Policies and Procedures
Statements

Department of Communication Disorders
College of Health Professions

Texas State University
2014-2015
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POLICIES AND PROCEDURES STATEMENTS
Department of Communication Disorders

Introduction

Welcome to the Department of Communication Disorders at Texas State University. The faculty and staff are here to help you. Our goal is to provide a quality education that will enable you to meet the demands of the professional world.

This manual will outline the policies and general operating procedures of the Department of Communication Disorders. You are responsible for knowing the information contained herein, as well as the information contained in the university catalog under which you entered.

This manual will be updated throughout the year. Students are encouraged to make suggestions as needed to the Department Chair or Clinic Co-directors regarding content and wording. Any policies that are revised during the year will be posted as addendums on the Department of Communication Disorders website at http://www.health.txstate.edu/cdis/About/CDIS-Policies--Procedures.html. In all cases, it is the faculty and student's responsibility to be aware of current operating policies and procedures.

This manual is to be retained for the 2014-2015 year of study in the Department of Communication Disorders.
Policies and Procedures Statements

Academic Section
1. **TITLE:** Standards for Operation of the Department of Communication Disorders

2. **PURPOSE:** To define the standards by which the Department of Communication Disorders will operate

3. **POLICY:** The Department of Communication Disorders will abide by all standards of the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA) of the American Speech-Language-Hearing Association (ASHA) and be guided in decision making by adherence to the Departmental Strategic Plan. The Department also adheres to the University Policies & Procedures.

4. **PROCEDURES TO IMPLEMENT POLICY:** The Department Chair will be responsible for monitoring all aspects of the academic and clinical programs to insure that CAA standards, State licensure requirements, SACS Student Learning Outcomes, and University and Departmental Policies and Procedures are met. A review of standards and their compliance will take place, once during the summer when the policies and procedures of the department are reviewed by August 1st of each year when the CAA annual report is due to ASHA.
1. TITLE: Chain of Command

2. PURPOSE: To delineate the chain of command for seeking advice and resolution of problems

3. POLICY: Students and faculty should follow the chain of command in seeking advice or possible solutions to problems. All questions or problems that relate to CDIS should be answered or solved within CDIS as much as possible.

4. PROCEDURES TO IMPLEMENT POLICY:

   a. Academic problems should be addressed first with the professor before proceeding to the Chair of the department.

   b. In clinical work, students are first responsible to their immediate supervisor for the management of clients. Supervisors are assigned each semester that the student is enrolled in clinical practicum. If the student and/or supervisor need assistance, the Clinic Co-directors should be consulted.

   c. The academic advisor, who is assigned to the student upon entering the program, is the faculty member to talk with initially for advising, scheduling, or other problems which relate to academic work. In most cases, the advisor will be able to answer any questions the student may have. However, specific questions regarding course content etc. should be addressed with the pertinent instructor of record.

   d. The next level is the Department Chair. She is to be consulted only after an initial conference with the advisor and/or instructor of record. In most cases, the Chair will consult with the advisor and/or instructor of record prior to responding or taking any action so that all information is taken into consideration.

   e. The Department Chair reports to the Dean of the College of Health Professions. The Dean is to be consulted only after the advisor and Department Chair have had an opportunity to answer questions. Students should not contact the Dean's office with routine questions or problems without first contacting the advisor, instructor of record and/or Department Chair.

   f. Each Academic Dean is responsible to the Provost. The Provost should not be contacted without first contacting the advisor, instructor of record, Department Chair and Dean.

   g. The administrative assistants report to the Department Chair for delegating responsibilities and prioritizing work load for both academic and clinical matters.
1. TITLE: Contacting the Council of Academic Accreditation in Audiology and Speech-Language Pathology (CAA)

2. PURPOSE: To inform students as to how they can contact the CAA

3. POLICY: Students do not have to follow the Departmental or University Chain of Command to contact the CAA. They are free to contact the CAA directly at any time.

4. PROCEDURES TO IMPLEMENT POLICY:
   a. The Council on Academic Accreditation provides for student complaints to the Council. Students have an opportunity to voice their concerns if they believe accreditation standards are not being met.
   b. The CAA can be contacted by writing to the Chair, Council on Academic Accreditation in Audiology and Speech-Language Pathology, American Speech-Language-Hearing Association, 2200 Research Boulevard #310, Rockville, MD 20850 or call ASHA’s Action Center at 1-800-498-2071 or (301) 296-5700 or accessing the documents on ASHA’s Web site at http://www.asha.org/academic/accreditation/accredmanual/section8/.
1. TITLE: Professional Certification and Licensure of Faculty

2. PURPOSE: To define the appropriate professional certification and state licensure of the faculty in the Department of Communication Disorders

3. POLICY: All faculty must hold appropriate clinical certification from the American Speech-Language-Hearing Association and be licensed to practice in the State of Texas.

4. PROCEDURES TO IMPLEMENT POLICY:

   a. Professional credentials of each potential candidate for a faculty position will be reviewed by the search committee and Chair prior to interview.

   b. Potential faculty will not be offered a contract without appropriate professional credentials.

   c. Current faculty will provide copies of certification and licensure renewal annually to the departmental administrative assistant. Faculty will upload copies of their certification and licensure renewal into CALIPSO.
1. TITLE: Academic Advisement

2. PURPOSE: To identify the procedures to be followed for academic advisement for CDIS undergraduate and graduate students

3. POLICY: CDIS students must be advised in accordance with departmental, college, and university standards

4. PROCEDURES TO IMPLEMENT POLICY:

Undergraduate students in CDIS will be advised as follows:

a. Students who express interest in the major of CDIS or who are transferring from another university/college are first seen by the CDIS Undergraduate Program Coordinator or by an advisor in the College of Health Professions Advising Center (512-245-3506).

b. All pre-CDIS majors will receive academic advising (pre-registration, etc.) each semester by personnel from the College of Health Professions Advising Center located on the second floor in Rm. 207 or through PACE (Personalized Academic and Career Exploration) Center for freshmen. Individual advising sessions are held during the pre-registration period for these students during every long semester.

c. Students who have been admitted to the upper-division sequence will be assigned to a CDIS faculty member for individual advising. CDIS advisors help the students with course selection, registration, degree requirements, answer questions about the profession, academic tutoring/counseling referrals, etc. All students must meet with their CDIS faculty advisor a minimum of one time during each long semester. Special approval needed for registering for CDIS classes will be given only after this meeting.

d. The Degree Audit is generated by the Advising Center for every CDIS undergraduate student. It is available to the student and the student’s advisor online at any time via Cats Web and is used every semester to plan the academic program. Corrections, substitutions, or appropriate changes are done through the Advising Center.

e. It is very important that students are advised by their own assigned permanent faculty advisor. There will be no exceptions to this policy. The Department Chair will not make a decision concerning any student unless that student has seen the advisor first. Consequently, material will not be sent to the Dean's office without the signature of the advisor and Department Chair.
Graduate students in CDIS will be advised as follows:

a. Graduate students begin their CDIS academic plan of study during the fall semester.

b. The Graduate Program Coordinator notifies newly admitted graduate students of the orientation meeting conducted for all incoming CDIS graduate students. It is at this meeting that the incoming students are advised concerning their schedules for the fall and subsequent semesters.

c. Thesis and cognate choices are presented and discussed at this initial meeting. The Graduate Program Coordinator is responsible for working with the student in order to review and finalize the degree plans utilizing DegreeWorks during the fall semester. Students with special interests (Bilingual, Fluency, Autism, Variety in Practice [VIP] and Neurogenics, Voice, and Swallowing [VIP]) will consult with faculty who has expertise in the special interest throughout the student’s graduate work.

d. All tracking paperwork for ASHA (CAA Standards and Knowledge and Skills Acquisition [KASA] Summary Form) is reviewed with the students so the student knows exactly what is required for certification and the academic program can be planned appropriately. The Clinical Co-directors are responsible for checking to determine that the immunization record is complete for all students and that the number of observation hours is also checked.

e. The student contacts the Graduate Program Coordinator as soon as possible during the three weeks of the semester to implement changes in his/her degree plan. The student will also be informed as to any background courses the student lacks. A final degree program outline is required by the Graduate College at the end of the first semester of graduate study. This time frame provides ample opportunity to complete the degree plan process. The proposed/revised graduate degree plan will be updated as needed by the Graduate Program Coordinator via DegreeWorks.

f. Students meet with the graduate advisor (Graduate Program Coordinator) at mid-term of each semester to discuss courses to be taken the subsequent semester. Students meet in small groups with the graduate advisor or individual sessions to address academic issues.

g. Faculty members address academic, clinical, and professional progress for each student at the end of each semester after grades are submitted. The graduate advisor will hold a face-to-face meeting with students who need improvement in any of these areas.
1. TITLE: Academic Advisors

2. PURPOSE: To identify the faculty to whom each student reports for academic advisement

3. POLICY: Assignment of Advisors

4. PROCEDURES TO IMPLEMENT POLICY:
   
a. Undergraduate students prior to admission into the junior sequence are advised by advisors in the CHP Advising Center (CHP Room 207) or advisors at PACE. Once students are admitted to the junior sequence they are assigned to a CDIS faculty member. This person remains the individual student’s advisor until graduation.

b. The advisor list is maintained by the administrative assistant and is posted outside Rm. 147. The advisor list is updated throughout the year in order to add new students and delete those who have graduated or changed majors.

c. Every advisor and the departmental administrative assistant have a copy of the advisor list.

d. Undergraduate students can be assigned to any faculty member; graduate students are advised by the graduate advisor.

e. The Graduate College identifies the Graduate Program Coordinator as the Graduate Advisor who serves as liaison between the department and Graduate College. The Department Chair must sign the application for the Certificate of Clinical Competence so it is imperative that the Graduate Program Coordinator in conjunction with the student and faculty carefully monitor the progress of graduate students.

f. It is the responsibility of the student to contact the advisor for appointments, especially if the student has received a letter to do so. The student and advisor work together to monitor and complete the degree plan. It is the responsibility of the student and advisor to know the regulations and requirements of the department, college, and university.

g. Under no circumstances are students to be advised or given academic approvals by any faculty member other than the assigned advisor.

h. If a student wishes to change advisors, the Department Chair must be consulted. Advisor changes are not encouraged but may be necessary on occasion.
1. TITLE: Progression through the Undergraduate Pre-professional Sequence

2. PURPOSE: To identify the series of steps through the junior- and senior-level courses

3. POLICY: Progression and repeat course policy

4. PROCEDURES TO IMPLEMENT POLICY:
   a. The Junior-/Senior-level courses (Bachelors of Science Degree in Communication Disorders academic sequence) begin during the fall semester only.

   b. Courses must be taken in sequence identified in the catalog.

   c. After admission into the Junior/Senior sequence, failure to enroll in all of the recommended CDIS courses for that semester as identified by an advisor in conjunction with the Degree Plan will result in removal from the program. CDIS students must receive a grade of “C” or higher in each CDIS class. If a grade below a “C” in a junior- or senior-level CDIS course is earned, the student will not be allowed to continue as a Communication Disorders major and must change majors to something other than CDIS. This change will be done in conjunction with the student’s CDIS academic advisor and the College of Health Professions’ Advising Center.

   d. The student must earn no less than a “C” in support courses.

   e. The student must have a GPA of 2.75 in the major in order to graduate.

   f. The only reason a CDIS major may repeat a CDIS course is if the student has not earned the minimum major GPA requirement of 2.75 for graduation. The student will be allowed to re-take one or more CDIS courses only until the student achieves the GPA of 2.75.
1. TITLE: Academic and Clinical Review of Students

2. PURPOSE: To identify students who need academic or clinical support

3. POLICY: Academic and clinical progress of each student enrolled in CDIS courses (3000 level or higher) will be reviewed at least once per semester by the faculty.

