.** Upon successful completion, some clock hours from the initial portion of the externship experience may be awarded at the discretion of the Clinical Faculty/Supervisor in consultation with the Clinic Coordinator and/or Clinic Director.

### Failing Student Externship Policy

**If a student earns a “C” or less in a practicum/externship, the student must repeat the practicum/externship:**

If the student had a “C” or “U” grade in any didactic or clinical course work or placement prior to externship this would be considered a 2<sup>nd</sup> “C” or “U” grade and the student will be brought for pending dismissal and be considered to be dismissed from the program.

If the student cannot complete the second attempt of the practicum/externship successfully, it will be considered the student’s 2<sup>nd</sup> “C” or “U” grade and the student will be brought for pending dismissal and be considered to be dismissed from the program.

Failure to successfully complete an externship on the first attempt may result in dismissal from the program or a delay in graduation. The externship can be repeated if the student was not dismissed from the clinical site (see "Dismissal from Clinical Site" above). The student will be permitted to repeat the externship once a clinical probation plan is in place. The externship may be repeated at the same site if the off-campus supervisor agrees. If the clinical supervisor does not agree to supervise the repeated externship, it is the student’s responsibility to find a different externship site. The student must complete the clinical probation plan and discuss it with the new externship supervisor.

The student must also:

- Meet with the Clinical Coordinators and Clinic Director to reschedule all remaining externships.
- Inform their Tier III academic advisor.
- Obtain approval from the SLP Petitions Committee for any changes in the program of study.

## National Exam

Passing the Speech-Language Pathology Praxis exam is one of the requirements for obtaining the CCC. It is recommended that students take this examination during the spring of their final year of graduate study. **Applications** can be obtained from [www.ets.org/praxis](http://www.ets.org/praxis). Students *must* indicate on the application form that their score is to be sent to the national office of ASHA *and* to Idaho State University.

## Documentation for Application for ASHA Certification

### KASA Documentation

An individual electronic KASA is held in CALIPSO for each student who enters the MS-SLP clinical program. You are required to use/view your KASA, in consultation with your Tier III Academic Advisor, from the beginning of your program to plan the courses that you will need to take and to record the accomplishment of knowledge and skill outcomes as they are achieved.

At the completion of each course and clinical practicum, instructors will provide feedback on students and will notify the SLP Administrative Assistant of the knowledge and/or skill areas that need remediation. It is students' responsibility to check the KASA for didactic courses each year as well as the CALIPSO cumulative evaluation of SPE's in CALIPSO and cumulatively show after externship a minimum of 3.75 in each CAA standard on the cumulative evaluation in CALIPSO. Students must maintain evidence of completion of all clinical clock hours, KASA, and cumulative evaluations of clinical practicum/externship.

As previously mentioned, the student must keep supporting evidence for the skills and knowledge outcomes.

# PROCEDURAL SAFEGUARDS

## Procedures for General Safety

During the day-to-day provision of services in the Clinic, it is important to follow basic procedures to ensure the safety of clients, caregivers, clinicians, Clinical Instructors, and others in the facility.

The following basic procedures must be followed. **Please note during periods of necessary elevated safety precautions (e.g., global pandemic), additional procedural safeguards may be enforced; see additional documents provided by the Clinic Director/Clinical Coordinators for details.**

1. If parents/caregivers choose to leave campus when services are being provided for minor clients, the clients are in the care of ISU and emergency contact information must be provided. If the emergency contact cannot be reached in an emergency, the parent/caregiver is entrusting ISU to make immediate emergency decisions for the welfare of the client.
2. Minor clients must never be left unattended, including on Telehealth sessions.
3. Clients at-risk for falling and/or needing mobility assistance should be escorted by the clinician or caregiver.
4. Clients using transportation provided by other agencies may need assistance at the drop-off/pick-up area in front of the lobby (first floor).

## Accidents

If anyone has an accident or becomes seriously ill in the clinic, notify the Clinical Instructor or another faculty member, immediately. Call campus emergency (911) for assistance, if appropriate. In the event of minor injuries, first aid kits are in all of the group therapy rooms and in the Clinical Graduate Assistant office on the shelf in the cabinet. Even if the injury is minor, notify the Clinical Faculty/Supervisor and the Clinic Director to document the accident. An incident report must be completed before the end of the day.

## Seizure Procedures

1. Ease the person to the floor.
2. Turn the person gently onto one side. This will help the person breathe.
3. Clear the area around the person of anything hard or sharp. This can prevent injury.
4. Put something soft and flat, like a folded jacket, under his/ her/their head.
5. Remove eyeglasses.
6. Loosen ties or anything around the neck that may make it hard to breathe.
7. Time the seizure. Call 911 if:
  1. the seizure lasts longer than 5 minutes
  2. a caregiver mentions the individual has no history of seizures
  3. the patient has a health condition such as diabetes or heart disease or is pregnant.

<https://www.cdc.gov/epilepsy/about/first-aid.htm>

## AED (Automatic External Defibrillator)

*AED Location:* First floor at main entrance

### CARDIAC ARREST/AED STEPS

1. Turn on the AED
2. Wipe the chest dry
3. Attach pads to bare chest
4. Plug in the connector, if necessary
5. Make sure no one, including you, is touching the person. Tell everyone to “STAND CLEAR!”
6. Push the analyze button if necessary, let the AED analyze heart rhythm.

<http://www.redcross.org/flash/brr/English-html/AED.asp>

## Fire and Emergency Evacuation Process

*Location of Fire Alarm Pull Station:* First floor by the main entrance

*Location of Fire Extinguishers:* Each floor in the central hallway

In the event of fire or emergency, warning indicators (strobe lights, siren, and voiced instructions) will engage. First **R.A.C.E.** (Rescue, Alarm, Contain, Evacuate). If see active fire, use fire extinguisher: **P.A.S.S.** (Pull the pin, Aim, Squeeze, Sweep side to side). Faculty and staff should first ensure patients are out of the way, then secure the clinical areas and building by giving directions to students and client/patients, pulling the fire alarm pull-station, calling 911, and making sure that all interior doors are closed, and assuring that everyone evacuates the building. Clinicians should remain with their client/patient and assist them throughout the evacuation. Walk calmly and in an orderly fashion.

Evacuation of the third and fourth floors will be completed using the stair well at the sides of the building. After exiting the building, proceed to an area a safe distance from the building. If you have your client proceed to the emergency designations (green sign across parking lot)

Those on the first floor should use the main entrance to leave the building through the main doors or through the clinic doors and should proceed to an area a safe distance from the building.

Do not attempt to take clients/patients in wheelchairs down the stairs in the wheelchair. Remain with the client/patient until the fire/rescue team arrives. Notify evacuation drill volunteers or emergency responders of persons sheltering in the areas of rescue.

**Do not use the elevator. Do not re-enter the building until fire/rescue signals all clear and that it is safe to return to the building. Never assume that an alarm is a “false alarm”.**

## Emergency Procedures ISU

<https://www.isu.edu/publicsafety/emergency-management/emergency-procedures/>

### Emergency Action Plan

Emergencies are varied and unpredictable, but ISU Public Safety wants to provide as much information as possible to keep our campus community safe and informed. Idaho State University takes an all-hazards approach to planning for emergency situations. This helps to ensure consistency in communication and decision-making. However, an individual may have to use different actions depending on the type of emergency or disaster situation.

## Idaho State University Resources

- [Idaho State University Policies and Procedures](#)
- [ISU Counseling and Mental Health Center](#)
- [Counseling and Testing Sexual Assault Resources](#)
- [Office of Equity and Inclusion](#)
- [Environmental Health Safety and Sustainability](#)

## External Resources

- [Suicide Hotline](#)
- [RAINN: Safety for Students](#)
- [Family Services Alliance](#) of Southeast Idaho offers a 24-Hour Crisis Line for domestic violence situations. Call (208) 251-HELP (4357) to access the crisis line.
- [Federal Emergency Management Agency](#)
- [Ready.gov](#)
- [Cybersecurity and Infrastructure Security Agency](#)

## HIV/AIDS/Bloodborne Pathogens

All student clinicians are required to complete a course on Bloodborne Pathogens prior to the beginning of clinic in the first semester of the program of study.

Our clinic has a non-discriminatory policy. As a result, students may be assigned a client/patient with HIV/AIDS/BLOODBORNE ILLNESS. Unless the client/patient discloses this information during the interview or on the case history form, the clinic faculty may not know the client/patient has HIV/AIDS. Please read the Bloodborne pathogens information from OSHA provided at this link:

<https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.1030>

*Universal precautions:* Maintain universal precautions for all client/patient contact. This includes handwashing, use of Personal Protection Equipment (PPE), Cleaning of contaminated surfaces (see below), and Safe handling/disposal of contaminated material.

<https://www.osha.gov/SLTC/etools/hospital/hazards/univprec/univ.html>

**Please note: during a pandemic (such as a global pandemic), extra precautions may be in place and those procedures will be documented and shared by the Clinic Director/Clinic Coordinator.**

## Bio-hazardous waste management

*POLICY:* To provide guidelines for management of bio-hazardous wastes to control exposure to staff, patients, and the public to disease causing agents.

*PROCEDURE:* The ISU Speech-Language Hearing Clinic facilities (Speech-Language Clinic, the Hearing Clinic) will rarely contain bio-hazardous waste. When a bio-hazardous waste incident occurs, the waste will be packaged, labeled and stored to meet Idaho requirements.

Provider refers to Speech-Language Pathologists or Audiologists.

[The State of Idaho specifically defines biomedical waste in the Idaho Administrative Code.](#) It is: *Any solid or liquid waste which may present a threat of infection to humans, including nonliquid tissue, body parts, blood, blood products, and body fluids from humans and other*

primates; laboratory and veterinary wastes which contain human disease-causing agents; and discarded sharps. The following are also included: (a) Used, absorbent materials saturated with blood, blood products, body fluids, or excretions or secretions contaminated with visible blood; and absorbent materials saturated with blood or blood products that have dried. (b) Non-absorbent, disposable devices that have been contaminated with blood, body fluids or, secretions or excretions visibly contaminated with blood, but have not been treated by an approved method.