4. PROCEDURES TO IMPLEMENT POLICY:
   a. At mid-term, students who are experiencing difficulty in either academic or clinical work will be identified by a faculty member.
   
   b. The student will be notified by the faculty member, Undergraduate Program Coordinator, Graduate Program Coordinator, or the Clinic Co-directors depending on areas of difficulty exhibited by the student.
   
   c. The student should contact the advisor immediately when notified that he/she is experiencing difficulties.
   
   d. The student's advisor and/or professor will have a private conference with the student to discuss any academic problems. If a graduate student is identified as having academic, clinical, or professional difficulties, he/she will be placed on an Academic, Clinical, or Professional Growth Plan (refer to P & P addressing Growth Plans).
   
   e. At the end of each long semester, faculty members meet to discuss the academic, clinical and professional progress of each student. If the faculty members are concerned about any of the students, then the student’s advisor will request a meeting with the student to discuss faculty concerns with him or her.
1. **TITLE:** Student Dismissal from the Department of Communication Disorders for Non-Academic Reasons

2. **PURPOSE:** To specify the reasons, other than academic, for which students can be dismissed from the CDIS major and to delineate the process/procedures used to effect the dismissal.

3. **POLICY:** Majors in the Department of Communication Disorders must develop the necessary skills to work effectively with people with diverse needs. Students are expected to demonstrate professional skills in their interactions with others, adequate communication skills and techniques that are generally accepted by others in the professional fields. Students are expected to conform to the Code of Ethics of the American Speech-Language-Hearing Association (ASHA) and the Texas State Board of Examiners for Speech-Language Pathology and Audiology as well as the policies and procedures outlined in the CDIS Department Manual. Any unethical conduct is cause for dismissal from the CDIS major. A student’s acceptance in the major does not guarantee a student will remain in the program.

4. **PROCEDURES TO IMPLEMENT POLICY:**

   a. **Evaluating Student Performance:** Members of the faculty, using their professional judgments, evaluate student performance continuously. Students usually receive information and guidance related to their performance from faculty members, their advisors, and their supervisors. The criteria used by the faculty to make such judgments include instructor and clinical supervisor observations of course performance, evaluations of students’ performances in simulated/clinical practice, observations of student interaction with faculty and peers, and adherence to the ASHA Code of Ethics and State Board Rules. Students who are not making satisfactory progress or who are not meeting program standards should consider withdrawing from the major. The term “unsatisfactory progress in the major” refers to an academic and/or clinical judgment made regarding the student’s performance. Disciplinary matters are referred to the Dean of Students.

   b. **Student Review Process:** If a faculty member believes that a student is not making satisfactory progress or meeting program or university standards, he or she should discuss the situation with the student. If appropriate, the student will receive a growth plan developed by the faculty member to help establish satisfactory performance. If the faculty member believes that the student’s performance cannot improve to acceptable standards, the faculty member should refer the student to the Program Standards Committee. A committee of three CDIS faculty members will be appointed by the Chair of the department.

   c. The committee will notify the student of the reasons why he or she is not making satisfactory progress or meeting program standards and will give the
student an opportunity to meet with the committee to respond and to present information and witnesses to the committee. The committee will also meet with the faculty member who referred the student to the committee. After considering the matter, and within 10 working days of meeting with the student, the committee will report in writing to the student and the Department Chair recommending the student either be allowed to remain in the major or be removed from the major. The committee may make other recommendations, such as placing restrictions or conditions on the student’s continuing in the program. Within 10 working days of receipt of the faculty committee recommendations, the student will notify the Chair of the Department of Communication Disorders in writing of the acceptance of the committee’s decision or of intent to appeal the committee’s recommendations.

d. If the student appeals the committee’s recommendations, the Department Chair, after considering the committee’s recommendation and meeting with the student, will determine whether the student will be allowed to remain in the program. The Department Chair need not meet with the student before making a decision if the Department Chair has given the student a reasonable opportunity to meet and the student has either failed or refused to meet. The student will be notified of the Department Chair’s decision in writing within 10 working days of the Department Chair’s receipt of the student’s appeal of the committee recommendations.

e. If the student is dissatisfied with the Chair’s decision, he or she may appeal to the Dean of the College of Health Professions and/or the Dean of Students. However, in order for an appeal to be considered, the student must submit a written notice for an appeal to the Department Chair within 10 working days from the date of the Chair’s letter. The Dean will consider the matter based on results compiled by the Chair and notify the student of his or her decision within 10 working days of receipt of the appeal from the Chair.
1. TITLE: Comprehensive Examination

2. PURPOSE: To delineate the policy and procedure for completing the comprehensive examination

3. POLICY: Graduate students must pass a comprehensive examination in communication disorders in accordance with Graduate College policy (see applicable Graduate Catalog).

4. PROCEDURES TO IMPLEMENT POLICY:

   a. Students have an option in meeting the comprehensive examination requirement. The Praxis Examination in Speech-Language Pathology and Audiology or the departmental comprehensive examination may be taken. Most graduate students choose to take the Praxis examination as their comprehensive. They do not have to notify the Department Chair in advance of taking the Praxis examination. If a student wishes to take the department’s comprehensive exam instead of the Praxis exam, he/she informs the Chair in writing within the first week of the fall semester of the student’s last year in graduate school.

   b. The department will accept scores for the comprehensive requirement only on examinations taken after October 31st of the student’s second year of graduate study. A student must achieve a passing score or higher.

   c. Should the Praxis examination not be passed before February 1st of the student’s second year of graduate study, the Department Chair will notify the student about preparing for the departmental comprehensive examination early in the final semester. The first departmental evaluation will be offered in early to mid-March. Failure to notify the Graduate Program Coordinator of an unsuccessful attempt with the Praxis examination may delay the student’s graduation date.

   d. Students electing to take the CDIS departmental examination as the comprehensive meet with the Graduate Program Coordinator early in the last semester of graduate study to review the required procedures mandated by the Graduate College and to set the date for the comprehensive examination. The examination consists of essay questions submitted by the faculty. The format for the examination may change from one administration to another, depending on a review of the examination by the faculty.

   e. Each section of the comprehensive examination will be graded on a pass/fail scale. Each section must be passed in order to pass the entire departmental comprehensive examination.

   f. Should the student not pass each area, the faculty who submitted questions will meet and decide if they want the student to clarify responses with an oral
examination or engage in additional re-writing. The student will have the option of meeting with the faculty in order to review areas of weakness and receive assistance concerning deficiency areas before participating in orals or re-writing.

g. Should the student not pass the oral examination or the re-write, the student can request to re-take the examination and the faculty will have the option of submitting different questions. The date for the second examination will be made following consultation with the Graduate College concerning the deadline for graduation.

h. Should the student again not pass each area, the student may apply to the Graduate Program Coordinator to re-take the examination. The faculty will meet to determine requirements that must be met prior to the student retaking the examination during the subsequent semester. Requirements may include, but will not be limited to, additional course work, individual directed readings, clinical studies or review, individual research in specified areas, or other assignments that would be appropriate for assisting the student.

i. The third examination will be administered during the following semester. The examination will be developed by the faculty and may be written, oral, or both. Should the student fail the third examination, the student will not be eligible to receive the Master's Degree in Communication Disorders.

j. After each unsuccessful completion of the comprehensive examination, the student will be given a detailed analysis (oral, written, or both) of performance in each area covered on the test. This information will be used by the faculty to prescribe additional requirements as specified above and/or to counsel the student as to areas of strength and deficit.

k. When the student completes all comprehensive examination requirements, the Graduate Program Coordinator will provide the information to the Graduate College.
1. TITLE: Praxis Examination in Speech-Language Pathology

2. PURPOSE: To implement a means of comparing CDIS graduate students with comparable students across the state and the United States

3. POLICY: Graduate students are required to take the Praxis examination in speech-language pathology and provide the score to the Department Chair prior to the CCC application being signed.

4. PROCEDURES TO IMPLEMENT POLICY:

   a. This examination must be taken whether or not the student elects the Praxis examination to substitute for the comprehensive examination.

   b. The Praxis examination does not have to be passed in order to graduate if the student elects to take and passes the departmental examination as the comprehensive exam.

   c. Praxis scores allow the department to compare graduates as a group with similar students from across the state and the United States.
1. TITLE: Electronic Mail

2. PURPOSE: To identify policies and procedures for obtaining and use of electronic mail

3. POLICY: All students enrolled in a CDIS course must have a Texas State electronic mail account.

4. PROCEDURES TO IMPLEMENT POLICY:
   
   a. All students enrolled in a CDIS course must have a computer account in the College of Health Professions computer center.

   b. The student ID number is required to establish an account via Catsweb.

   c. One of the Clinic Co-Coordinators submits a list of the graduate students to the College of Health Professions Technology Support Person, Clip Collins. He provides access to the CDIS section of the server after a Texas State account has been established.

   d. Messages will be written to students through their electronic mail account. Students in practicum must check their e-mail several times a day and respond to the messages with promptness. Students in academic classes are expected to check their e-mail daily.
1. TITLE: Departmental Approval for CDIS Classes

2. PURPOSE: To identify the approval process for enrolling in CDIS classes

3. POLICY: Advisor approval must be obtained prior to enrolling a CDIS student for any course or changing an academic or clinical schedule.

4. PROCEDURES TO IMPLEMENT POLICY:
   a. Students must see their advisor prior to changing an academic schedule.
   b. Written approval from the advisor, in the form of a completed and signed CDIS Registration Ticket, must be presented before a student is allowed to register for a CDIS class.
   c. Students who wish to change their schedule must obtain a new CDIS Registration Ticket before departmental approval will be given.
1. TITLE: Facilities and Security of Departmental Space
2. PURPOSE: To identify the rooms and laboratories in the department and the access to each
3. POLICY: All rooms and laboratories assigned to the Department of Communication Disorders will be treated as secure areas with limited access.
4. PROCEDURES TO IMPLEMENT POLICY:
   a. **Cognitive-Communication, Speech Physiology and Bilingualism Research Labs (128D):** This lab is used for research purposes. Only students engaged in ongoing research with Dr. Fleming, Dr. Chakraborty or Dr. Irani are authorized to use this room. The lab must remain locked when not occupied and no items are permitted to be removed from the lab without appropriate authorization.
   b. **Language Research Lab:** Room 147 is used for language research projects under faculty supervision. Equipment and research files are maintained in this room. All research files are kept in locked filing cabinets. Only students engaged in ongoing research with Dr. Gonzales, Dr. Domsch, Dr. Resendiz or Dr. Schwarz are authorized to use this room.
   c. **Kinematic Research Lab:** Room 125D is used for kinematic research projects. Only Dr. Chakraborty is authorized to use the room.
   d. **Research Therapy Room:** Room 128A is used for the collection of research data by faculty for their various research projects.
   e. **Faculty Work Room:** Room 172 is the faculty work room. Students and non-CDIS personnel do not have access to this room. Students who need to leave messages for the faculty should put the message in the designated box in the administrative assistant’s area.
   f. **Graduate Student Work Room:** The graduate student workroom is 123B. Computers are available in room 123B and in rooms 128C and E. These rooms are available to graduate students during clinic operating hours. Graduate students may check out keys from the Clinic administrative assistant if they wish to use these rooms outside of traditional business hours.
   g. **Materials Room:** Room 116 houses the clinical materials and all diagnostic instruments. This room is open for student use during normal business hours. It is mandatory that students follow all procedures for checking materials in and out and following universal precaution and infection control procedures when returning items.
1. TITLE: Scholarships/Assistantships in Communication Disorders

2. PURPOSE: To identify the various forms of financial assistance available to students in CDIS

3. POLICY: The Department of Communication Disorders will seek to have adequate financial assistance for qualified students

4. PROCEDURES TO IMPLEMENT POLICY:

   The Department of Communication Disorders has several sources of financial assistance. Listed below are the sources, eligibility requirements, and application procedures.

SERTOMA SCHOLARSHIP (Graduate Only)
   The SERTOMA Club of San Marcos has established a scholarship for a deserving graduate student. This scholarship is available on a competitive basis.
   a. Requirements: Award determination is based on an individual’s record of service to the community and unconditional admission to Graduate College.
   b. Application Deadline: September 1st.
   c. The members of the local SERTOMA group review applicants and determine recipient(s).
   d. Funds Available: Amount is contingent on earned interest.
   e. Application information may be obtained from the department administrative assistant or from the faculty member who serves as the SERTOMA liaison.

TEXAS SPEECH-LANGUAGE-HEARING (TSHA) FOUNDATION EMPRESS ZEDLER SCHOLARSHIP
   This scholarship is offered by the TSHA Foundation for graduate students only.
   a. Requirements: Award determination is based on an individual’s record of scholarly activities and service to the department and the community. The student must be in good standing in the graduate program.
   b. Application Deadline: To be determined by TSHA
   c. The Texas State CDIS Awards Committee members review applicants and determine the recipient.
   d. Funds Available: To be determined by TSHA

GRADUATE ASSISTANTSHIPS
   Departmental teaching and research assistantships are available on a competitive basis. Applicants should apply to the Department Chair each semester prior to the semester in which assistance is desired. Application for the fall semester needs to be completed shortly after fall orientation in August. The deadline will be announced during orientation. Appointments of graduate assistants are determined by faculty review.
a. Requirements: Students must have a high overall grade point average (minimum 3.0 on 4.0 scale), faculty recommendation, documentation of academic strength and clinical expertise (grades of B or better) in coursework and disorder area requiring graduate assistant (courses vary by semester), and full-time on-campus enrollment (not participating in off-campus practicum).

b. Application Procedure: Completed application and supporting documentation submitted to the Department Chair by dates indicated above.

c. Application materials may be obtained from the departmental administrative assistant.

d. Salary: Approximately $658/month for Research Assistants and $675/month for Graduate Instructional Assistants (September 1st thru May 31st)

e. Service requirements: 10 hours per week.

**Graduate Assistantships Information**

The Department of Communication Disorders has several graduate assistant positions available to our students. Listed below are the eligibility requirements, and application procedures.

1. **GRADUATE ASSISTANTSHIPS**
   Departmental graduate assistantships are available on a competitive basis. Applicants should apply to the Department Chair. Appointments of graduate assistants are determined by faculty review.

   A. Requirements: Students must have a high overall grade point average (minimum 3.0 on 4.0 scale), documentation of academic strengths and clinical expertise (grade of B or better) in coursework and disorder area requiring graduate assistant (courses vary by semester), and full-time on-campus enrollment (not participating in off-campus practicum).

   B. Application Procedure: Completed application submitted to the Department Chair by date indicated above.

   C. Application materials may be obtained from the Department Administrative Assistant or via TRACS.

   D. Salary: Approximately $564/month.

   E. Service requirements: Approximately 10 hours per week, 9 month position from September 1, 2013 – May 31, 2014.

   F. All Graduate Assistants will be required to help with the Hooding Ceremony preparations starting with printing the invitations, certificates, etc…. Graduate Assistants are also expected to help the day of the Hooding Ceremony in greeting guests, handing out hooding brochure, setting up the refreshment tables, and whatever else is needed.
State law requires that each student identify any relation to a current Board of Regent member. A student who is related to a current member of the governing board of that institution is prohibited from receiving scholarships unless the scholarship is awarded exclusively based on academic merit or is an athletic scholarship. It is a Class B misdemeanor to file a false statement.

Please review a list of current Texas State University Board of Regent members at http://www.tsus.edu/ and then select the most appropriate answer below indicating your relation to any of the Board of Regent members.

______Not related to a Regent
______Regent’s mother, father, daughter or son
______Regent’s brother, sister, grandparent or grandchild
______Regent’s great-grandchild, uncle (brother of parent), aunt (sister of parent), nephew (son of brother or sister), or niece (daughter of brother or sister)
______Regent’s spouse; spouse’s child; spouse’s mother or father; child’s spouse; or parent’s spouse
______Regent’s spouse’s brother or sister; spouse’s grandparent; spouse’s grandchild; brother or sister’s spouse; grandparent’s spouse; or grandchild’s spouse
Graduate Assistantships Application

Complete the following application and submit it to the Department of Communication Disorders, Texas State University, 601 University Drive, San Marcos, TX 78666. Please type your answers.

Name __________________________ Local Phone _______________________

Local Address ______________________________________________________

Home Address ______________________________________________________

Education (Undergraduate)

University __________________________ Degree Date __________

Describe your skills and interests by responding to the questions below.

1.) Have you ever worked in an office environment?
   What kind of office was it?
   What were your duties?

2.) Do you know more than one language?
   Which languages?
   How comfortable are you communicating in the languages you know?

3.) Have you ever worked in a Research lab?
   What exactly did you do?

4.) Have you ever had a job as a grader for a faculty member?
5.) Have you been a teaching assistant or research assistant?

Describe your duties:

6.) Have you ever used SALT?

Where did you use it (class, project, research)?

7.) Were you ever involved in marketing or were you a spokesperson for a place where you worked?

If yes, describe what you did.

8.) Do you have experience working in a customer-service type position (tours, retail, and food service)?

9.) Are you proficient in all MS Office applications?

10.) Have you done any computer programming or had a class in it?

11.) Do you have any experience in desktop publishing and/or editing (for example yearbook or newspaper)?

12.) Describe any experience you have had with Photoshop and Picture editing?

13.) Have you ever worked on or managed a Web Site?

14.) Have you ever taken a course in Web Design (high school or college)?
15.) How do you feel about public speaking (speaking in front of a group)?

16.) Do you have any experience teaching (any age group, any topic, for example swim lessons, tutoring, etc.)?

   Describe your experiences.

17.) Do you consider yourself more creative/artistic (for example, design a pamphlet) or more detail-oriented/structured (for example data entry)?

18.) If you had a preference, would you choose a position that involved teaching or one that involved assisting with research or one that was more office based?

19.) List your grade in the following classes and include where the course was taken.

   Grade:  
   University: 
   Phonetics  
   Hearing Science  
   Speech Science  
   Speech & Language Development  
   Audiology  

   What areas of study interest you the most (for example, phonetics, hearing, speech, language, A&P)?

20.) Why are you applying for a GA position?
1. TITLE: Student Representatives to Faculty Meetings

2. PURPOSE: To identify the scope and role of student representatives to the CDIS faculty meetings

3. POLICY: The CDIS student body has representation at all CDIS faculty meetings.

4. PROCEDURES TO IMPLEMENT POLICY:
   
   a. The student body in CDIS is represented at the weekly CDIS faculty meetings by a first year graduate, a graduate non-degree seeking, senior undergraduate, and junior undergraduate students.

   b. The student representatives are elected by fellow students at the beginning of each academic semester to serve in this capacity.

   c. The responsibilities of the student representatives are to convey student concerns regarding overall programmatic strengths and needs, provide input to the faculty and/or Department Chair when requested, and inform students of faculty decisions. However, the student representatives should represent all students and not just a select group of students.

   d. The graduate student representative is responsible for posting graduate school opportunities and position vacancies in the student workroom.

   e. The student representatives must be on campus for the entire academic semester.

   f. The student representatives must be in good academic standing.

   g. Specific student-related (confidential) issues addressed during faculty meetings are not discussed in the presence of the student representatives.
1. TITLE: Student’s Permanent File

2. PURPOSE: To identify the student’s permanent file and the location of the file

3. POLICY: Each undergraduate and graduate CDIS major has a permanent file.

4. PROCEDURES TO IMPLEMENT POLICY:

   a. All students in CDIS have a permanent file which is maintained by the Department Chair and Graduate Program Coordinator

   b. A student has access to the file as long as a faculty member, preferably the student's advisor, CDIS administrative assistant or Department Chair, is present.

   c. Students will not be allowed under any circumstance to add or delete information from their file without permission from the Department Chair.
1. TITLE: Student Electronic Portfolio and the Knowledge and Skills Acquisition (KASA) Summary Form

2. PURPOSE: Each graduate student is required to develop and maintain a comprehensive electronic portfolio illustrating their academic efforts, progress in clinical training, and achievements within the Communication Disorders Program.

3. POLICY: Each graduate student develops and maintains an electronic portfolio, TK20, which provides formative and summative evidence of knowledge and skills acquired through the student’s academic career. Portfolio submissions, or artifacts, are added throughout the student’s graduate career and progress is checked at the end of each semester by academic faculty (for academic KASA competencies) and the Clinic Co-directors (for clinical, skills content). Specific portfolio submissions will be required as a part of the graduate academic and clinical courses. A final review of the portfolio is completed at final clinical check-out by the Clinic Co-directors and Graduate Program Coordinator prior to the Chair’s signing of the certification page. The TK20 electronic portfolio is maintained in a secure storage file on the main server.

4. PROCEDURES TO IMPLEMENT POLICY
   a. The portfolio should reflect a student’s individual learning pathway and achievements. Each faculty member will provide the student with a list of materials to archive for each academic and clinical class.
   
   b. **Academic portfolio artifacts** include but are not limited to the following:
      a. Course Syllabi
      b. Course projects
      c. Graded rubrics returned by the faculty member, etc.
   
   c. **Clinical portfolio submissions** include but are not limited to progress notes, management and appraisal plans, clinical and diagnostic summaries. All clinic documents must be redacted and contain no protected health information (PHI). A watermark must also be stamped on the portfolio copy that states: “Fictitious Client.” Content requirements are specifically outlined in the CDIS 5344 course syllabus.
   
   d. Miscellaneous contents like CPR documentation, continuing education verification, certificates and awards, reflection essays, training certificates, etc. are still maintained in CALIPSO.
   
   e. The student is responsible for gathering and organizing all the information in his/her e-portfolio. Software and hardware needed for the conversion of material into an electronic format and editing is supplied by the department for student use. This equipment is available in the clinic and clinic computer labs.
   
   f. At the completion of each academic and clinical course each semester, the student submits the e-portfolio to the faculty members so they can review the contents and then indicate whether the academic and clinical competencies have been met.
g. Once the faculty members have indicated the academic and clinical competencies met, the Graduate Program Coordinator will update the student’s KASA form on the e-portfolio. The competencies and KASA form will be in read only format for the students.

h. In order to access their TK20 e-portfolio, each student must follow the following steps:

**CDIS Student Assignment and Portfolio Instructions**

1. Log into ePortfolio at [http://eportfolio.txstate.edu](http://eportfolio.txstate.edu) using your Texas State NetID and password.

2. Click on the Artifacts tab at the top of the screen for each course.

3. Choose create new artifact and click [Continue].

4. Choose the File option from the drop-down menu.

5. Browse your computer to upload the appropriate file. Course syllabus is required for all CDIS courses. For additional requirements, please contact the instructor.

6. Enter a meaningful title for your artifact. For example, enter the course number and year for the course.

7. Click [Next].

8. From the Select Task screen, click on the appropriate CDIS course to which you’d like to attach your artifact.

9. Attach the course syllabus. If additional documents are required, click [Save] to create a new artifact (step 3 through 8). Or, once all artifacts have been attached to the task click [Submit].

12. Once you have submitted your course task, you must then attach the assignment to your portfolio. Click the Portfolio tab at the top of the screen.

13. Click the CDIS Portfolio in the Browse Portfolio section.

14. Click the CDIS Course Portfolio / Binders tab to begin attaching your assignments to your portfolio.

15. In the Name column, click the Click here to Attach link.

16. Search through the list and find the course binder that corresponds to the assignment you wish to attach.
17. Click the [Continue] button at the bottom of the screen, then click [Ok].

18. Click [Save] at the bottom of the screen.

19. You will only click the [Submit for Review] button when you have completed your graduate program work.

If you have accidentally submitted your portfolio you will need to recall it in order to continue attaching course portfolios/binders.
1. TITLE: Undergraduate Admission Procedures

2. PURPOSE: To identify the procedures used to admit undergraduate students to the CDIS major

3. POLICY: Undergraduate students must be admitted to the CDIS major prior to taking CDIS classes which start in the fall semester of the junior year.

PROCEDURES TO IMPLEMENT POLICY:

a. Students are initially considered Pre-professional Communication Disorders majors. Under this designation, the student is expected to complete the requirements for admissions into the Junior/Senior sequence and the Communication Disorders Major. The Pre-professional Communication Disorders majors take all the 1000-level and 2000-level courses listed on the degree plan in addition to Psychology 3300: Lifespan Development and Health Professions 3302: Biostatistics.

b. Admission to the Junior/Senior-level courses and the Bachelors of Science Degree in Communication Disorders is competitive and selective. Enrollment is limited by student/faculty ratios in both academic and clinical components of the program.

c. To be considered for admission to the Junior/Senior-level courses and the Bachelors of Science Degree in Communication Disorders, the following is required:

1. An overall GPA of 3.0

2. Completion of a minimum of 50 hours of coursework from the 1000-level and 2000-level courses listed on the CDIS Undergraduate Degree Plan. The 50 hours must be completed by the end of the Summer 1 session in the same calendar year in which the student wishes to begin the Junior/Senior sequence.