*Body fluids include: Those fluids which have the potential to harbor pathogens, such as human immunodeficiency virus and hepatitis B virus and include blood, blood products, lymph, semen, vaginal secretions, cerebrospinal, synovial, pleural, peritoneal, pericardial and amniotic fluids. In instances where identification of the fluid cannot be made, it shall be considered to be a regulated body fluid. **Body excretions such as feces and secretions such as nasal discharges, saliva, sputum, sweat, tears, urine, and vomitus shall not be considered biomedical waste unless visibly contaminated with blood.***

Bio-hazardous waste will be identified by the healthcare provider and segregated from other solid waste at the time it is identified as such. Any bio-hazardous waste mixed with hazardous waste will be managed as bio-hazardous waste.

The following guidelines will be followed by providers:

1. Identify bio-hazardous waste for separation from non-bio-hazardous waste in the area and immediately contact facilities prior to handling and disposing appropriately.

### Infection Control Procedures

Individuals who work in a healthcare setting can help prevent the spread of infectious diseases. These preventive measures are part of infection control. In addition to washing hands and cleaning surfaces and materials used in clinic sessions, the following are the policy and procedures for when a clinician is out of the clinic due to illness. **Additional procedures may be in place during times of pandemics (such as the COVID-19 pandemic); see additional documents provided by the Clinic Director/Clinical Coordinators.**

Complete infection control training will be provided in the first semester students are enrolled in the program. This section is intended to acquaint students with the general precautions needed in treatment.

### Clinic Infectious Disease Policy

We have implemented the following measures to prevent the spread of infectious diseases in the ISU-SLP clinic. If you have questions or concerns, please contact your clinical faculty/supervisor, clinic coordinators, or the clinic director. If you are in an off-campus placement, practicum, or externship, please follow the policies of that facility.

1. Student clinicians and faculty will wash or sanitize their hands before and after sessions and as needed during sessions.
2. All treatment materials and rooms will be sanitized after each session.
3. Do not attend the clinic if you have symptoms of any infectious disease. Inform your supervisor via email or as instructed, ideally by 8:00 AM or the night before, if you know you will not be attending due to illness so they can cancel appointments.

4. You must also call the clinic by 8:00 AM or the night before to assist in canceling clients:
  - Meridian: 208-373-1734
  - Pocatello: 208-282-3495

These guidelines apply to any infectious illness, not just COVID-19. Students, patients, clients, and their families or caregivers should stay home if they experience fever, excessive fatigue, respiratory symptoms (sore throat, nasal congestion, runny nose, cough, or shortness of breath), or gastrointestinal symptoms (nausea, vomiting, diarrhea). Students should not return to the clinic until they are fever-free for at least 24 hours without the use of fever-reducing medication.

**Note:** In a global pandemic or outbreak, these guidelines may change. Please follow any updated instructions provided by the clinic or the university or the site/facility.

### Hand Hygiene & Contact

Clinicians should wash their hands thoroughly before and after each client/patient, after removing gloves, after going to the restroom, after applying cosmetics and after cleaning. Hand sanitizer is also available on the clinic floor (located at the entrance by both doors of the clinic floor). Clinicians must ALWAYS wear gloves when exposed to bodily fluids and disinfecting work areas. Clinicians will not handle contact lenses or cosmetics in treatment areas. Clinicians may have water in treatment rooms in closed containers; during pandemic, students and clinicians must step away from the session to remove mask for hydration.

Clinicians **may not eat** in treatment rooms. In the case of food and beverages in use during treatment, all clinicians and clients handling refreshments must wear gloves.

### Gloves

- Gloves should be worn when performing invasive oral speech mechanism exams; managing tracheostomy tubes; using laryngeal mirrors; performing feeding therapy; and performing endoscopic exams.
- Gloves should be worn when touching blood or other body fluids which contain blood.
- Gloves should be worn if client has non-intact skin.
- Change gloves after contact with each client.
- After removing gloves, wash hands immediately.
- Discard gloves in therapy room before exiting. No special disposal containers are necessary unless gloves are contaminated with blood or bloody fluid.

### Handwashing

- Wash hands immediately if your hands are potentially contaminated with blood or body fluids containing visible blood
- Wash hands before and after seeing each client
- Wash hands after removing gloves
- Basic hand washing techniques are as follows:
  - Vigorous mechanical action whether or not a skin cleanser is used
  - Use of antiseptic or ordinary soap under running water
  - Duration of 30 seconds between clients if not grossly contaminated and in handling client devices

- Duration of 60 seconds when in contact with clients, devices, or equipment with gross contamination
- Thorough hand drying with a paper or disposable towel to help eliminate germs

### Materials/Surface Disinfecting

- Use spray/wipe/spray disinfection procedure after each session (the wipes with the red and grey lids are NOT FOR USE ON HUMANS)
  - Use Grey wipes for surfaces/ Use Red lid wipes for bodily fluid clean up (if significant and with blood contact facilities)
  - If using spray with disinfectant to clean surface, then
    - Wipe to clean and remove disinfectant to cupboard
    - Wait for dry time
  - Disinfectant mixing instructions
    - Portions are 5:10 dilution of regular household bleach (5% sodium hypochlorite) to water. Fresh solutions should be mixed weekly.

### End of Semester Cleaning Assignments

Your Clinical Faculty/Supervisor and/or the Clinic Director/Clinic Coordinator will provide you with a clinic cleaning assignment at the end of each semester. The cleaning assignment must be completed before you check out of clinic. Within your assigned space, please clean walls, carpet, and hard surfaces in therapy and observation rooms. Please clean and organize all therapy materials and toys (dispose of broken toys or toys missing pieces) stored in the Student materials rooms.

1. By the end of the designated week, you will receive a cleaning assignment either from your Clinical Faculty/Supervisor or the Clinic Coordinator/Clinic Director.
2. Please check with the CGA/work study for cleaning materials (Mr. Clean wall erasers, vacuum, disinfectant wipes/disinfectant spray).
3. *In therapy rooms:* please use a Mr. Clean wall eraser that is slightly damp to remove scuff marks from the walls, vacuum carpeted floors, wipe down counters with gloves and disinfectant wipes/disinfectant spray, and wipe down tabletops with gloves and disinfectant wipes/disinfectant spray. Please clean out materials and organize cleaning supplies in the cabinets in the treatment rooms.
4. *In the observation rooms:* please use a Mr. Clean wall eraser that is slightly damp to remove scuff marks from the walls, vacuum carpeted floors.
5. *Cleaning should be completed before your clinic check out* for the semester. When you have completed your assignments, please notify your Clinical Faculty/Supervisor who will check for completeness.

## Cleaning Logs and Tracking

All clinicians are required to wipe down clinical rooms after use. Hard surfaces (i.e. tables, chairs) should be wiped with the cleaning wipes in the room or paper towel and cleaner. If during an increase in viruses/illness, each treatment room may then be equipped with a cleaning log or sign noting that the clinic room has been cleaned.

## Maintenance Logs

At the bottom of each Cleaning Log, there is space to document maintenance needs for that particular therapy room. Additionally, students can let the clinical campus coordinator/clinical director know so that appropriate paperwork can be filed if facilities/IT is needed.

## Patient Satisfaction Surveys

Patients might be asked to complete a satisfaction survey in order to rate their experiences receiving services in the ISU CSD Speech Language Hearing Clinics. This is designed as a method of collecting information for the purposes of Quality Improvement. The information is kept confidential and will be used to improve policies, procedures, and processes.

## Patient complaints

If you are aware that a patient is upset or displeased with something related to services or facilities, please relay this information to your Clinical Faculty/Supervisor, Clinic Coordinator or the Clinic Director.

**I. It is the student's responsibility to be aware of and to meet all clinical responsibilities outlined in this manual. Failure to adhere to the clinical requirements contained in these guidelines may result in a letter grade drop, loss of clinical privileges and/or dismissal from the clinical program. This document is a living document and can change at any time should it be necessary. Students will be notified of changes if they occur and an updated Clinic Manual posted in the appropriate clinical sites as deemed necessary by clinical director/clinical coordinators.**

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## Appendices

### Appendix A – Department of Communication Sciences & Disorders ISU, Health Requirements

#### Department of Communication Sciences & Disorders Idaho State University **Health Recommendations**

All graduate students in the Speech-Language Pathology and Audiology programs are strongly encouraged to submit health documentation at the beginning of their first semester. These health records support safety in clinical settings and prepare students for participation in both on-campus and off-campus clinical experiences.

**Note:** Immunizations are *not required* by Idaho State University in accordance with the Idaho Medical Freedom Act. However, **some clinical sites—especially private or out-of-state facilities—may require certain immunizations** for participation. It is the student’s responsibility to comply with site-specific health expectations.

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#### Health Record Recommendations

The following records are **recommended** and may be requested by off-campus clinical placement sites. Students will be required to email documentation or work with ADA or Office of Equal Opportunity and Title IX to provide documentation and preparation for on or off campus clinical rotations, to the department administrative assistant during the first semester of clinical practicum. These records will be reviewed and recorded in the CALIPSO online system.

**Students must retain all original documents** and be prepared to provide them directly to clinical sites upon request. Students must keep all original health documents and be ready to provide them directly to clinical sites upon request. Many medical sites require ISU clinical coordinators to attest that students have met vaccination requirements. ISU coordinators **will not attest** without proper documentation, which is why all records must be uploaded and kept current in CALIPSO. Students should also be aware that some clinical sites—especially medical settings—may charge fees and require direct upload of health records and vaccination proof before placement.