3. The following courses must be taken in the 50 hours:
   a. PHYS 1310: Elementary Physics
   b. CDIS 1331: Introduction to Communication Disorders
   c. BIO 2430: Human Anatomy and Physiology
   d. HP 3302: Biostatistics
   e. PSY 3300: Lifespan Development

4. These classes must be completed by the end of the Summer 1 session in the same calendar year in which the student wishes to begin the Junior/Senior sequence.

5. A minimum grade of C in support and major classes listed as part of the freshman/sophomore years on the Degree Plan (HIM 2360: Medical Terminology; BIO 2430: Human Anatomy and Physiology; HP 3302: Biostatistics; PSY 3300: Lifespan Development; CDIS 1331: Introduction to Communication Disorders).
6. Students are ranked by their GPA in the five required classes (CDIS 1331, HP 3302, PHYS 1310, PSY 3300 and BIO 2430) and admittance in the Junior/Senior year is based on this ranking. Preference for admission is given to students who have not repeated any of the five courses. Admission is competitive and the minimum GPA of a 3.0 is a requirement for applying only. **Having the minimum GPA does not guarantee acceptance into the program. Not all students who meet the minimum GPA will be accepted.**

7. The application for admission is submitted to either the department or to the CHP Advising Center by May 15th. Admission decisions are made after the end of Summer I. All students will be notified by email of the CDIS Undergraduate Admission Committee’s decisions. Student selection is made on academic performance and not on the basis of race, color, religion, gender, age, or national origin. Students who are not admitted into the junior/senior sequence should consult with the CHP Advising Center for planning their future educational needs.
1. TITLE: Non-Degree Seeking Program

2. PURPOSE: To define and provide information regarding the Non-degree Seeking program in the Department of Communication Disorders at Texas State University.

3. POLICY: The Non-Degree Seeking Program (also known as the “Leveling Program”) is a sequence of courses that is completed by individuals who have undergraduate degrees in majors other than Communication Disorders that allow them to complete the required background work for admission into a graduate program. This sequence of courses must be completed within two long semesters.

4. PROCEDURES TO IMPLEMENT POLICY:
   
a. For individuals holding degrees in majors outside of Communication Disorders, the Non-Degree Seeking program must be completed prior to applying to the regular CDIS Graduate Program.

   b. Admission to the Non-degree Seeking Program is competitive and selective; interested students must apply for admission and be accepted into the Non-degree Seeking Program. The application deadline will be as posted each year, typically April 1.

   c. If accepted, a student may transfer up to 6 hours of background Communication Disorders classes from another university to substitute for 6 hours of leveling courses at Texas State (typically Aural Rehabilitation and/or Phonetics). This is done in conjunction with the Graduate Advisor once a student has been admitted.

   d. The Non-degree Seeking program is a full-time program; all courses must be completed in two semesters (fall & spring).

   e. The background courses taken during the Non-degree Seeking Program (i.e., Leveling Year) do not count towards a master’s degree at Texas State University. Any background work must be completed prior to starting the regular Graduate Program.

   f. Upon successful completion of the required background work, individuals may apply to admission to the regular graduate program to start during a fall semester. Successful completion of the background requirements in the Department of Communication Disorders at Texas State DOES NOT GUARANTEE admission to the regular Graduate Program.

   g. Financial Aid is not available for the Leveling Program.
1. TITLE: Zero Tolerance CDIS Departmental Policy Regarding Harassment of Students, Faculty, Clinic Clients, or Staff

2. PURPOSE: To describe and provide information regarding the departments Zero Tolerance Policy

3. POLICY: The Department of Communication Disorders DOES NOT TOLERATE any harassment or bullying.

4. PROCEDURES TO IMPLEMENT POLICY:
   a. The Office of Equity and Access at Texas State University is responsible for the overseeing and enforcing of the University's equal opportunity policies and for investigating discrimination, harassment and retaliation complaints.
   b. Texas State prohibits discrimination and harassment on the basis of race, color, religion, sex, age, national origin, disability, veterans' status, or sexual orientation. Additionally, Texas State prohibits retaliation against a person who files a harassment or discrimination complaint, or who assists or participates in the investigation of a report. The university has policies for Prohibition of Sexual Harassment (UPPS No. 04.04.42) and Prohibition of Discrimination or Harassment (UPPS No. 04.04.46).
   c. To read our policy regarding the prohibition of sexual harassment, click here.
   d. To read our policy regarding the prohibition of discrimination or harassment based on race, color, national origin, age, sex, religion, disability or sexual orientation, click here. To access the complaint form, click here.
   e. Employee and Supervisor Responsibilities
      Employees of the University are required to comply with policies that prohibit discrimination, harassment, and retaliation. Administrators and supervisors who, in good faith, become aware of or suspect discrimination, harassment, or retaliation policy violations are responsible for reporting them to their supervisors and to the Office of Equity and Access immediately.
   f. Where to Report Discrimination/Harassment - Faculty, Staff, & Visitors
      Faculty, staff, and guests of the University may report suspected violations of the University's discrimination and harassment policies; including sexual harassment and retaliation by faculty, staff, contractors and students; to the Office of Equity and Access.
   g. Where to Report Discrimination/Harassment - Students
      Students who believe they have experienced discrimination, harassment, or retaliation by faculty, staff, or contractors should report their concerns adhering to the Chain of Command or go directly to the Department Chair if they have a concern. Students who believe they have been harassed or discriminated against by other students or student organizations should report their concerns to the Dean of Students.
   h. How to Report
      A report of suspected discrimination, harassment, or retaliation may be made in person in the Office of Equity and Access or one of the other offices mentioned above, or by forwarding a complaint form to the Office of Equity and Access. All reports will be reviewed by the Office of Equity and Access to determine whether an
investigation is warranted. The Department of Communication Disorders does maintain, as relevant, a record of both internal and external complaints, charges, and litigation alleging violations of the policies mentioned earlier and ensures that appropriate action has been taken. The Department Chair documents an internal or external complaint and notifies the Office of Equity and Access. The Chair’s documentation of the complaint is kept in a locked file in the Department Chair’s office and the Chair and the administrative assistant are the only individuals with access to the key to that file. The Office of Equity and Access will recommend the corrective action after an investigation and reported findings and recommendations.
1. TITLE: Graduate Admission Procedures

2. PURPOSE: To identify the procedures used to admit MA/MSCD graduate students to the CDIS graduate program

3. POLICY: MA/MSCD graduate students must be admitted to the CDIS Graduate Program prior to taking CDIS classes.

PROCEDURES TO IMPLEMENT POLICY:

a. Admission to the Texas State graduate program in communication disorders is selective and competitive. The graduate sequence begins in the fall semester. The typical program spans two academic years and one summer session.

b. To be considered for regular admission, applicants must have the following:

   1. An undergraduate degree in communication disorders (a degree in another field is permissible if leveling/background communication disorder courses are completed).
   2. Completion of at least two disorder courses (e.g., Language disorders, Articulation/Phonology disorders, etc.) in communication disorders
   3. A minimum 3.0 GPA for undergraduate academic courses in communication disorders
   4. A minimum 3.0 GPA on the last 60 hours of undergraduate course work leading up to the degree.

c. Each applicant must submit the following to the Graduate College (Deadline of February 1 of each year):

   1. the online Graduate College application through ApplyTexas
   2. application fee
   3. one official transcript from each college or university attended (applicants currently taking courses should not submit transcripts until after the fall semester grades are posted)
   4. completed résumé form (Use form and format provided; the Graduate Admissions Committee will not consider any personalized résumés.)
   5. statement of intent form (Do not exceed the space provided after each question.)
   6. two letters of reference (Use only the reference forms provided and place each in a sealed envelope with the respondents signing their signatures across the flap.)
   7. completed prerequisites form
1. **TITLE:** Nomination and Application Process for CDIS Departmental Awards

2. **PURPOSE:** To define and provide information regarding the nomination and scoring processes that are used to determine CDIS award recipients.

3. **POLICY:** CDIS undergraduate and graduate students can be nominated for the following CDIS Awards: Outstanding 1st and 2nd Year Graduate Students, Outstanding Undergraduate Student, Undergraduate Research Awards and Graduate Research Awards.

4. **PROCEDURES TO IMPLEMENT POLICY:**

   a. Any Department of Communication Disorder student can be nominated for his/her respective Outstanding Award category (undergraduate senior, 1st or 2nd year graduate student or undergraduate and graduate research awards).

   b. Students may be nominated by any CDIS faculty, staff, peer, or self-nominate.

   c. Nominators must complete a brief nomination form.

   d. All nominees will be notified that they were nominated and must submit a brief award packet in order to be considered for the award (based loosely on other departmental applications).

   e. Each CDIS Faculty member will rate each nominee based on their submitted packet according to the award rubric. (This can be modified by the members of the award committee)

   f. Scores from the score sheet will be tabulated and averaged to determine the winner for each award.

   g. The criteria for nomination, applications, and scoring rubrics to determine the Outstanding Graduate Students, Outstanding Undergraduate Student, and Undergraduate and Graduate Research Awards are listed on the following pages.
**Outstanding Graduate Student**

1. The nominee must be a currently enrolled graduate student in the graduate program (separate awards for 1st years and 2nd years)
2. Demonstrates academic excellence as judged by his/her GPA and the strength of his/her curriculum (entails graduate coursework GPA)
3. Demonstrates evidence of research which include but not limited to publications, and/or paper and/or display presentations (heaviest weight = publications, then presentations, volunteer= lowest weight)
4. Contributes to the department, university, and community through participation in departmental organization membership (NSSLHA, SerToma, BIG, etc.)
5. Demonstrates leadership within the student club or professional association(s) (4 & 5 combined into 1 score-higher score denotes leadership)
6. Demonstrates outstanding clinical skills and applies knowledge and feedback in exceptional ways.
7. Any other notable or outstanding characteristics that make the nominee exceptional. (written in comment section)

**Outstanding Undergraduate Student**

1. The nominee must be a currently enrolled undergraduate in the CDIS sequence (separate awards for junior and seniors)
2. Demonstrates academic excellence as judged by his/her GPA and the strength of his/her curriculum (entails both CDIS coursework and overall GPA)
3. Demonstrates evidence of research which include but not limited to publications, and/or paper and/or display presentations (heaviest weight = publications, then presentations, volunteer= lowest weight)
4. Contributes to the department, university and community through participation in departmental organization membership (NSSLHA, SerToma, BIG)
5. Demonstrates leadership within the student club or professional association(s) (4 & 5 combined into 1 score-higher score denotes leadership)
6. Any other notable or outstanding characteristics which make the nominee exceptional. (written in comment section)
Texas State University  
Department of Communication Disorders  
Award Nomination Form

1. Please circle the award for which you wish to make a nomination

Outstanding Undergraduate (seniors only please)  
Outstanding 1st Year Graduate Student  
Outstanding 2nd Year Graduate Student

2. Please name the person you wish to nominate:

________________________________________________________

3. Please describe your relationship to the nominee (instructor, supervisor, peer, self, etc.):

________________________________________________________

4. Please explain in 5-6 sentences why you believe this person should be considered for this award. Note that being an Outstanding Undergraduate or Graduate Student generally requires strong academic performance, strong clinical work/aiding, involvement in research, and involvement in departmental or other service organizations.

________________________________________________________
Texas State University
Department of Communication Disorders
Application for CDIS Student Awards

1. Your name: _______________________________________

2. Please circle one: Undergraduate Senior 1st Year Graduate 2nd Year Graduate

3. What is your current GPA in CDIS? ________________

4. What is your overall Texas State GPA? ________________

5. Have you been involved in research at Texas State? ______

6. Who is/are your research mentor(s)? __________________________

7. Are you a co-author on a paper submitted for publication in a professional journal? If so, please provide the reference for your submission/publication.

8. Have you submitted a presentation or completed one to a national professional conference such as ASHA, NBASLH, SRCLD, etc. or to a state conference such as TSHA? Please provide the title, date, and place of your presentation(s).

9. Have you submitted a professional grant application to ASHA, the Texas State SURF program, or any other organization? Please provide the name of your project, the submission date, and whether your application was funded or not.

10. Have you submitted a presentation or completed one to a local professional conference such as the CHP Research Forum? Please provide the title, date, and place of your presentation(s).

11. Please describe any other research experience you have completed at Texas State.

12. Are you an officer of NSSLHA, Sertoma, BIG, or other CDIS organization?

13. Are you a current, active member of NSSLHA, Sertoma, BIG, or other CDIS organization?
14. Please describe the activities you have led or participated in with NSSLHA, Sertoma, BIG or other CDIS organizations.

15. Are you an officer or active member of any other Texas State organization(s)?

16. Please describe any community service you have led or performed as a member of this/these Texas State organization(s).

17. Please provide the name of a faculty/staff sponsor who can verify your answers to #12-16.

18. Are you an active volunteer with any community organizations that are not affiliated with Texas State University? Please describe your role and your work in these community organizations.

19. Please provide the name, phone number, and email of someone associated with this organization who can verify your involvement.

20. Please describe any other qualifications or circumstances that contribute to you being an Outstanding Student in the CDIS department at Texas State.
Nominee: _________________________________________________________________

Possible Score (100 pts.)

CDIS Graduate Coursework GPA (20 points):

3.25 or lower = 0
3.26 - 3.50 = 10 points
3.51 - 3.75 = 15 points
3.76 - 4.00 = 20 points

Research Involvement (30 points):

earned authorship on manuscript submitted for publication = 30 points
earned authorship on paper submitted for national conference = 25 points
earned authorship on paper submitted for TSHA or other state conference = 20 points
submitted application for small grant/program = 20 points
earned authorship on paper submitted for CHP conference or other Texas State University conference = 15 points
work results in a school district or other local presentation (non-refereed) = 10 points
volunteers in a lab but does not earn authorship or do a presentation = 5 points

Clinical Skill (30 points):

overall clinical average of 4.5 – 5.0 = 30 points
overall clinical average of 4.1 – 4.49 = 25 points
overall clinical average of 3.5 – 4.0 = 20 points
overall clinical average 3.0 – 3.49 = 15 points
overall clinical average below 3.0 = 0 points

Organization Membership/Leadership (20 points):

Other (explain)

Total Score (out of 100) _____________________
Nominee: ____________________________________________________________

Total Possible Score (100 pts.)

<table>
<thead>
<tr>
<th>CDIS Coursework GPA (30 points):</th>
<th>Overall GPA (20 points):</th>
</tr>
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<tbody>
<tr>
<td>below 3.00= 0 points</td>
<td>below 3.00= 0 points</td>
</tr>
<tr>
<td>3.00 - 3.09= 10 points</td>
<td>3.00 - 3.09= 2 points</td>
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<tr>
<td>3.10 - 3.25= 15 points</td>
<td>3.10 - 3.25= 5 points</td>
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<tr>
<td>3.76 - 4.00 = 30 points</td>
<td>3.76 - 4.00 = 20 points</td>
</tr>
</tbody>
</table>

Organization Membership/Leadership (30 points):

Research Involvement (20 points):

- earned authorship on manuscript submitted for publication = 20 points
- earned authorship on paper submitted for national conference = 15 points
- earned authorship on paper submitted for TSHA or other state conference = 10 points
- submitted application for small grant/program = 10 points
- earned authorship on paper submitted for CHP conference or other Texas State University conference = 5 points
- work results in a school district or other local presentation (non-refereed) = 5 points
- volunteers in a lab but does not earn authorship or do a presentation = 5 points

Other (explain)

Total Score (out of 100) __________________________
Texas State University  
Department of Communication Disorders  
Undergraduate and Graduate Research Award Rubric

**Research Presentations- Submissions**  
College Level (1pt)  
University Level (2pts)  
National Level/International Level (3pts)

**Research Publications**  
Data collection (1pt)  
Data analyses (2pts)  
Authorship (3pts)

**Grants**  
Grant Submissions (2pts)  
Grants Awarded (3pts)

**Research Honors/Awards for the academic year**  
College level (1pt)  
University level (2pts)  
National/International level (3pts)

**Participation in Research Projects**  
1 Project  
2 Projects  
2+ Projects

**Research Faculty Advisor Recommendation**  
Did not recommend (0 pts)  
Recommend (1pt)  
Strongly Recommend (2pts)

**Total Score _____________**
The Department of Communication Disorders requests that the Personnel Committee consider the following criteria for achieving tenure and promotion. To maintain the excellence of the faculty, CDIS has a thorough and rigorous academic personnel review process which spans the entire career of each faculty member. The review process involves contributions from the individual, the department, the Dean, the Provost, and the President. This multi-level procedure is designed to ensure that colleagues and administrators evaluate the professional achievements of the individual in a balanced way and in accordance with clearly-defined procedures. Advancement to tenure is not guaranteed or automatic.

**TEACHING**

The Personnel Committee of the Department of Communication Disorders and the Chair annually evaluate the teaching of every department faculty member. That evaluation is based on 1) evidence of scholarly preparation, 2) dedication as measured by commitment to class attendance, office hours, and course duties, 3) official peer evaluations by tenured faculty members, 4) official student class evaluations, and 5) the faculty member’s self-evaluation. Such evaluation may also include 6) examination of teaching web site materials, and 7) review of handouts, testing activities, course assignments, and other course materials prepared by the faculty member. Tenure-track faculty should request that tenured faculty conduct three peer evaluations of their classroom teaching every year (and tenured faculty may also request peer evaluations).

The Department defines **teaching** as including not only classroom performance, but other factors such as preparing courses, creating effective testing strategies, developing curriculum, preparing syllabi and teaching materials, maintaining a minimum of five office hours per week for students enrolled in classes, maintaining competency in the profession by obtaining instructive CEUs, maintaining licensure, and mentoring students.

**Minimum Requirement for Tenure and Promotion:**

**Elements Demonstrating Teaching**
All faculty are expected to show, by their final pre-tenure review, that they:

- Exhibit excellent quality teaching, defined as an average of 3.75 or above, averaged across all students in all classes over years 3, 4, and 5
- Maintain at least five office hours per week and are accessible to students as needed
- Maintain professional competence by securing appropriate CEUs
- Maintain ASHA certification and Texas state licensure
**SCHOLARLY AND CREATIVE ACTIVITY**

Faculty in the Department of Communication Disorders recognize that their commitment to teaching cannot be fulfilled apart from a similar commitment to scholarship. Scholarship is defined as original research (quantitative or qualitative), applied research, and pedagogical research. Satisfying the minimum requirement standards for scholarly and creative activity does not guarantee tenure and promotion.


**Minimum Requirement for Tenure and Promotion:**
**Elements Demonstrating Scholarly and Creative Activity**

- One submitted internal or external grant
- A minimum of 5 to 7 peer-reviewed publications, as listed below Category 1

**Category 1**

- One (1) funded external grant or contract
- One (1) scored external grant and contract
- One (1) funded internal grant
- One (1) Single or multi authored book
- One (1) publication in a refereed book or an article in a refereed journal
- One (1) personnel preparation grant
- One (1) Multi-author book
- One (1) Published annotated work
- One (1) chapter in a book, textbook, or monograph
- One (1) technical report or monograph based on grant activity
- One (1) Peer-reviewed, published research note
- Editing one (1) book
- Development of patented software or product

**SERVICE**

The Texas State Department of Communication Disorders defines service and service leadership as professionally related activity, other than teaching or scholarship, which contributes to the Department, University, community, or profession. In addition to the requirement that the faculty person must engage in service leadership at various levels, the Personnel Committee and Chair also assess the quality of the service or leadership, based on the documentation that the faculty member provides.

The Chair and the Personnel Committee assess the quality of service leadership based on the faculty member’s documentation of same. Examples of service leadership include but are not
limited to 1) holding office in professional organizations, 2) directing University, College, or departmental committees, 3) organizing a task force, 4) initiating a special project, 5) engaging in legislative or public sector advocacy.

**Minimum Requirement for Tenure and Promotion:**

**Elements Demonstrating Service Activity**

- Chair and/or Leadership at the University, College, Department, Professional Organization, or Community Level

**External Peer Review**

When eligible for tenure and promotion to associate or full professor, candidates must be reviewed by at least two qualified peers (at the rank the candidate is seeking) outside the University selected by both the candidate and the unit Chair/Director. The outside reviewers will be acceptable to the faculty member’s contributions and performance in: a) Teaching, b) Scholarly and/or Creative Activity, and c) Service to the Department/School/Program, College, University, Profession and the Community. External review will begin prior to the time of the Personnel Committee’s review of the candidate’s material.

Faculty must inform the Chair of their intent to become candidates for tenure and promotion to associate or full professor no later than June 1st, of the year that they wish to be considered for tenure and promotion.

**Collegiality**

Collegiality is interpreted as a behavioral/attitudinal construct where a faculty is keeping university and departmental missions, including the free exchange of ideas as well as ASHA regulations and requirements at the forefront of his/her teaching, scholarship, and service. The personnel committee will consider “collegiality” while evaluating a faculty for re-appointment, annual review and for promotion and tenure.

In the consideration of collegiality, it does not include fundamental disagreements in theoretical, political, or practical standpoints or issues. However, one has to be careful about misconstruing constructive criticism or differing ideas as not collegial. Criticism given in a malicious, slanderous way would be considered not collegial. Constructive criticism is meant for the improvement of the department, college, or university and would be considered collegial.

***(*These expectations are minimum expectations. A faculty member who meets or exceeds these expectations is not assured tenure.*)***
FACULTY ANNUAL REVIEW PROCEDURES

Department of Communication Disorders, Texas State University
Annual Review Procedures for Reappointment, Performance, and Merit
For Tenure-Track, Tenured, Non-Tenure Track, and Clinical Faculty

Important Note: This document applies to ANNUAL REVIEW, not consideration for tenure or promotion.
Annual Review addresses only the CALENDAR YEAR (January-December).

The Department of Communication Disorders requests that the Personnel Committee consider nominating, or making recommendations for nomination to the Chair of the Department of Communication Disorders, qualified faculty for College of Health Professions awards in teaching, scholarship, and service.

TEACHING

The Personnel Committee of the Department of Communication Disorders and the Chair annually evaluate the teaching of every department faculty member, based on work performed from January-December. That evaluation is based on 1) evidence of scholarly preparation, 2) dedication as measured by commitment to class attendance, office hours, and course duties, 3) official peer evaluations by tenured faculty members, 4) official student class evaluations, and 5) the faculty member’s self-evaluation. Such evaluation may also include 6) examination of teaching web site materials, and 7) review of handouts, testing activities, course assignments, and other course materials prepared by the faculty member. Tenure-track faculty should request that tenured faculty conduct three peer evaluations of their classroom teaching every year (tenured, tenure-track and non-tenure track faculty may also request peer evaluations). Clinical faculty should request one peer evaluation per year.

The Department defines teaching as including not only classroom performance, but other factors such as preparing courses, creating effective testing strategies, developing curriculum, preparing syllabi and teaching materials, maintaining a minimum of five office hours per week for students enrolled in classes, maintaining competency in the profession by obtaining instructive CEUs, maintaining licensure, and mentoring students.