#### *Recommended Documentation:*

- a. **TB (PPD) skin test** – Completed within the last 12 months (annually recommended).
  - b. **MMR (Measles, Mumps, Rubella)** – Two documented vaccinations or positive Rubella and Roseola titer results.
  - c. **Varicella (Chickenpox)** – Proof of vaccination or positive titer results.
  - d. **Hepatitis B vaccination series** – Documentation of 3-dose series or positive titer.
  - e. **Tetanus/Diphtheria** – Most recent booster within the past 10 years.
  - f. **COVID-19 vaccination status** – *Strongly recommended*, especially for placements involving medically vulnerable populations. This may be required by some clinical sites.
  - g. **Seasonal flu vaccination** – Recommended annually; medical documentation is needed if exemption is requested.
  - h. **Proof of health insurance** – Copy of current insurance card.
  - i. **CPR Certification (Healthcare Provider Level)** – Certification must be valid throughout clinical participation.
-

## Additional Clinical Requirements:

- **Malpractice insurance** – Required for enrollment in clinical practicum courses.
  - **Name badge** – University-issued identification must be worn at all off-campus facilities.
  - **Résumé** – Students must provide an updated résumé including educational background and clinical experience. This will be developed in *CSD 6648 Professional Issues* and updated each semester.
  - **Affiliation Agreement Awareness** – Students are responsible for reviewing and complying with all health and conduct expectations in each site’s affiliation agreement. To verify understanding, students will sign a statement of acknowledgment after reviewing the affiliation agreement and the “Information Regarding Affiliation Agreements and Clinical Rotations” guidelines found on the SLP Graduate Lab Moodle site.
- 

## Additional Off-Campus Site Expectations (as applicable):

1. **Drug screening** – May be required by individual sites, most often by medical sites, it will be up to the student to receive a drug screening if a site requires this and some require 10-12 panel screenings.
  2. **Vaccination requirements** – May vary by site; students who decline immunizations must follow that site’s exemption process.
  3. **Exemption documentation** – If accepted by the site, a letter on **official letterhead** confirming participation despite immunization status must be submitted to the ISU Clinical Coordinator.
  4. **Non-affiliation** – Students are not to represent themselves as employees, agents, or representatives of the off-campus site.
  5. **Site responsibility** – Students must coordinate directly with their assigned sites regarding any additional health documentation, exemptions, or immunization policies.
- 

## For Questions or Assistance:

- **Clinical Placement Agreements** – Contact Donna Parker  
✉ donnaparker@isu.edu | ☎ 208-373-1942
- **Immunization Options** – Available at:
  - *Pocatello Campus*: ISU Health Center
  - *Meridian Campus*: Unity Health Center or ISU Meridian Health Care Clinic

# Department of Communication Sciences & Disorders

## Idaho State University

### Appendix B: Health Records Form

All graduate students in the Speech-Language Pathology Program will need to provide the following Health Record documentation and/or exemption prior to beginning any clinical practicums. This form and documentation support student preparation for on-campus and off-campus clinical experiences. *See the clinic manual, vaccination policy, and clinical education requirements*

#### *Vaccination Recommendations and Clinical Site Responsibilities*

ISU follows the **Idaho Medical Freedom Act**, which prohibits public institutions, such as ISU, from requiring medical interventions (including vaccinations, diagnostic tests, or similar procedures) as a condition of admission, employment, or access to campus. This applies only within Idaho. **Please be aware that some clinical sites may be private entities or located in or outside of Idaho, and may still require immunizations, diagnostics tests, drug screenings as a condition of participation.**

*If a student chooses not to be immunized:*

- They must work directly with the site to request an exemption.
- If approved, the site must provide written confirmation on **official letterhead** to the ISU clinical coordinator.
- Students **cannot begin placement** until that documentation is received.

*If a site denies placement, ISU will help explore alternatives. However, the student may need to secure a new site, and such changes may delay graduation. -see KDHS clinical attestation form housed on the KDHS website and CSD SLP clinical manual of policies and procedures.*

#### Instructions:

- Submit copies of official records from a healthcare provider (e.g., immunization records, lab results). A doctor's signature on this form alone is not acceptable documentation.
- Once you gain access to CALIPSO, upload all supporting documents into the system. You are responsible for keeping these records current throughout your program.
- Retain original documents in a secure location, as some off-campus clinical placements may request copies.
- Submit this form and health documentation via email to:  
Donna Parker – donnaparker@isu.edu
- Deadline: August 31

#### Required Documentation:

- Copy of health insurance card (front only)
- Copies of all immunization records and/or titer lab results/exemptions—*see vaccination policy and clinical education requirements -clinic manual pg. 11-14*
- Copy of current CPR Certification
  - o Must be BLS for Healthcare Providers (in-person or blended format accepted). **\*\*Please note that some sites require an in-person skills test. If you take an online version, you may need to retake it depending on the site's requirements. Recommend completing mid-August for on-campus students. OSLP students must renew CPR prior to the 3rd year.**
  - o Certification must remain valid throughout clinical practicum and externship (valid for 2 years)

## Health Record Tracking Table

Type of Test/Vaccination/Titer	Date(s) Completed
TB Skin (PPD) Test – Within last 12 months; required yearly	1st Year (Date Read): _____ 2nd Year (Date Read): _____ 3rd Year (if needed): _____
MMR (Measles, Mumps, Rubella) – Two doses or positive titers	1st Dose: _____ 2nd Dose: _____
Varicella (Chickenpox) – Vaccine or positive titer required, even if you’ve had chickenpox	Date: _____
Hepatitis B – 3-dose vaccine series or positive titer	1st Dose: _____ 2nd Dose: _____ 3rd Dose: _____
Tetanus/Diphtheria – Within past 10 years	Date: _____
COVID-19 Vaccination – Not required by ISU; strongly recommended (Some clinical sites may require)	Circle one: YES / NO  If YES: 1st Dose: _____ 2nd Dose: _____ 3rd Booster: _____ 4th Booster: _____  If NO: Do you intend to get vaccinated? YES / NO If yes, approximate date (MM/YYYY): _____
Flu Vaccination – Required each fall; provide medical documentation if exempt	Date(s) of Flu Shot(s): _____

### Additional Notes:

- These recommendations are for your safety, the safety of your colleagues, and clients.
- Refer to Appendix A for a full explanation of ISU policies, KDHS recommendations, the Idaho Medical Freedom Act, and clinical site-specific expectations and the CSD SLP clinical manual.
- Immunizations may be obtained through your preferred provider or on campus:
  - Pocatello: ISU Health Center
  - Meridian: Unity Health Center or ISU Meridian Health Care Clinic
- Questions? Contact Donna Parker at donnaparker@isu.edu or 208-373-1942.

## Appendix C – Hours Acceptance Policy

# Hours Acceptance Policy

## Department of Communication Sciences & Disorders, and Idaho State University

In general, the following are requirements for all graduate students. However, the final criteria for acceptance of hours will be dependent upon the judgment of the Idaho State University (ISU) Department of Communication Sciences & Disorders (ISU-CSD).

A maximum of 75 hours accrued at the undergraduate level will be accepted by the ISU-CSD to be counted toward meeting ASHA requirements for certification. Of the 75 hours, 25 will be speech-language pathology observation hours with the remaining being direct contact hours.

A maximum of 50 direct clinical hours accrued at the graduate level at another university will be accepted by ISU-CSD to be counted toward meeting ASHA requirements for certification.

All hours accepted by ISU-CSD must be in compliance with current ASHA standards for clinical practicum experience. In order for hours to be considered for acceptance, ISU must receive a copy of the hours from the institution in which the hours were accrued. The copy must include the clinical faculty's signature, date of completion, ASHA # and certification area. The student must contact the former university to obtain the hours. The certification status of the clinical faculty at the time of the clinical experience will be verified by the clinic director/coordinator. These hours (observation and clinical clock hours) obtained prior to admission to the ISU-CSD program will be entered into CALIPSO by the student for approval by the clinic director/coordinator. The clinic director/coordinator will verify the hours submitted by reviewing the signed hours forms, approve the hours within CALIPSO and return the verified documentation to the student for their records.

A minimum of 275 clinical hours at the graduate level must be completed under the supervision and/or direction/coordination of the ISU-CSD faculty.

Each student must obtain experience within each ASHA clinical hour requirement area under the supervision and/or direction of ISU-CSD regardless of previous experience prior to admission to the ISU-CSD program.

## Off-Campus Practicum in Work Setting Policy

The following policies regarding clinic placements for students were adopted by the faculty of the Department of Communication Sciences and Disorders,

1. Students in the Department of Communication Sciences and Disorders may be paid by their employers for therapy and diagnostic services provided **outside** of their practicum hours.
2. Students in a practicum placement cannot be paid for the time they spend completing clinical clock hours as part of their graduate program. Any hours accrued as a student must be clearly documented to show they were not compensated as an employee. During clinical practicum, ASHA's supervision requirement must be met (25% of all direct client time must be supervised). As graduate students, they must have opportunities for both assessment and treatment planning, which are not typically provided to SLP-As.
3. Students cannot earn clinical clock hours while working with clients on their regular, paid caseload. Clients seen for clock hours must be those assigned to the supervising speech-language pathologist or individuals who are not typically on the employed paid caseload.
4. Students will be limited to 50 direct client contact hours or one semester of CSD 6604 clinical placement at their work setting. A second semester in the same agency/district may be allowed, but only if the practicum occurs at a different location (e.g., a different school level within the district). A variety of practicum sites and disorder areas are required, with a minimum of 3 different placements before graduation.
5. An affiliation agreement will be needed if the student is completing a practicum at their workplace. In addition to the affiliation agreement, a [Memorandum of Understanding Supervision Agreement-Appendix F](#) (example) must be signed and sent to the ISU clinical coordinator/clinic director.

## Appendix E – Externship in a Work Setting Policy

### Externship in a Work Setting Policy

The following policies regarding externship placements for students were adopted by the faculty of the Department of Communication Sciences and Disorders,

The Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA) has no policy prohibiting student payment for externship experiences. It's entirely at the discretion of your academic program and/or placement facility. However, you may want to consider whether receiving a stipend will impact your financial aid package.

The Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA) requires a mutual agreement between the academic program and the externship facility. The externship facility is providing a clinical opportunity, not a job. During the externship, ASHA's supervision requirement must be met (25% of all direct client time must be supervised). As graduate students, you must have opportunities for both assessment and treatment planning. If you worked at this site prior to your externship as an SLPA, for example, you cannot work as an SLPA; you have to be working as a student in an externship experience receiving extern clinical experiences.

The Clinical Fellowship and Externship are not the same. An externship is not the Clinical Fellowship (CF). During the externship, audiology and speech-language pathology students gain experience before they've graduated and before they are eligible for state licensure or ASHA certification. In addition to externships prior to graduation, speech-language pathologists (SLPs) complete a Clinical Fellowship placement after graduation and the student's progress is monitored with appropriate supervision. SLPs find their own Clinical Fellowships; the CF is a paid employment position.

<https://www.asha.org/Students/Externships/>

## Appendix F – ISU Dept. of CSD Supervision Agreement for Students Employed in their Practicum Setting

### Idaho State University Department of Communication Sciences and Disorders Supervision Agreement for Students Employed in their Practicum Setting

When a graduate student is employed in their practicum setting, care must be taken to recognize the role of the student as a student, and as separate from that student's role as an employee. As a student, the graduate clinician needs supervised hours which include the full scope of practice for a Speech Language Pathologist. This includes writing reports and SOAP notes, assessment and treatment of all disorder's types, as well as interacting with the family of the client. Some of these duties may be outside the scope of practice for an aide or assistant and should only be carried out with appropriate supervision. The supervision requirements for graduate student clinicians is listed below, along with the link for the information on the ASHA website.

<http://www.asha.org/Certification/2014-Speech-Language-Pathology-Certification-Standards/>

#### *Standard V-E*

***Supervision must be provided by individuals who hold the Certificate of Clinical Competence in the appropriate profession. The amount of direct supervision must be commensurate with the student's knowledge, skills, and experience, must not be less than 25% of the student's total contact with each client/patient, and must take place periodically throughout the practicum. Supervision must be sufficient to ensure the welfare of the client/patient.***

Implementation: Direct supervision must be in real time. A supervisor must be available to consult with a student providing clinical services to the supervisor's client. Telesupervision is not appropriate for student practicum placements nor for externship, a CCC-SLP must be available on site during Supervision of clinical practicum is intended to provide guidance and feedback and to facilitate the student's acquisition of essential clinical skills. The 25% supervision standard is a minimum requirement and should be adjusted upward whenever the student's level of knowledge, skills, and experience warrants.

In order to ensure that students are getting the most from their clinical practicum experiences, ISU requires the following for graduate student placements:

- Students in a practicum placement cannot be paid for the time they spend completing clinical clock hours as part of their graduate program. Any hours accrued as a student must be clearly documented to show they were not compensated as an employee.
- Practicum hours must be earned while working with a caseload that is different than the student as an employee.
- Practicum hours must be supervised at the 25% rate outlined above. This is likely MORE supervision than would be used for a Speech Language Assistant, or individual working with a bachelor's degree. Please also note that the supervision needs to be commensurate with the student's level of knowledge and skills. Additionally, 3rd party billing requirements may supersede this ASHA rule.

- Verbal and/or written feedback needs to be provided to the student on a regular basis.
- A midterm grade needs to be assigned and a discussion with the student about strengths and weaknesses at that time.
- The supervising SLP must be willing to periodically speak with the ISU student coordinator.
- A final grade must be assigned, and a meeting held with the student to discuss strengths and weaknesses at that time.

Appendix F-1

Working with a graduate student in clinical practicum can be rewarding, and there are ways to make this a mutually beneficial relationship. Students can help you collect information about a less common disorder that you might see your clinic, or provide treatment while you are able to work on paperwork. Students can also participate/lead meetings or in-service trainings for auxiliary staff that may also interact with clients.

It is our hope that with the assistance of willing supervisors in the field such as yourself, that graduates of ISU will enter the workforce as competent professionals. We greatly appreciate your support of our graduate program.

Prior to the practicum start date, complete and sign the information below. When completed, please return completed and signed form to CSD via email to ISU Clinical Coordinator.

Please return completed and signed Memorandum of Understanding to CSD via email to the ISU clinical coordinator

## **Memorandum of Understanding Supervision Agreement for Students Employed in their Practicum Setting**

I, \_\_\_\_\_ (your name here) agree to supervise  
\_\_\_\_\_ (student name here) from the Idaho State  
University Dept of Communication Sciences and Disorders for the \_\_\_\_\_ semester.

I understand that:

- The role of the student is separate from the role of the employee.
- The student's practicum hours must be earned while working with a caseload that is different from that of a paid employee.
- Students in a practicum placement cannot be paid for the time they spend completing clinical clock hours as part of their graduate program. Any hours accrued as a student must be clearly documented to show they were not compensated as an employee.
- Practicum hours must be supervised at the 25% rate outlined above. This is likely MORE supervision than would be used for a Speech Language Assistant or individual working with a bachelor's degree. Please also note that the supervision needs to be commensurate with the student's knowledge and skills. Additionally, 3rd party billing requirements may supersede this ASHA rule.
- Verbal and/or written feedback needs to be provided to the student regularly.
- A midterm grade needs to be assigned and a discussion with the student about strengths and weaknesses at that time.
- The supervising SLP must be willing to periodically speak with the ISU student coordinator.
- A final grade must be assigned, and a meeting held with the student to discuss strengths and weaknesses at that time.

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(Signature, practicum supervisor) (Date)

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(Signature, practicum student) (Date)

When completed, please return completed and signed form to CSD via email to ISU Clinical Coordinator.

## **Client Attendance Policy**

It is the primary mission of the Idaho State University Speech-Language and Hearing Clinic to educate students to become professional speech language pathologists and audiologists. To preserve the clinic's primary obligation to promote and protect the interest of the student clinician as well as those of the client and the client's family, the department has adopted guidelines on attendance. All clients must follow the guideline as listed below to protect both the student clinician's professional development and to facilitate client progress.

Continuation of services for a client and possible dismissal from services will be reviewed by the clinical faculty/supervisor and/or the clinic director/coordinator if one or more of the following occurs:

1. A client cancels or misses more than three consecutive sessions, barring extenuating circumstances.
2. A client cancels or misses more than one third of the sessions scheduled during a four-week period.

*Thank you for your cooperation with this policy. If you have any questions or concerns, please see your clinical faculty/supervisor.*

## Idaho State University Speech, Language and Hearing Clinic – Policies and Procedures for HIPAA (Privacy Rule) Compliance

### Policy

The Department of Communication Science & Disorders conducts undergraduate and graduate level educational programs in the areas of speech and language pathology and audiology. In line with departmental philosophy and clinical health professions training mission, faculty and students are active in clinical practice through the Speech, Language and Hearing Clinic in Pocatello and the Speech and Language Clinic in Meridian. The clinic will be in compliance with the relevant components of the Health Information Portability and Accountability Act implemented in April 2003. Faculty, staff and students involved in clinical practice will be required to attend annual training sessions related to the procedures and policies concerning the processing of Personal Health Information (PHI) through the clinic. The designated Clinic Director will keep the clinic staff abreast of changes in the privacy rule as it relates to clinic function and report any issues to the ISU Privacy Officer in line with University policy. The formal HIPAA policy will be posted in the main reception area of the clinic for patient review and copies will be given to patients if they request them.

### Procedures

- A. Patient Intake/Records/Billing:
1. As of April 14, 2003, all new patients in the clinic will be given all appropriate clinic forms regarding the use of PHI and be asked to acknowledge receipt of such information. A record of this information transaction will be kept in the patient's electronic medical record (EMR) within the EMR system. Notation of individuals who do not sign appropriate forms will be recorded in the patient file as well.
  2. All patient records will be kept within the EMR system. This system is deemed to be HIPAA compliant and is only accessible by clinical instructors, clinic administrative assistants, the DHS billing officer, and students who are participating in on-campus clinical practicum. Patient records prior to use of the EMR are kept in locked files in the clinic office or archive room when not in use during clinic hours or discussion groups. It is the responsibility of students and faculty to return files to the Clinic Administrative Assistant in the clinic for proper filing and security. If appointed to EMR use, this system must be used appropriately and according to HIPAA guidelines.
  3. All patient notes and reports containing PHI will be uploaded into the EMR system and approved by clinical faculty/supervisors. Any documentation being reviewed for correction by clinical faculty/supervisors and students that contains PHI must be saved to the university Box account in a folder created by the assigned clinical faculty/supervisors and labeled with [H] designating it as containing PHI. Once the student is no longer participating in on-campus clinical practicum, access to the folder containing client related materials will be removed by the supervising instructor. Students sign an agreement as to the appropriate usage of the Box account in accordance with HIPAA guidelines. Access to the file can be requested for capstone/thesis projects by the student as long as they are current students.
  4. PHI being received from outside the clinic will be immediately reviewed and scanned into the EMR system by the clinic administrative assistant.
- B. Patient Complaints and Resolution:
1. Patients who wish to register a complaint in regard to the handling of their PHI through the clinic will be given the opportunity to do so in writing.
  2. The initial complaint will be filed with the Clinic Director who will forward the complaint to the ISU Privacy Officer for review and resolution.

C. Staff/Faculty/Student Training:

1. Annual training on clinic and general procedures for the processing of PHI will be conducted by completing an online module in Moodle every year.
2. The Clinic Director/Clinical Coordinators will work in conjunction with the ISU Privacy Officer to stay abreast of any changes in the Federal Privacy Rule.
3. Students will complete trainings for telepractice, Zoom, and Box if they participate in university clinic using these tools to ensure HIPAA compliance and best practices with use of these modalities. Training/instructional information is located in the CSD 6602L Clinic Lab Moodle site for on-campus students and the E-Manual in Moodle for the online students.