Required Teaching Elements: All faculty are expected to show, in their annual reviews, that they:

- Have a majority of student evaluations which reflect acceptable teaching standards
  excellent =3.75+ on 5-point scale; high quality =3.5; adequate quality = 3.25
  OR
Clinical supervision standards of excellent = 3.75+ on a 5-point scale; high quality = 3.5; adequate quality = 3.25

- Maintain at least five office hours per week and are accessible to students as needed
- Maintain professional competence by securing appropriate CEUs
- Maintain ASHA certification and Texas state licensure

**Additional Teaching Elements:** Elements which further demonstrate teaching quality are listed below in no particular order:

- Positive peer evaluations of teaching by tenured faculty members (required for tenure-track faculty)
- University Mentor status
- Sponsorship of student research
- Teaching overloads, large classes (> 35 students), writing intensive courses, or summer
- Teaching courses by distance education strategies
- Guiding independent studies or student research
- Chairing or co-Chairing student theses
- Developing library or other learning resources
- Developing or using instructional methods over and above normal classroom expectation (such as audio production or software development)
- Successfully procuring grants for student stipends or curriculum development (such as leading study tours)
- Presenting invited guest lectures/seminars on campus
- Presenting invited guest lectures/seminars off campus (i.e., short course)
- Recipient of a teaching award
- Demonstrating progress toward a relevant advanced degree
- Providing input into curriculum development in Oversight Committees
- New course development
- New cognate development
- Preparing currently offered course for first time
- Substantial reworking of previously taught course (such as new textbook adoption)
- Teaching enhancement activities
- Clinical supervision overloads
- Developing initiating new protocols in clinic
- Expanding therapy to different disorders or populations
- Introducing new pedagogy for the training of students
- Completing additional certifications, workshops, or CEUs to enhance teaching skills
- Other elements as approved

**Teaching Level I**

A Level I rating in Teaching indicates that all of the following elements were above standard.
The average of student evaluations reflect an excellent quality of teaching (3.75+ on a 5-point scale)*
OR
Clinical supervision evaluations that reflect an excellent quality (3.75+ on a 5-point scale)*
*If lower than 3.75, then positive peer evaluation will be taken under consideration.

All other **Required Teaching Elements** (see above list) are strongly evident.

To achieve Teaching Level I, the faculty person, additionally, must demonstrate at least three (3) **Additional Teaching Elements** (see above list) as determined by the Personnel Committee and the Chair.

**Teaching Level II**

A Level II rating in Teaching indicates that all of the following elements are evident.

The average of student evaluations reflect a high quality of teaching (at least 3.5)*
OR
Clinical supervision evaluations that reflect high quality of supervision (at least 3.5)*
*If lower than 3.5, then positive peer evaluation will be taken under consideration.

All other **Required Teaching Elements** are clearly evident

In addition, the faculty person, to achieve Teaching Level II, must demonstrate at least two (2) of the **Additional Teaching Elements** as determined by the Personnel Committee and the Chair.

**Teaching Level III**

A Level III rating in Teaching indicates that all of the following elements are evident.

The average of student evaluations reflect quality teaching (at least 3.25)*
OR
Clinical supervision evaluations that reflect an adequate quality of supervision (at least 3.25)*
*If lower than 3.25, then positive peer evaluation will be taken under consideration.

All other **Required Teaching Elements** are evident

In addition, the faculty person, to achieve Teaching Level III, must demonstrate at least one (1) of the **Additional Teaching Elements** as determined by the Personnel Committee and the Director.
**TEACHING LEVEL IV**

A Level IV rating in Teaching indicates negative peer evaluations have been received or the faculty member has failed to meet any two (2) of the following criteria:

- Presenting a majority of student evaluations that reflect acceptable quality teaching (at least 3.0+)
  
  OR

- Clinical supervision evaluations that reflect an acceptable quality of supervision (at least 3.0+)

- Any of the other Required Teaching Elements

**TEACHING LEVEL V**

A Level V rating in Teaching indicates a failure to meet any three (3) of the following criteria:

- Presenting a majority of student evaluations that reflect an unacceptable quality of teaching (at least 3.25+) or clinical supervision evaluations that reflect an unacceptable quality of supervision (at least 3.25+) or significant concern documented in peer evaluations.

- Any of the other Required Teaching Elements

**SCHOLARLY AND CREATIVE ACTIVITY**

Faculty in the Department of Communication Disorders recognize that their commitment to teaching cannot be fulfilled apart from a similar commitment to scholarship. Scholarship is defined as original research (quantitative or qualitative), applied research, and pedagogical research.

In no case will "equivalent activities" be considered to replace completely traditional refereed scholarly activities. Refereed means blind peer review in the case of a journal article. In the case of a book, chapter in a book, or monograph, it means peer review, but not necessarily blind peer review.

Articles, books, or monographs “in press” can be counted in annual review only once. (For example, a document cannot be counted “in press” during one annual review cycle and counted again in subsequent years when it is actually in print. The faculty member must indicate in which annual review cycle he or she wants the document “in press” to be counted and must document its status.)

In addition to the quantitative requirement, there is an important qualitative requirement. The Chair and Personnel Committee will provide a qualitative assessment of the candidate’s scholarship based on such factors as acceptance rates of journals in which articles have appeared, prestige of organizations to which papers were presented, and opinions of experts outside the
university. They will also examine whether a presentation or written work is refereed or not, and the source, award amount, and educational or research significance of any grant or contract.

The categories below are assigned recommended values. If a faculty member provides justification for alternate interpretation of the assigned value, the personnel committee may take that into consideration.

**Elements Demonstrating Scholarly and Creative Activity**

**Category 1 (5 points each)**
- One (1) funded external grant or contract
- One (1) scored external grant or contract
- One (1) submitted external grant or contract
- One (1) Single or multi-authored book
- One (1) publication in a refereed book or an article in a refereed journal
- One (1) personnel preparation grant
- One (1) Published annotated work (The purpose of annotations is to provide the reader with a summary and an evaluation of the source. In order to write a successful annotation, each summary must be concise. An annotation should display the source's central idea(s) and give the reader a general idea of what the source is about. An annotation should include the complete bibliographic information for the source. It should also include some or all of the following: An explanation about the authority and/or qualifications of the author; scope or main purpose of the work; any detectable bias; intended audience and level of reading; a summary comment).
- One (1) chapter in a book, textbook, or monograph
- One (1) technical report or monograph based on grant activity
- One (1) Peer-reviewed, published research note
- Editing one (1) book
- Development of patented software or product
- One (1) submitted article that will get published within a minimum of two years.

**Category 2 (3 points each)**
- One (1) funded internal grant
- Scholarly presentations as a first author (international, national, regional, or state)
- One (1) international, national, regional, or state-level recognition for scholarly contribution through a variety of media (such as developing software)
- Serving on one (1) editorial board of a national journal (with documentation to demonstrate substantial activity)
- Serving as a peer-reviewer for journals or grants (with documentation to demonstrate substantial activity)
- Discussant or Presenter (panel discussion or workshop leader at the international, national, regional, or state level)
○ Book review and/or newsletter articles
○ Editorials in peer-reviewed publications
○ Invited scholarly presentations off campus (i.e., short-course)
○ Serve as peer-reviewer for national or state conferences
○ Presenting a poster as a co-author at university research forums
○ Presenting a poster as a co-author at local and state conferences
○ Preparing a course packet

**Category 3 (1 point)**

○ Assistance of any doctoral faculty (within or outside the university) with procuring of research data through administration of assessments or treatment techniques designated by the Ph.D. faculty member for research.
○ Invited scholarly presentations on campus (i.e. presentation of research in a colloquium)

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**Scholarly and Creative Activity Level I**
At least one element from Category 1 and any two elements from Category 2. (at least 10 points)

For clinical faculty, one of the Category 1 or 2 scholarly activities or any two of the Category 3 elements. (at least 2 points)

**Scholarly and Creative Activity Level II**
At least one element from Category 1 and one element from Category 2 (at least 8 points).

For clinical faculty, any of the elements (at least 1 point).

**Scholarly and Creative Activity Level III**
At least one element from Category 2 and at least one element from Category 3. (at least 4 points)

NOTE- Because clinical faculty are not required to perform research as a minimum job requirement, no research is required to maintain “acceptable” performance standards. In order to achieve “merit”, if a clinical faculty member does not have a Scholarly Level of I or II, he/she must have both Teaching and Service Levels of I or II.

**Scholarly and Creative Activity Level IV**
Attaining at least 2 points. (N/A for clinical faculty)

**Scholarly and Creative Activity Level V**
No activity documented in the Scholarly and Creative area. (N/A for clinical faculty)
**SERVICE**

The Texas State Department of Communication Disorders defines service and service leadership as professionally related activity, other than teaching or scholarship, which contributes to the Department, University, community, or profession. Service activities encompass those performed using competencies relevant to the faculty member’s role as a communication sciences and disorders educator. For a faculty member to receive a ranking of adequate or above during the annual review process, he/she must demonstrate service and/or leadership at the departmental level.

In addition to the requirement that the faculty person must engage in service and/or service leadership at various levels, including the departmental level, the Personnel Committee and Chair also assess the quality of the service or leadership, based on the documentation that the faculty member provides. Examples of service activities include but are not limited to 1) active membership and participation in professional organizations, 2) active membership on committees, 3) training, volunteering, supervising, and consulting with agencies and organizations, 4) student/peer mentorship beyond the scope of the classroom.

The Chair and the Personnel Committee assess the quality of service leadership based on the faculty member’s documentation of same. Examples of service leadership include but are not limited to 1) holding office in professional organizations, 2) directing University, College, or departmental committees, 3) organizing a task force, 4) initiating a special project, 5) engaging in legislative or public sector advocacy.

Each faculty member must provide documentation of the following (or its equivalent as determined by the Chair and Personnel Committee):

**Service Categories**

- **Category 1** - Chair/Leadership at the University, College, department, professional organization or community level
- **Category 2** - Active participation at the University, College, department, professional organization or community level
- **Category 3** - Membership at the University, College, department, professional organization or community level
- **Category 4** - Expert consultation
- **Category 5** - Received or nominated for service honors or awards
- **Category 6** - Sponsoring an on-campus student organization
- **Category 7** - Completion of a departmental service role or project
- **Category 8** - University or departmental mentorship

**Service Level I**

One position with category 1 and one in category 2 and one in the remaining categories (minimum of total of three positions or activities)

OR

Clinical faculty must hold one Category 1 position, and four positions or activities in any of the other categories,
**Service Level II**
One position in category 2 and two in any of the other categories (minimum of total of three positions or activities)

OR

Clinical faculty must hold one category 2 and any four positions or activities in any of the other categories.

**Service Level III**
Two positions or activities in any category

OR

Clinical faculty must hold any four positions or activities in any of the categories.

**Service Level IV**
One position or activity in any category

OR

Clinical level faculty must hold any two positions in any of the categories.

**Service Level V**
No positions held

**Collegiality**

Collegiality is interpreted as a behavioral/attitudinal construct where a faculty is keeping university and departmental missions, including the free exchange of ideas as well as CAA and ASHA regulations and requirements at the forefront of his/her teaching, scholarship, and service. The personnel committee will consider “collegiality” while evaluating a faculty for re-appointment, annual review and for promotion and tenure.

In the consideration of collegiality, it does not include fundamental disagreements in theoretical, political, or practical standpoints or issues. However, one has to be careful about misconstruing constructive criticism or differing ideas as uncollegial. Criticism given in a manner that is personal, malicious and slanderous would be considered uncollegial. Constructive criticism is meant for the improvement of the department, college, or university and would be considered collegial.

**Evaluation of Adjunct Faculty Teaching on a Per Course Basis**

Adjunct Faculty teaching courses on a “per course” basis will be evaluated by the Chair based on student teaching evaluations and a review of course materials including course syllabi, sample assignments, and/or class exams. The adjunct faculty member can request a peer teaching evaluation to be included as well. A summary evaluation by the Chair will be mailed to the
faculty member after completion of the review. A face-to-face meeting will be held if desired by either the Chair or the faculty member.

**Notification of Evaluation Findings**

Upon receipt of notification from the Dean that the review has been completed at that level, the Chair will provide each faculty member with a copy of the Chair’s Evaluation Form and the Personnel Committee Evaluation Form. A face-to-face meeting may be held at either the Chair’s or Faculty member’s request to review the completed evaluation form and any available feedback from the Personnel Committee, Chair, and/or Dean.
The primary method for awarding salary raises at Texas State is based upon the annual evaluation for performance and merit salary adjustments (PPS 7.10). To complete this performance and merit salary adjustment form, the personnel committee will refer to and import their evaluations from the Department of Communication Disorders Annual Review Procedures for Reappointment, Performance, and Merit For Tenure-Track, Tenured, Non-Tenure Track, and Clinical Faculty document.

Faculty members are evaluated annually for the purposes of reappointment, tenure, promotion, and performance and merit salary adjustments. A faculty member is evaluated in the areas of teaching, scholarly/creative activity and leadership/service, including his/her collegial contributions to the university community.

**Eligibility for salary adjustment** – all percentage-contract faculty are eligible for performance and merit raises awarded through this process.

**Performance** is defined as meeting departmental expectations as outlined in the following document. Performance raises will, to the extent possible, track cost of living increases. Performance salary increases are based on a faculty member’s annual evaluation.

**Merit** is defined as additional salary in recognition of performance that is clearly exceptional during the preceding merit evaluation period. Merit salary increases are made every two years when funds are available. Merit adjustments are based on a faculty member’s annual evaluations for the period defined by the President.

All faculty will be considered meritorious if they achieve the following criteria:

**Tenured and Tenure-Track**

Low – I in Teaching & IIs in other areas

Medium – I in Scholarship & IIs in Teaching and Service

High - I in Scholarship & I in either Teaching or Service

**Non-Tenure Track**

Low – I in Teaching or Service; IIs in other areas

Medium – I in Teaching / Clinical supervision and Service & III in Scholarship

High - I in Teaching or Service and II in Scholarship
PROMOTION DOCUMENT FOR LECTURERS
Department of Communication, Texas State University
Summative Review Procedures for Promotion of Faculty from Lecturer to Senior Lecturer

**Important Note:** This document applies to Promotion of faculty from the position of lecturer to Senior Lecturer

Criteria for promotion: A faculty member who meets performance criteria after three consecutive years will be promoted to Senior Lecturer.

**SERVICE**

The Texas State Department of Communication Disorders defines service and service leadership as professionally related activity, other than teaching or scholarship, which contributes to the Department, University, community, or profession. Service activities encompass those performed using competencies relevant to the faculty member’s role as a communication sciences and disorders educator. For a faculty member to receive promotion from Lecturer to Senior Lecturer, he/she must demonstrate service and/or leadership at the departmental level.

In addition to the requirement that the faculty person must engage in service and/or service leadership at various levels, including the departmental level, the Personnel Committee and Chair also assess the quality of the service or leadership, based on the documentation that the faculty member provides. Examples of service activities include but are not limited to 1) active membership and participation in professional organizations, 2) active membership on committees, 3) training, volunteering, supervising, and consulting with agencies and organizations, 4) student/peer mentorship beyond the scope of the classroom.

The Chair and the Personnel Committee assess the quality of service leadership based on the faculty member’s documentation of same. Examples of service leadership include but are not limited to 1) holding office in professional organizations, 2) directing University, College, or departmental committees, 3) organizing a task force, 4) initiating a special project, 5) engaging in legislative or public sector advocacy.

Each faculty member must provide documentation of the following (or its equivalent as determined by the Chair and Personnel Committee):

**Service Categories**
Category 1- Chair/Leadership at the University, College, department, professional organization or community level
Category 2- Active participation at the University, College, department, professional organization or community level
Category 3- Membership at the University, College, department, professional organization or community level
Category 4- Expert consultation
Category 5- Received or nominated for service honors or awards
Category 6- Sponsoring an on-campus student organization
Category 7 - Completion of a departmental service role or project
Category 8 - University or departmental mentorship

**Criteria for Promotion In the Area of Service**

Faculty member must demonstrate sustained quality of service characterized by obtaining an average of Level II performance (holding one category 2 and any four positions or activities in any of the other categories) over a period of three years based on Annual Reviews.

**Teaching**

The Personnel Committee of the Department of Communication Disorders and the Chair annually evaluate the teaching of every department faculty member, based on work performed from January-December. That evaluation is based on 1) evidence of scholarly preparation, 2) dedication as measured by commitment to class attendance, office hours, and course duties, 3) official peer evaluations by tenured faculty members, 4) official student class evaluations, and 5) the faculty member’s self-evaluation. Such evaluation may also include 6) examination of teaching web site materials, and 7) review of handouts, testing activities, course assignments, and other course materials prepared by the faculty member. Clinical faculty should request one peer evaluation per year of their classroom teaching every year.

The Department defines teaching as including not only classroom performance, but other factors such as preparing courses, creating effective testing strategies, developing curriculum, preparing syllabi and teaching materials, maintaining a minimum of five office hours per week for students enrolled in classes, maintaining competency in the profession by obtaining instructive CEUs, maintaining licensure, and mentoring students.

**Required Teaching Elements:** All faculty are expected to show, in their annual reviews, that they:

- Have a majority of student evaluations which reflect acceptable teaching standards:
  - excellent = 3.75+ on 5-point scale; high quality = 3.5; adequate quality = 3.25
  - OR
  - Clinical supervision standards of excellent = 3.75+ on a 5-point scale; high quality = 3.5; adequate quality = 3.25
- Maintain at least five office hours per week and are accessible to students as needed
- Maintain professional competence by securing appropriate CEUs
- Maintain ASHA certification and Texas state licensure

**Additional Teaching Elements:** Elements which further demonstrate teaching quality are listed below in no particular order:

- Positive peer evaluations of teaching by tenured faculty members (required for tenure-track faculty)
- University Mentor status
CDIS Policies and Procedures Statements

- Sponsorship of student research
- Teaching overloads, large classes (> 35 students), writing intensive courses, or summer
- Teaching courses by distance education strategies
- Guiding independent studies or student research
- Chairing or co-Chairing student theses
- Developing library or other learning resources
- Developing or using instructional methods over and above normal classroom expectation (such as audio production or software development)
- Successfully procuring grants for student stipends or curriculum development (such as leading study tours)
- Presenting invited guest lectures/seminars on campus
- Presenting invited guest lectures/seminars off campus (i.e., short course)
- Recipient of a teaching award
- Demonstrating progress toward a relevant advanced degree
- Providing input into curriculum development in Oversight Committees
- New course development
- New cognate development
- Preparing currently offered course for first time
- Substantial reworking of previously taught course (such as new textbook adoption)
- Teaching enhancement activities
- Clinical supervision overloads
- Developing initiating new protocols in clinic
- Expanding therapy to different disorders or populations
- Introducing new pedagogy for the training of students
- Completing additional certifications, workshops, or CEUs to enhance teaching skills
- Other elements as approved

**Criteria for Promotion In the Area of Teaching**

Over a period of three years based on Annual Reviews, the faculty member must demonstrate sustained high quality of teaching and/or supervision characterized by:

- The average of student evaluations reflect a high quality of teaching (at least 3.5)*
  OR
  Clinical supervision evaluations that reflect high quality of supervision (at least 3.5)*
  *If lower than 3.5, then positive peer evaluation will be taken under consideration.

- All other Required Teaching Elements are clearly evident

In addition, the faculty person must demonstrate at least two (2) of the Additional Teaching Elements as determined by the Personnel Committee and the Chair.
Scholarly and Creative Activity

Faculty in the Department of Communication Disorders recognize that their commitment to teaching cannot be fulfilled apart from a similar commitment to scholarship. Scholarship is defined as original research (quantitative or qualitative), applied research, and pedagogical research. While research is not required for lecturers or to maintain senior lecturer status, it is encouraged and may be taken into account when examining the summative performance of non-tenure track faculty.

The categories below are assigned recommended values. If a faculty member provides justification for alternate interpretation of the assigned value, the personnel committee may take that into consideration.

Elements Demonstrating Scholarly and Creative Activity

- One (1) funded external grant or contract
- One (1) scored external grant or contract
- One (1) submitted external grant or contract
- One (1) Single or multi-authored book
- One (1) publication in a refereed book or an article in a refereed journal
- One (1) personnel preparation grant
- One (1) Published annotated work (The purpose of annotations is to provide the reader with a summary and an evaluation of the source. In order to write a successful annotation, each summary must be concise. An annotation should display the source's central idea(s) and give the reader a general idea of what the source is about. An annotation should include the complete bibliographic information for the source. It should also include some or all of the following: An explanation about the authority and/or qualifications of the author; scope or main purpose of the work; any detectable bias; intended audience and level of reading; a summary comment).
- One (1) chapter in a book, textbook, or monograph
- One (1) technical report or monograph based on grant activity
- One (1) Peer-reviewed, published research note
- Editing one (1) book
- Development of patented software or product
- One (1) submitted article that will get published within a minimum of two years.
- One (1) funded internal grant
- Scholarly presentations as a first author (international, national, regional, or state)
- One (1) international, national, regional, or state-level recognition for scholarly contribution through a variety of media (such as developing software)
- Serving on one (1) editorial board of a national journal (with documentation to demonstrate substantial activity)
Serving as a peer-reviewer for journals or grants (with documentation to demonstrate substantial activity)

Discussant or Presenter (panel discussion or workshop leader at the international, national, regional, or state level)

Book review and/or newsletter articles

Editorials in peer-reviewed publications

Invited scholarly presentations off campus (i.e., short-course)

Serve as peer-reviewer for national or state conferences

Presenting a poster as a co-author at university research forums

Presenting a poster as a co-author at local and state conferences

Preparing a course packet

Assistance of any doctoral faculty (within or outside the university) with procuring of research data through administration of assessments or treatment techniques designated by the Ph.D. faculty member for research.

Invited scholarly presentations on campus (i.e. presentation of research in a colloquium)

**Criteria for Promotion in the Area of Scholarship and Creative Activity**

The area of Scholarship is considered voluntary and optional for senior lecturers, lecturers, and clinical supervisors. It is encouraged and may be taken into account when examining the summative performance of non-tenure track faculty. As long as the lecturer is meeting promotional criteria in the areas of Service and Teaching, Scholarship does not need to be considered in terms of criteria for promotion.

**Collegiality**

Collegiality is interpreted as a behavioral/attitudinal construct where a faculty is keeping university and departmental missions, including the free exchange of ideas as well as CAA and ASHA regulations and requirements at the forefront of his/her teaching, scholarship, and service. The personnel committee will consider “collegiality” while evaluating a faculty for re-appointment, annual review and for promotion and tenure.

In the consideration of collegiality, it does not include fundamental disagreements in theoretical, political, or practical standpoints or issues. However, one has to be careful about misconstruing constructive criticism or differing ideas as not collegial. Criticism given in a manner that is personal, malicious and slanderous would be considered not collegial. Constructive criticism is meant for the improvement of the department, college, or university and would be considered collegial.

**Notification of Evaluation Findings**

Upon receipt of notification from the Dean that the review has been completed at that level, the Chair will provide each faculty member with a copy of the Chair’s Evaluation Form and the Personnel Committee Evaluation Form. A face-to-face meeting may be held at either the Chair’s
or Faculty member’s request to review the completed evaluation form and any available feedback from the Personnel Committee, Chair, and/or Dean.

****(These expectations are minimum expectations. A faculty member who meets or exceeds these expectations is not assured reappointment, merit, or performance.)
Preface

The Department of Communication Disorders offers the Master of Science in Communication Disorders (M.S.C.D.) and the Master of Arts (M.A.) with a major in communication disorders. Students choosing to write a thesis earn a M.A. and students choosing the non-thesis option earn an M.S.C.D. In addition, the department offers a Bachelor of Science in Communication Disorders (B.S.C.D). The undergraduate program provides undergraduate students with the academic background to successfully enter a graduate program in speech-language pathology or audiology.

Terminal Degree

The terminal degree for Communication Disorders education is the Ph.D. in Communication Sciences and Disorders or Speech-Language Pathology. The terminal clinical practice degree for speech-language pathology is a Masters degree in Communication Disorders. The required degree for faculty teaching graduate clinical practicum courses is a Master’s degree in Communication Disorders or Speech-Language Pathology.

Hiring of Faculty without Terminal Degree

1) What is the process for determining alternate credentials?

Alternate credentials are not accepted.

2) Specific acceptable alternate credentials

Alternate credentials are not accepted.

3) Acceptable related licensures

All Communication Disorders faculty must be licensed in the state of Texas as Speech-Language Pathologists and/or Audiologists. They are required to obtain and maintain the Certificate of Clinical Competence awarded by the American Speech-Language-Hearing Association.

4) The level of honors or awards that is acceptable

No honors or awards will satisfy the minimum requirements of holding the required degrees, licensure, and certification for employment.