D. Penalties for Violations of HIPAA Guidelines:

1. The type of penalty will be determined by the Clinic Director, Department Chair, and/or relevant faculty dependent upon the severity of the violation, in consultation with the ISU Privacy Officer. Severity of the violation will be determined by the ISU Privacy Officer. Any violation will be reported to the Clinic Director by the student clinician or clinical faculty member who witnessed or caused the violation. The violation will be reviewed by the Clinic Director and shared with the ISU Privacy Officer. Penalties could include any of the following based upon severity of the violation:
  - a. Reinstruction of HIPAA policies and guidelines through verbal review with a clinical instructor or the Clinic Director, or assigned review of the annual HIPAA training.
  - b. Meeting with the relevant clinical faculty/supervisors Clinic Director, and the student to discuss the violation and provide feedback and instruction as to how to avoid future violations. Documentation of the type of violation, meeting notes, and steps for remediation (e.g. review of the HIPAA annual training) will be placed in the student file.
  - c. If the violation warrants further consideration, a sub-committee meeting will be held. Typically, the Clinic Director, faculty advisor, department chairperson, and one additional faculty member appointed by the department chair and/or program director will meet to discuss the case and to ascertain what consequences are necessitated. The student will be able to respond to questions and share his/her perspective during this meeting.
  - d. If the sub-committee of faculty, upon review of the case details and facts, deems the ethical violation to be serious enough to warrant dismissal from the program, the entire program faculty will meet to ascertain the decision to dismiss. The departmental faculty will meet in a closed session to determine the consequences of the violation. If repeated offenses occur, this will also be taken into consideration in determination of consequences.
  - e. If the student is dismissed, the typical university procedures for appealing a dismissal will be in effect. Refer to “Appeal of Grade or Dismissal” at <http://www.isu.edu/graduate>. Instances of HIPAA violations, notes of official meetings addressing these instances, and the ultimate decision regarding consequences for the violation(s) will be documented in the student’s academic file and a copy provided to the student.

## Clinic Probation/Intervention Procedures

**\*\*See Appendix R for Clinical deficiency note**

**Clinic Probation/Intervention Procedures Purpose:** This document outlines procedures for managing clinical deficiencies in students who receive a failing grade (“C” or below) in practicum or a “NOT MET” CAA standards in the practicum evaluation. It ensures:

- Proper documentation and understanding of clinical deficits.
- A remediation plan to address these deficits and demonstrate clinical competency.
- Objective evaluation of progress through a committee structure.

If a student withdraws from clinic before grades are posted, the deficiency note remains on file and will affect future clinical placements.

### Procedures:

#### A. General Principles

1. Probation/intervention lasts a full semester. It is only assigned once during a student’s program. After probation, failing grades must be remediated without further probation support.
2. Clinical faculty must provide written performance summaries midterm and at the end of each clinical assignment using the Practicum Evaluation Form in CALIPSO.
3. If a student shows unsatisfactory performance:
  - They are counseled by clinical faculty and receive a deficiency note, which is added to their permanent file.
  - For grades of B- or below, a midterm matrix is completed to outline strengths and weaknesses, with a plan for remediation discussed.
  - For a “NOT MET” the standard is discussed with the student and a plan for remediation is discussed.
  - Clinical faculty can remove a student from a clinical assignment if their performance harms client welfare, resulting in a failing grade.
4. If a student receives a deficiency note but passes the course, a progress note is filed and copied to relevant parties.
5. The Clinic Director/Coordinator will inform clinical faculty of students with deficiency notes from the previous semester.
6. For off-campus placements, the student will initially inform the off campus supervisor of the objectives that need to be met during the placement. The student will then inform the on campus coordinator and the Clinic Director that the off campus supervisor is aware of the students needs/objectives for the placement. The on campus coordinator and/or the Clinic Director will coordinate with the off-campus supervisor to manage the student’s progress and placement if needed.

#### B. Specific Procedures

##### STEP 1: Placement on Clinic Probation/Intervention

1. A failing grade results in probation if documented clinical deficiencies were communicated through feedback and deficiency notes.
2. A second deficiency note is issued, and the student is placed on probation for the next semester. This note is filed and shared with relevant individuals.
3. Clinical clock hours for the semester with a failing grade cannot be counted towards the total hours.

**STEP 2: Plan of Action Clinic Probation/Intervention**

The student, with input from clinical faculty and their advisor, develops a remediation plan, adhering to probation policy. This plan must be submitted before the semester ends (Fall/Spring: last exam day; Summer: one week after clinic ends).

1. The plan must include:
  - Performance objectives and evaluation criteria.
  - A timeline for achieving objectives.
  - Requested feedback frequency and type.
2. The plan is reviewed and revised with the clinical faculty, then approved by a Clinical Progress Review Committee.
3. A final plan copy is filed in the student's permanent file.
4. During probation, the student will be assigned clinical experiences to address identified deficiencies.

**STEP 3: Review of Progress Clinic Probation/Intervention**

Satisfactory progress means meeting the established objectives, demonstrating continued competency, and performing satisfactorily in all clinical services.

This streamlined process ensures students receive clear guidance and support for improving their clinical skills and meeting program standards.

**Clinical Probation/Intervention: Proof and Evaluation Procedures**

1. **Proof of Progress:** The student must demonstrate satisfactory progress in remediating clinical deficiencies. Acceptable evidence may include written self-evaluations, audio/video recordings, clinic reports, lesson plans, and other relevant documentation as determined by the Clinical Progress Review Committee.
2. **Midterm Review:** At midterm or earlier, ISU Clinical faculty will meet with the student's Academic Advisor to review clinical performance and probationary progress. If performance remains unsatisfactory, the Clinical Progress Review Committee will decide on further actions, potentially including removal from the clinical assignment and assignment of a failing grade, prioritizing client welfare.
3. **End-of-Semester Review:** The Clinical Progress Review Committee will assess whether probationary/intervention objectives have been met based on available data and information.
4. **Notification:** Within three days of the review, the student will receive written notification of the Committee's decision from ISU clinical faculty/supervisor, with a copy filed in the student's permanent file.
5. **Consequences of Failing to Meet Objectives:** If probationary objectives are not met, the student will receive a failing grade ("C" or below) and a deficiency note. This note, which will be shared with relevant parties, indicates that the student did not meet the objectives. The student will not be placed on further probation but must address clinical difficulties independently. A maximum of one probationary period is allowed; receiving two failing grades results in program pending dismissal.
6. **Consequences of Meeting Objectives:** If probationary objectives are met, the student will receive a passing grade ("B-" or better) and a progress note documenting this success. The progress note will be shared with relevant parties.

## Clinic Observation Policy for ISU Students

It is the primary mission of the ISU Speech and Hearing Clinic, operating as part of the department of Communication Sciences and Disorders, to train students to become professional Speech Language Pathologists and/or Audiologists. With appropriate parent/client and instructor permission, students and professionals may be granted permission to observe the clinical process for a given client(s). Permission to observe in the clinic is granted for educational purposes, for family members, and for providing collaborative professional services for a given client. To preserve the clinic's primary obligation to promote and protect the interests of the student, the client, and the client's family, it is necessary to have guidelines for observers. All observers must follow these guidelines in order to protect student clinician and client confidentiality.

**1. Prior to completing any observations within the university clinic, you must complete the HIPAA video training and Observation Training narrated PowerPoint lecture provided by the clinic director/coordinator or class instructor, and sign the log indicating that you have completed these trainings.**

**2. Respect the confidentiality of the client and student clinician.**

Everything you see and hear in our clinic is confidential. Do not discuss your observations with individuals outside the clinic. You may discuss your observations for educational purposes in written observation assignments, and with other CSD students and instructors within the clinic or classroom. However, do not refer to clients by name or provide personal information irrelevant to discussion of the case. Any discussions regarding clients should be conducted privately and not for general listening. You are not allowed to record (audio or visual) any portion of an observed session.

**3. Introduce yourself to other observers.**

Introduce yourself and your observational role to the instructor, family, and other observers. The observation areas are small, so please provide for optimal viewing by family members and the instructor. Limit the number of observers to four (4) at any one time.

**4. Speak quietly.**

Clients and clinicians can sometimes hear through the observation glass. Short purposeful communications are fine, but do not distract other observers or the session.

**5. Use the headphones.**

The clinic provides a great opportunity for students and families to learn through observation. Please respect equal opportunity for all observers to hear the session they are watching. Wear the headphones whenever there is more than one session being observed simultaneously. In the case of having more than three observers for one session, the speaker may be used at a low volume as long as another session with observers is not occurring in the other treatment room of the shared observation space.

**6. Limit Comments.**

Observers need to carefully consider the appropriateness of any comments they are making. Do not comment, especially, about the client or session in the presence of family members. Family members may ask you questions and consider you an authority. Please refer them to the student clinician or instructor regarding any questions. Be aware of the impact of any statements you may make.

**7. Promote a professional image.**

All students are representative of the Department and/or ISU. Promote an image of respect, consideration, and professionalism. Promote an image of respect, consideration, professionalism in your actions and dress. Please dress appropriately for all observations.

*Thank you for your cooperation with this policy. If you have any questions or concerns, please see your instructor/clinical faculty/supervisor.*

## Appendix K – Clinic Observation Policy for Client Family Members

# Clinic Observation Policy for Client Family Members

It is the primary mission of the ISU Speech and Hearing Clinic, operating as part of the department of Communication Sciences and Disorders, to train students to become professional Speech Language Pathologists and/or Audiologists. With appropriate family member/client and instructor permission, students and professionals may be granted permission to observe the clinical process for a given client(s). Permission to observe in the clinic is granted for family members, for educational purposes, and for providing collaborative professional services for a given client. In order to preserve the clinic's primary obligation to promote and protect the interests of the student, the client, and the client's family, it is necessary to have guidelines for observers. All observers must follow these guidelines in order to protect student clinician and client confidentiality.

### **1. Please respect the confidentiality of all clients and student clinicians.**

Everything you see and hear in our clinic is confidential. You are encouraged to observe your family members in session. Permission to observe any other client in the clinic must be obtained from the client/client's parents. The instructor for that client needs to be informed of that permission. Do not discuss your observations of other clients with individuals outside the clinic.

### **2. Please speak quietly.**

Clients and clinicians can sometimes hear through the observation glass, or others in the observation room watching other sessions. Short purposeful communications are fine, but avoid distracting other observers or the session.

### **3. Please use the headphones.**

The clinic provides a great opportunity for students and families to learn through observation. Please respect equal opportunity for all observers to hear the session they are watching. Wear the headphones whenever there is more than one session being observed simultaneously. In the case of having more than three observers for one session, the speaker may be used at a low volume as long as another session with observers is not occurring in the other treatment room of the shared observation space. Student observers in the observation computer room in Meridian may watch two per computer, but you must always provide a computer to a client family member/care provider if all computers are full.

### **4. Other observers.**

There may be ISU students, faculty and/or other professionals observing your family member's session. These observers have been provided with similar observation guidelines. Family members, along with the instructor have priority for session observation. If you have any concerns or questions with or about an observation situation, please address this with your family member's instructor.

### **5. Role of Student and Professional Observers**

Students observe sessions for learning purposes. They are not allowed to serve as consultants or give professional advice regarding a client's treatment or a clinician's services. Please refrain from asking questions that would place a student in this position. Address all questions and/or concerns regarding the client and client services to your clinician and/or supervising clinical faculty.

**Outside professionals** may observe sessions for learning and/or collaboration purposes. Permission of the client/family will be obtained prior to these observations. A professional observing for learning purposes, not associated with the client, will not serve as a consultant or give professional advice regarding a client's treatment or a clinician's services. A professional involved with the client's services and collaborating with the client, clinician, instructor, and family member(s) will be more involved in consultation. This observer is asked to support the learning efforts of the student clinician and has been requested to address any concerns/questions about the services in our clinic with the instructor.

*Thank you for your cooperation with this policy. If you have any questions or concerns, please see the clinical faculty/instructor/supervisor.*

## ISU Department of Communication Sciences & Disorders Clinic Observation Policy for Professionals

It is the primary mission of the ISU Speech and Hearing Clinic, operating as part of the department of Communication Sciences and Disorders, to train students to become professional Speech Language Pathologists and/or Audiologists. With appropriate parent/client and instructor permission, students and professionals may be granted permission to observe the clinical process for a given client(s). Permission to observe in the clinic is granted for educational purposes, for family members, and for providing collaborative professional services for a given client. In order to preserve the clinic's primary obligation to promote and protect the interests of the student, the client, and the client's family, it is necessary to have guidelines for observers. All observers must follow these guidelines in order to protect student clinician and client confidentiality. Please note the distinctions in the roles/policy for professionals observing as collaborative clinicians, consulting for a specific client for whom they are also providing services, and for professionals observing strictly for educational purposes.

The educational observer will not serve a consultative role, but is invited and encouraged to share ideas and expertise with the clinical instructor. Please refrain from providing your opinion on client services to the client/family, student clinician, and other observers. The supervising clinical faculty member is ultimately responsible for the student's learning and for the client's services. Please respect the learning process of the student clinician and avoid commenting on the practices of the clinician. Address any questions and/or concerns with the instructor.

### **1. Please respect the confidentiality of the client and student clinician.**

Everything you see and hear is confidential.

Collaborative: Restrict discussions of your observations to those directly involved in services with this client, and to information for which you have been given permission by the family to share.

Educational: Do not discuss your observations with anyone other than the clinical faculty assigned to the client. If you have any questions or concerns, please address these privately with the instructor.

### **2. Please introduce yourself to other observers.**

Introduce yourself and your observational role to the family and other observers. The observation areas are small, so please provide for optimal viewing by family members and the instructor. Limit the number of observers to four (4) at any one time in mirrored observation rooms.

### **3. Please speak quietly.**

Clients and clinicians can sometimes hear through the observation glass. Others observing in the computer observation room in Meridian may also hear discussions about other clients.

### **4. Please use the headphones.**

The clinic provides a great opportunity for students, families, and professionals to learn through observation. Please respect equal opportunity for all observers to hear the session they are watching. Wear the headphones whenever there is more than one session being observed simultaneously. In the case of having more than three observers for one session, the speaker may be used at a low volume as long as another session with observers is not occurring in the other treatment room of the shared observation space.

### **5. Please limit comments.**

Observers need to carefully consider the appropriateness of any comments they are making. All observers should refrain from commenting to the client/family regarding the student's approach to services. In the family's presence, it is important to support the clinician's programming. Any comments/questions/concerns should be directed only to the clinical instructor in the absence of the client/family and student clinician.

*Thank you for your cooperation with this policy. If you have any questions or concerns, please see the clinical instructor/faculty/supervisor*

## Appendix M – Needlestick/Bloodborne Pathogen Exposure Policy

### II. NeedleStick/Bloodborne Pathogen Exposure Policy:

Purpose: This policy is to provide guidelines for injuries received during a classroom activity, service learning activity clinical rotation, including contaminated needle stick or sharp injury; mucous membrane/non-intact skin exposure to blood or blood containing body fluids.

i. Student should present to Pocatello Family Medicine, (ISU's Preferred Provider) if the exposure incident occurs on or near the Pocatello Campus. No appointment necessary. If the exposure/incident occurs after hours, or not on or near the Pocatello Campus, student should seek treatment at the Clinic/Hospital of their choice. Note: **Be sure to notify the provider/clinic/hospital, regardless of location, that this is an occupational injury.**

ii. Refer to the CDC Guidelines and Recommendations for Occupational Exposure found at: <http://www.cdc.gov/niosh/topics/bbp/emergnedl.html> NOTE: **These recommendations supersede all other recommendations**

iii. Requirements:

1. Dispose of the needle/sharp in a hard-sided container to prevent further injury.
2. Wash the site vigorously with soap and water. For mucous membrane exposure, flush with copious amounts of water.
3. Notify Supervisor/Preceptor on site immediately
4. Seek Medical Care immediately (refer to (i) above)
5. Follow the site/facility policy for injury/incident reporting.
6. **DO NOT GIVE YOUR PERSONAL INSURANCE FOR BILLING:** Please give them the following: STATE INSURANCE FUND P.O. Box 83720, Boise, ID 83720. If you have out of pocket expenses such as Rx or other, please submit receipts to Risk Management and let them know when you contact them.
7. Contact the Communication Sciences and Disorders (CSD) Program by phone- either On Campus Year Contacts or Off Campus Clinical Year Contacts listed in Moodle. **YOU MUST SPEAK TO SOMEONE**
8. Contact ISU Risk Management at (208)282-5741 ASAP (within 24 hours if possible)  
Note: **DURING BUSINESS HOURS**
9. Complete Needle Stick/Blood borne Pathogens Form in the Onboarding Site, 6602 Lab or the OSLP eManual.
10. Follow the site/facility policy for follow-up and treatment of needle stick and/or blood borne exposure.
11. Student's on campus supervisor to complete Supervisor's Accident Investigation and Report Form found in the main CSD office of all campuses. White Copy to Risk Management (Campus Stop 8410 in Pocatello), Yellow Copy to Student File

Effective July 1, 2013, Idaho Code §§ 72-102 and 72-205 were modified to change the existing statutes to require a university or college to purchase workers' compensation coverage for students that fall under the definition of "a work experience student who does not receive wages while participating in the school's work experience program."

Please refer to Idaho State University Workers Compensation Policy for further information.

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Student Signature

I have read and reviewed the needlestick bloodborne pathogen policy  
I have reviewed the CDC/NIOSH guidelines from the link provided above

## Appendix N – Needlestick/Bloodborne Pathogen Exposure Incident Information

### Needlestick/Bloodborne Pathogen Exposure Incident Information

What date and time did the incident happen?

Did you report the needlestick or exposure to bloodborne pathogen to the facility of your practicum placement?

What is the name of the facility in which the incident happened?

Give a brief description of the event and your actions, include specific body parts and specific information regarding the incident:

List at least one witness to the incident:

What date and time did you notify your clinical supervisor at the facility:

What date and time did you notify your on campus assigned clinical supervisor:

What time did you leave your practicum site and date:

Please be available to fill out the Supervisor Accident Report with you assigned on campus clinical supervisor.

Please follow the needlestick/bloodborne pathogen exposure policy listed in the clinic manual

- I. Student should present to ISU Health Center at 990 Cesar Chavez Avenue, Pocatello, 83209, (208) 282-2330 if the exposure incident occurs on or near the Pocatello Campus. No appointment necessary. Please check hours, seek care elsewhere if the clinic is closed.
- II. Student should present to ISU Clinic 1311 E. Central Drive, Meridian, ID, 83642,
- III. (208)373-1734, if the exposure incident occurs on or near the Meridian Campus. No appointment necessary. Please check hours, seek care elsewhere if the clinic is closed. If the exposure/incident occurs after hours, or not near the Pocatello or Meridian Campuses, student should seek treatment at the Clinic/Hospital of their choice.
- IV. Note: Be sure to notify provider/clinic/hospital, regardless of location, that this is an occupational injury.

## Oral Peripheral Examination and Otological/Audiological Evaluation Procedures

### Oral Peripheral Examination

1. **Hand Hygiene:** Wash hands with soap and water immediately after client contact, especially if handling oral devices.
2. **Gloves:** Wear examination gloves throughout the procedure, changing gloves if necessary. Gloves should be removed by pulling from the wrist to avoid contamination, and disposed of properly. Do not wash or reuse gloves.
3. **Tongue Depressors and Gauze Pads:**
  - **Tongue Depressors:** Keep in original wrapper until use. Remove one end of the wrapper to expose the depressor, leaving the rest of the wrapper intact. Use a new depressor if the original is put down.
  - **Gauze Pads:** Remove from wrapping carefully and leave the wrapper open on the tray. After use, reinsert the tongue depressor into its wrapper and place the gauze pad on top of the wrapper.
4. **Masks:** Wear a surgical mask to prevent transmission of diseases during close contact with the client.
5. **Lesions:** Report any soft tissue lesions to the supervising clinician immediately. Seek consultation if unsure.
6. **Disposal:** Place all disposable items and contaminated pens/pencils in the appropriate receptacle. Follow University policy for disposal. Wash and sterilize non-disposable items such as laryngeal mirrors after use.
7. **Sterilization:** Wash and sterilize reusable items like flashlights, ear probes, laryngeal mirrors, and trays. Use sterilizing wipes if applicable.
8. **Cleaning Surfaces:** Disinfect countertops, tables, and chairs with a surface disinfectant after procedures.

### Otological and Audiological Evaluations

1. **Otosopes:** Disinfect after each use by cleansing removable specula with an alcohol swab or appropriate bath.
2. **Earphones:** Clean earphones used in audiometric testing (portable or diagnostic units) before each clinic session by wiping the medial surface of the circumaural cushion with an alcohol swab.
3. **Headphone Cuffs:** Use single-use cuffs on headphones for each hearing evaluation and dispose of them after use.
4. **Ear Probe Tip Cuffs:** Place ear probe tip cuffs used in tympanometry in a disinfectant bath after each use. Clean, rinse, and dry accumulated probe tip cuffs weekly or more frequently during heavy use.
5. **Earlights:** Clean earlights with an alcohol swab before each use for ear mold impressions.
6. **Hand Hygiene:** Wash hands thoroughly before and after clinic sessions, especially when handling probe tips or earmold impressions. The use of examination gloves for these procedures is generally not required.

## Sample Clinical Education Information and Assumption of Risk

Participation in clinical education, including clinical simulations in didactic (classroom) settings, is required by professional accreditation standards for health sciences programs. Participation in such activities, including any placement in a healthcare facility or clinical site (including hospitals, clinics, pharmacies, or other such entities) for the purpose of clinical education entails certain risks, including the risk of exposure to infectious diseases and other personal injuries. Similarly, there exists some level of risk in didactic settings. While every effort will be made to minimize risks to students, staff, and faculty, the elimination of all such risks is beyond the control of the program or university. Vaccination for many infectious diseases, including COVID-19, may be required by a healthcare facility for placement in clinical education. All health science students may receive a COVID-19 vaccination free of charge. If unvaccinated, restrictions upon student activities by the program or site may be imposed. Placement at certain healthcare facilities or sites may be contingent on vaccination status and requirements may change without advanced notice. Educational opportunities missed due to lack of vaccination may delay graduation and/or result in additional educational expenses.

I freely and voluntarily accept the health risks and potential facility requirements described above to complete my clinical educational requirements. I also understand that COVID-19 vaccination is recommended, but not required by Idaho State University. I understand that COVID-19 vaccination may be required by some health facilities or clinical sites to participate in certain aspects of clinical education. If I choose NOT to be vaccinated for COVID-19, I may be required to adhere to additional guidance based on CDC recommendations. Before engaging in clinical education, please read, initial, and sign the following:

### **Initials**

\_\_\_\_ 1. I will not participate in clinical education if I exhibit any signs/symptoms of infection, including but not limited to: runny nose, fever, cough, shortness of breath, head or body aches, sore throat, loss of smell, or nausea/vomiting/diarrhea. If I exhibit any of these signs/symptoms, I will notify the appropriate person(s) at my clinical site and my designated program contact person for instructions.

\_\_\_\_ 2. If I am exposed to COVID-19, and NOT up to date on COVID-19 vaccinations, I will immediately notify the appropriate person(s) at my clinical site and my designated program contact person. I will complete a self-reporting form and may be required to quarantine. I understand that required quarantine time will need to be made up to complete program requirements.

\_\_\_\_ 3. I will comply with masking and physical distancing requirements, including on lunch, breaks, or when occupying shared workspaces. I will wear facial coverings in accordance with CDC, program, and health facility policy.

\_\_\_\_ 4. I will comply with clinical site policies related to facial covering/glove wearing and handwashing and disinfecting procedures before and after all patient encounters and at other times as specified. I will complete any required infection control or personal protective equipment (PPE) training by my program or the clinical facility.

\_\_\_\_ 5. I will follow all infection control guidelines, policies, and procedures of the clinical facility, program, and/or university. Such guidelines are subject to change as more information becomes available.

\_\_\_\_ 6. I recognize the dangers to myself and others of acquiring infectious diseases during clinical education, including the possibility of health-related consequences of such diseases. I recognize that vaccination for COVID-19 and other infectious diseases is recommended to decrease the risk of these consequences.

\_\_\_\_ 7. I have the right to feel safe during clinical education. I have the ability to talk to my clinical instructor regarding any concerns I may have related to breaches in infection control measures or public health recommendations at any clinical education site.

\_\_\_\_ 8. I recognize I have the right not to participate in clinical education because of potential risks to myself and/or members of my household. I recognize that any missed clinical education time due to lack of participation will need to be made up to complete program requirements and may delay my graduation.

\_\_\_\_ 9. If I test positive for COVID-19, I will notify my program's clinical coordinator and complete the self-report form.

\_\_\_\_ 10. I will follow all ISU or health facility-related screening requirements.

11. Vaccination status. Please initial one of the following and provide dates if applicable:

\_\_\_\_ I have been fully vaccinated\* with an FDA-approved COVID-19 vaccine. Date(s): \_\_\_\_\_,  
\_\_\_\_\_

\_\_\_\_ I have been fully vaccinated\* with FDA-approved COVID-19 vaccines, including being up to date with the recommended boosters. Date(s): \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_ I have received at least one dose of an FDA-approved COVID-19 vaccine and intend to receive the second dose (as appropriate). Date(s): \_\_\_\_\_

\_\_\_\_ I have not received an FDA-approved COVID-19 vaccine, but will be fully vaccinated\* within 6 weeks.

\_\_\_\_ I will not be receiving an FDA-approved COVID-19 vaccine.

*\*Fully vaccinated means that you have (1) received a primary series of an FDA-approved COVID-19 vaccine and (2) have waited a 2-week period following the last injection for full protection. NOTE: Some facilities may require booster dose(s) to be considered fully vaccinated.*

### **Documenting Exemptions:**

Students may request an exemption to a clinical facility or site's vaccination requirement for valid medical or religious reasons. If a student chooses not to be vaccinated for a medical or religious reason and seeks an exemption from the vaccination requirement imposed by a clinical site, further documentation may be required by the site. Some sites may facilitate the religious exemption request themselves and the student will need to complete the site's appropriate form. Other sites may ask the university to help facilitate this process. Decisions to accept an exemption request are generally up to the clinical site.

**Medical exemption requests:** Students should work with the ISU Office of Disability Services for disability accommodations. Students can fill out a Student Request for Services Form or call (208) 282-3599 (Pocatello), (208) 373-1723 (Meridian), or email [disabilityservices@isu.edu](mailto:disabilityservices@isu.edu). Upon the conclusion of the accommodation process, the Office of Disability Services will email a letter to the student with the decision of the medical exemption request for submission to any requesting clinical site.

**Religious exemption requests:** Students should work with the Office of Equity and Inclusion for a religious exemption request by completing the Religious

Appendix P-2

Exemption Request Form. The Office of Equity and Inclusion will email a letter to the student with the decision of the religious exemption request for submission to any requesting clinical site. Students can reach the Office of Equity and Inclusion at (208) 282-3964 or email taysshir@isu.edu to request the form.

**Opt-out Guidelines:**

In general, satisfactory progression through professional curricula requires that students complete clinical and didactic course requirements in the semester in which they are enrolled. Programmatic requirements are based on professional accreditation standards and licensing board requirements, and include clinical education activities. Should a student be unable to complete requirements due to illness or CDC-recommended isolation/quarantine, make-up work may be allowed if congruent with programmatic or university policies for other medically-related absences. Should a student choose not to complete any course or program requirement related to clinical education, the student is responsible for contacting the course instructor and providing a rationale for “opting out.” Opt-out policies may vary between programs; students should contact their individual programs for specifics on process. Delays in progression and/or graduation may occur due to quarantine time and/or if a student chooses to opt-out of any aspect of required coursework or clinical education.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Printed Name

This assumption of risk is in effective for the course of the program of study or until a new document is signed, whichever is greater.

Appendix Q – Sample Agreement of Confidentiality and Non-Disclosure

Sample Agreement of Confidentiality and Non-Disclosure

I recognize that it is a privilege to work in this practicum setting. I also recognize that as a student in this setting, I have access to confidential patient information and business practice information that may be specific to this setting, including business and financial information, trade secrets, business methods and practices, and other proprietary information. As a condition of my practicum experience at the \_\_\_\_\_, I promise and agree that I will maintain the confidentiality of all patient information and proprietary business information and will not disclose such information to other individuals or entities at any time, whether during or subsequent to my practicum experience.

Student Signature

Name

Date

Since completion of the required background check, have you been charged or convicted of any misdemeanor or felony? Please initial Yes or No.

\_\_\_\_NO      \_\_\_\_YES (If Yes, you must provide an explanation below)

If YES, provide an explanation of charges or convictions incurred. This information is required to ensure that we are in compliance with facility Affiliation Agreements, as some require disclosure of unlawful background information.

**\*\*Contact the Clinic Director/Coordinator ASAP to discuss this situation.**

## Appendix R – Clinical Deficiency Note

### Clinical Deficiency Note

### Appendix R

The purpose of this Deficiency Note is to inform you that your clinical faculty/supervisor(s)/coordinator/director has identified one or more severe or persistent deficiencies in your clinical performance. This note serves as a document indicating that a deficiency exists and conveying the importance of correcting this deficiency.

Student Clinician \_\_\_\_\_ Date \_\_\_\_\_  
Clinical faculty \_\_\_\_\_  
Academic Advisor \_\_\_\_\_

#### **Section A. If a failing clinical grade is given during a semester, at midterm or otherwise, or a mark of NOT MET on the Practicum evaluation**

This note is to inform you that you have demonstrated: (check all that apply)

- \_\_\_\_\_ Unsatisfactory clinical performance in the clinical situation (this may include NOT MET) standards indicated in the practicum evaluation
- \_\_\_\_\_ Unsatisfactory clinical performance denoted by a failing grade at midterm
- \_\_\_\_\_ Unprofessional behaviors related to clinical/ educational experiences
- \_\_\_\_\_ NOT MET on one or more areas at midterm or final practicum evaluation

Once specific areas for improvement are identified, it is expected that you will make measurable progress in those areas, as noted in the midterm evaluation and/or practicum matrix. Failure to show sufficient improvement may result in a failing grade for the clinical practicum at the end of the semester. For the areas of NOT MET on the practicum evaluation the student clinician will need to display progress and show MET in the next clinical rotation, if not shown by the end of the placement in that semester. The student may also be asked to show competency in the NOT MET areas by i.e., writing a paper, depending on the area marked NOT MET.

Signatures at midterm or during the course of the semester:

Student Clinician \_\_\_\_\_ Date \_\_\_\_\_  
Clinical Coordinator/Director \_\_\_\_\_ Date \_\_\_\_\_

#### **Section B. Part 1. If a failing clinical grade is given at the end of the semester.**

This note is to inform you that you have demonstrated: (check all that apply)

- \_\_\_\_\_ Unsatisfactory clinical performance denoted by failing grade at end of the semester grading
- \_\_\_\_\_ Unsatisfactory clinical performance in the clinical situation (list reasons below)
- \_\_\_\_\_ Unprofessional behaviors related to clinical/educational experiences (list reasons below)

This indicates that you the student clinician, are now in need of remediation in the form of additional training, repeat clinical experiences, and/or specific clinical experiences determined by Clinic Director/Coordinator.

You will be placed on clinical probation for the \_\_\_\_\_ semester. If you demonstrate satisfactory performance, your clinical coordinator/supervisor will submit a practicum evaluation showing improvement, and your probationary status will be lifted. If the deficiency is not resolved, and you receive a second unsatisfactory grade (C+ or lower/U), you will be placed on pending dismissal status.

Important: Students who receive an unsatisfactory clinical grade (C+ or lower/U) are not permitted to log ASHA hours for that semester. Regardless of probationary status, faculty may remove a student from clinical practicum at any time if deemed necessary.

Here are the items that will need to be completed when a failing clinical grade has been posted in a Practicum Evaluation:

1. The student clinician must immediately inform the clinical coordinator of a failing clinical grade.
2. The student clinician must inform their Tier III academic advisor of the failing grade and come up with a plan of study to extend. The program of study will need approval from the petitions committee. Please note-in order to make up the semester where the failing clinical practicum evaluation was assigned (the entire placement including hours will need to be completed, does not need to be at the same site, but needs to be with similar client/setting as possible).
3. The student clinician will set a meeting within two weeks of receiving a failing grade on a practicum evaluation or failing of a placement/externship. The student will meet with the clinical coordinator and clinic director-see required meeting for failing clinical performance.
4. The student will come up with no less than 3 goals, that are measurable and specifically address areas to improve and to be met during the probationary period. The goals must be written and sent to the clinical coordinator no less than 2 weeks after the failing grade.
5. The goals will be created by the student to be reviewed and revised by the clinical coordinator and/or clinic director. The student will respond and revise the goals no less than 72 hours after receiving feedback.
6. Review the goals with your new supervisor. If declined, student clinician will need to find/coordinate alternate placement.
7. Once the student clinician has reviewed the goals with the upcoming placement supervisor, they must notify the clinical coordinator, and the clinical coordinator will have a conversation with the new supervisor. The students specific grade will not be discussed but questions about the goals the student has set and questions regarding performance may be discussed up to that point. And the midterm timeline will be discussed.
8. The student clinician must show adequate improvement by midterm grading on the practicum evaluation and on the goals set. If the student is not showing adequate progress the student may be pulled from the placement at that midterm point resulting in a unsatisfactory grade (C+ or lower/U) that will post at the end of the semester. This would result in a second unsatisfactory grade (C+ or lower/U), and the student clinician will automatically be placed in pending dismissal status.
9. If the student is deemed to be passing at midterm and has shown adequate progress on the goals set, the student will remain in probation status until the end of the semester. The student may be pulled and a failing grade assigned at any point if the student clinician is not showing adequate progress. If at the end of the semester the student has shown adequate progress in the goals and has a passing grade on the practicum evaluation the student will be able to progress forward, with the plan of study approved by the petitions committee. The student clinician will no longer be on probationary status. \*Please note only one probationary status is allowed during the graduate program.

*See the Clinic Manual for Grades and Failing Student Policy*

**Section B. Part 2. Immediately following a failing grade posting at the end of a semester on a practicum evaluation:**

Signatures:

Student Clinician \_\_\_\_\_ Date \_\_\_\_\_

Clinical Coordinator/Director \_\_\_\_\_ Date \_\_\_\_\_

**Section B. Part 3. After successful completion of probationary period:**

End of probationary period: semester: \_\_\_\_\_ Year: \_\_\_\_\_

Signatures:

Student Clinician \_\_\_\_\_ Date \_\_\_\_\_

Clinical Coordinator/Director \_\_\_\_\_ Date \_\_\_\_\_

\* Clinical Coordinators-please attach supporting documentation to this note. Midterm matrix if completed, copy of student clinician goals, practicum evaluation (s).

If you have any questions contact your clinical faculty/coordinator/director.

CC: Academic Advisor                      Program Director/Department Chair  
Student Permanent File                      Clinic Director/Clinic Coordinator

### **Remediation Policy: Required Meeting for Failing Clinical Performance**

If a student is identified as performing at a failing level in a clinical placement, the student will be required to attend a remediation meeting with the Clinical Coordinator and Clinical Director. The purpose of this meeting is to collaboratively assess the concerns, determine a plan for improvement, and support the student's professional and clinical growth. The student will set a meeting date within 2 weeks of receiving a failing practicum evaluation.

#### **Meeting Requirements:**

Prior to the meeting, the student clinician must prepare and bring the following:

1. **Self-Reflection Statement-this meeting is not about the supervisor any longer-this meeting is about student remediation:**  
A written reflection (1–2 pages) that addresses:
  - A summary of the concerns and areas of poor performance.
  - The student's perspective on contributing factors.
  - A description of how the student attempted to manage or respond to challenges.
  - Specific strategies the student plans to implement to improve.
2. **Documentation Review**
  - A copy of all midterm and/or final evaluations from the placement.
  - Any relevant feedback or written communication from the clinical educator or site supervisor.
3. **Draft Remediation Goals**
  - At least 3 specific, measurable, and realistic goals the student clinician will commit to during the remediation period.
  - Proposed action steps and timelines for meeting these goals.

#### **Meeting Discussion Topics:**

- Review of the student's performance and feedback from the placement site.
- Discussion of the student's reflection and insight into their challenges.
- Development of a formal remediation plan with input from the Clinical Coordinator and Clinical Director.

Failure to attend the meeting or to complete the required reflection and documentation may result in further academic consequences, including dismissal from the placement or program, in accordance with program policies.

Appendix S – ASHA Code of Ethics

ASHA Code of Ethics <https://www.asha.org/policy/ET2016-00342/>

## Appendix T

### Graduate Student Clinician Acknowledgment and Signature Page Professional Code of Conduct | ASHA Code of Ethics | Core SLP Functions

As a graduate student clinician in the Speech-Language Pathology program, I acknowledge that I have read, understand, and agree to uphold the following professional standards:

1. **Professional Code of Conduct**

I understand and agree to conduct myself in a manner consistent with the expectations of the Speech-Language Pathology program, including professional behavior, respectful communication, confidentiality, responsibility, and accountability in all clinical and academic settings.

2. **ASHA Code of Ethics**

I have reviewed the current *American Speech-Language-Hearing Association (ASHA) Code of Ethics* and agree to uphold the ethical principles and standards that govern the professional practice of speech-language pathology.

#### Core Functions of a Graduate Student Clinician

have read and understand the **Core Functions** required of graduate student clinicians in the Speech-Language Pathology program. These functions represent the essential skills needed to succeed academically and clinically, with or without reasonable accommodations, and include:

- **Sensory/Observational Abilities:** Ability to perceive and process information through visual, auditory, and tactile modalities essential for evaluation and treatment.
- **Communication Abilities:** Competence in spoken and written English to interact professionally, gather and convey information, and demonstrate cultural responsiveness.
- **Motor Abilities:** Physical ability to carry out clinical tasks, such as manipulating materials and equipment, providing emergency care, and supporting client safety.
- **Intellectual/Cognitive Abilities:** Capacity for critical thinking, problem-solving, integration of information, and application of evidence-based practices.
- **Behavioral and Social Abilities:** Emotional stability, professionalism, flexibility, empathy, cultural sensitivity, and the ability to engage in effective interpersonal relationships.
- **Cultural Responsiveness:** Commitment to providing inclusive, respectful, and equitable care for individuals from diverse backgrounds.

I understand that these core functions are aligned with the expectations of the program, the profession, and accreditation standards. I am aware that if I am unable to demonstrate these core functions, I may be required to engage in a faculty review process and may be referred to Disability Services for support and accommodations. I am responsible for initiating such services if needed.

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#### Student Acknowledgment

By signing below, I confirm that I have:

- Reviewed the **Professional Code of Conduct**, the **ASHA Code of Ethics**, and the **Core Functions for Graduate Student Clinicians**.
- Understood my responsibility to uphold these standards throughout my time in the program.
- Accepted that failure to meet these expectations, with or without reasonable accommodation, may result in disciplinary action or dismissal from the program.

By signing below, I affirm my commitment to these professional standards. I understand that failure to adhere to these codes and responsibilities may result in disciplinary action, up to and including removal from clinical placements or dismissal from the program.

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**Student Name (Printed):** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Program Faculty/Witness Name (Printed):** \_\_\_\_\_

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

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