5) Any areas that are exempt from hiring faculty with less than terminal degrees
The doctorate is the terminal degree for Communication Disorders educators. All of the faculty must at least hold the Masters degree that is the terminal clinical practice degree. We also require that faculty hold national and state certification. Faculty in the Department of Communication Disorders, who hold the Masters degree, will teach some of the undergraduate courses, graduate clinical practica, and graduate audiology courses. Therefore, the only areas that are exempt from hiring faculty with less than a doctorate include faculty teaching graduate on- and off-campus clinical practica and graduate audiology courses. Faculty, who are ABD, may teach graduate courses.

6) **Other:** N/A
General Operation of the Speech-Language-Hearing Clinic
1. TITLE: Clinical Program Objective

2. PURPOSE: To specify the objective of the Speech-Language-Hearing Clinic at Texas State University

3. POLICY: The objective of the Speech-Language-Hearing Clinic at Texas State University is to provide an on-campus practicum facility for the purpose of student clinical practice. The clinical training needs of students will have priority in client selection for evaluation and treatment.

   a. The objective of the clinical program shall be consistent with the overall mission, goals, and objectives of the Department of Communication Disorders, the College of Health Professions, and Texas State University as stated in the various strategic plans.

   b. The objectives of the clinical program are consistent with the CAA, and CFCC standards for entry into practice as a speech-language pathologist.

4. PROCEDURES TO IMPLEMENT POLICY:

   a. The objectives of the clinical program, along with the Policies and Procedures Statements, are reviewed annually by the faculty.

   b. The student representative(s) who attend the faculty meeting provide(s) student input.

   c. Revisions to the clinical program are noted in the minutes of the faculty meeting, which are available on the network.

   d. The entire clinical program is reviewed with all incoming students during clinic orientation prior to beginning any clinical activities. Individual policies are also revisited and reviewed with students throughout their graduate careers as specific needs arise.
1. TITLE: Students Prohibited from Representing the Department

2. PURPOSE: To specify those areas/topics in which the student may not represent the university, college, department, or clinic

3. POLICY: Under no circumstances shall any student represent the university, college, department, or clinic to the public, or a private entity, in arranging clinical activities, supervising practicum, observing or shadowing for an academic class, discussing fees for service, interpreting academic or clinical policies, or committing the department, students, clients or faculty to any course of action regarding clinical activities of any description. An Affiliation Agreement must be in place for any university sanctioned activity to occur at an affiliation site.

4. PROCEDURES TO IMPLEMENT POLICY: Students should immediately contact the Department Chair or the Clinic Co-directors if they are asked to give information or make commitments on behalf of any entity of the university.
1. TITLE: Speech-Language-Hearing Clinic Operating Hours

2. PURPOSE: To specify the normal operating hours for the Clinic Reception Area/Clinic Offices (Rooms 101, 101A, B, C) and the Clinic Treatment Area (Rooms 110A – 128C).

3. POLICY: The Speech-Language-Hearing clinic is open from 8:00 a.m. – 5:00 p.m. Monday-Friday during the fall, spring and summer semesters with the exception of official school holidays, unless otherwise posted. Operating hours may vary during summer semesters.

4. PROCEDURES TO IMPLEMENT POLICY:

   a. Operating hours for the current semester will be posted on the reception area door at the beginning of each semester.

   b. Changes to operating hours will also be posted in advance of the change.

   c. Clinicians who have a legitimate need for access to the clinic treatment areas at times other than the normal operating hours may seek permission from one of the Clinic Co-directors or check out keys as outlined by the policy.
1. TITLE:  Lockers for CDIS Graduate Students

2. PURPOSE: To specify the process for locker assignment and student responsibilities

3. POLICY: Each CDIS graduate student is assigned a locker in the student workroom (Room 123B).

4. PROCEDURES TO IMPLEMENT POLICY:
   a. The clinic administrative assistant assigns lockers and distributes one locker key to each assigned student.
   b. Students will be charged $15.00 for locker key replacement.
   c. Students are responsible for returning their locker key to the clinic administrative assistant prior to their first off-campus practicum.
   d. If necessary, an administrative assistant, a supervisor, the Clinic Co-directors, or the Department Chair may open any locker to search for a client file, test protocol, or other departmental owned material such as a report draft, etc.
1. **TITLE:** Use of Computer Facilities by CDIS Student Clinicians

2. **PURPOSE:** To specify the computer facilities available in the Health Professions Building for use by student clinicians and the rules for using these facilities.

3. **POLICY:** Student clinicians may use the computers in Room 123B, 128E and 128C in the clinic area for **clinical documents, and clinic related work only.** The computers in Room 204 may be used for non-clinical and course documents.

4. **PROCEDURES TO IMPLEMENT POLICY:**
   a. Students should be at least minimally computer literate before using the computers. If assistance is necessary, contact the Help Desk at 5-HELP (4357).
   
   b. Students should report any computer, scanner, or printer problems in Room 123B, 128E & 128C to the clinic administrative assistant immediately who will report the problem to the College of Health Professions computer center.
   
   c. When using the computer to produce clinical documents, students must maintain client confidentiality and adhere to UPPS 04.01.01 (per university computer use policy).
      (1) Clinical documents are to be stored in password protected files only. Documents cannot be stored on the F drive.
      (2) Students must log-in using only their unique NetID and password.
      (3) Clinical documents containing protected health information (PHI) may not be transferred to removable/portable media under any circumstances.
      (4) Clinical documents containing protected health information (PHI) may not be transmitted by e-mail unless written consent is obtained and proper releases have been signed by the parent or legal guardian.
      (5) Students must log-out of their workstation anytime they leave the clinical documents. In other words confidential information is not to be left unattended on computer screens.
   
   d. If students use the computers, scanners, and printers in Rooms 101-C, 123B, 128C & 128E for any purposes other than for the generation of clinical documents, the following consequences will be imposed:
      (1) First Offense: Student will meet with the Clinic Co-directors to review policies and procedures. A written counseling statement will be placed in the student’s permanent file.
      (2) Second Offense: Student will lose computer privileges for a week resulting in the potential loss of clinical hours and competencies. A second written counseling statement will be placed in the student’s permanent file.
      (3) Third Offense: Student will lose computer privileges for the semester resulting in a failing grade in CDIS 5344, 5321 and/or 5689. The student will go before the Program Standards Committee to determine future action, which may include dismissal from the program for non-academic reasons.
      (4) Fourth Offense: Student will be dismissed from the department.
e. No food or drinks are allowed in the Speech-Language-Clinic including the Clinician’s Workroom, computer labs, etc. Only bottled water is allowed in the clinic.
1. TITLE: Security and Storage of Electronic Textual Documents

2. PURPOSE: To define and specify how CDIS clinical documents are to be stored electronically on approved CDIS computers, as well as describe security measures in place to protect confidential information.

3. POLICY: Student clinicians will use the computers in 123B, 128C and 128E to compose, edit and store ALL clinical documents relative to patient care (SOAP notes, progress reports, diagnostic reports, management appraisal plans (MAP) and patient/caregiver correspondence). NONE of the documents are to be stored on F drive. Documents will be generated and stored on their individual secure network “space” that is accessible only by using their Texas State Net ID and a password known only to the individual student, in accordance with UPPS 04.01.01. All EPHI is stored remotely on secure servers managed by university IT security personnel.

4. PROCEDURES TO IMPLEMENT POLICY:

   a. When using computers in 123B, 128C & 128E to generate clinical documents, students must maintain client confidentiality at all times:
      (1) Clinical documents are to be stored in password protected files only.
      (2) Students must log-in using only their unique Net ID and password.
      (3) Clinical documents containing protected health information (PHI) may not be transferred or emailed to removable/portable media under any circumstances.
      (4) Clinical documents containing protected health information (PHI) may not be transmitted by e-mail unless written consent is obtained and proper releases have been signed by the parent, legal guardian, or competent client.
      (5) Students must log-out of their workstation anytime they leave the clinical documents. In other words, confidential information is not to be left unattended on computer screens.

   b. Clinical documents used for individual student electronic portfolios must be modified to exclude (or redact) all protected and identifiable health information.
      i.) Students will redact all protected health information by “blacking it out” on original drafts with a marker, or using the “find and replace” tool in MS word. Once PHI is redacted, clinical documents may be transferred to their TK20 e-portfolio.

   c. Students using personal laptops to access the network containing confidential clinical documents may not, under any circumstances, transfer clinical documents from the secure network to their PC, or to a personal portable storage device. Personal laptops and personal portable storage devices are subject to random review by the Clinic Co-directors to assure compliance.

   d. Students found with unredacted documents that contain Protected Health Information on a personal device are subject to disciplinary action, depending on the severity of the offense. Clinical Co-directors will report any client security breach to the Department Chair. The Chair will notify the Texas State IT Security Office and report
the incident. If IT Security believes that a breach has occurred, they will engage in an investigation to determine the appropriate actions to take.

e. The Department Chair and Clinic Co-directors will review all breaches of client confidentiality after IT Security personnel have completed the investigation. Based on their recommendations, appropriate action will be taken. Actions against the student may include, but are not limited to loss of clinical hours, loss of clinical competencies, and dismissal from the program for non-academic reasons. The appropriate consequences and actions will be based on the following:

(1) the seriousness of the violation(s);
(2) previous compliance history;
(3) the severity level necessary to deter future violations;
(4) student efforts to correct the violation; and
(5) any other extenuating circumstances.
1. TITLE: Messages

2. PURPOSE: To specify the means by which students receive messages and their responsibility to check messages daily

3. POLICY: To insure adequate means of communication between faculty and students enrolled in on-campus practicum, students are responsible for checking messages via mailbox, erasable board in the student workroom, and campus email at least twice in the morning and twice in the afternoon, Monday—Friday.

4. PROCEDURES TO IMPLEMENT POLICY:

   a. Each student enrolled in a practicum course is assigned a mailbox in Room 123B or 128E. Students should check mailboxes daily and remove messages when read.

   b. Messages written on the erasable board in the student workroom should be dated and timed. Messages should be erased when no longer applicable.

   c. Students are responsible for checking their email and for notifying the clinic administrative assistant and CHP Computer Lab personnel in room 204 if the email account is non-functioning.
1. TITLE: Clinic Reception Area (Room 101)

2. PURPOSE: To delineate the appropriate uses of the clinic reception area (Room 101) and to specify persons responsible for ensuring its appropriate use and its orderliness

3. POLICY: Room 101 is a public reception area and a waiting area for clients (CDIS and PT) and their family members. It is to remain in a neat and orderly condition at all times. Eating and/or drinking are not allowed in this area. This area is not considered an area in which confidential information can be discussed. Parents are required to keep children under their personal supervision in this area.

4. PROCEDURES TO IMPLEMENT POLICY:
   a. The Clinic Co-directors are responsible for enforcing the policy that applies to this area.
   b. Staff and students should refer breaches of the policy to the Clinic Co-directors for action.
   c. Information on the appropriate use of the reception area is included in the packet of information given to new clients and their families.
   d. The clinic administrative assistant or her designees are responsible for keeping the area in an orderly condition throughout the day and for leaving it tidy at the end of each day.
1. **TITLE:** Maintaining the Appearance of the Clinic

2. **PURPOSE:** To specify the persons responsible for maintaining the appearance of the clinic area and their designated duties

3. **POLICY:** Student clinicians, faculty members and staff are responsible for assuring that the clinic area is clean, tidy and maintained in a manner that is ready for public viewing and/or use at all times.

4. **PROCEDURES TO IMPLEMENT POLICY:**
   
a. Each student clinician, faculty member and clinic staff member is personally responsible for tidying any clinic area immediately after using it.

b. At the start of each semester, a designated clinical supervisor will assign students (Clinic Rounds Teams) on a weekly rotating basis to check the clinic treatment area at the end of each day to assure that the following are in order:
   
   (1) All trash picked up from all clinic floors and deposited in appropriate receptacles.
   
   (2) All therapy room and observation room furniture straightened and blackboards erased unless noted otherwise on the blackboard.
   
   (3) Graduate student workroom and computer lab left tidy to include full shredder bags pulled, closed and new plastic bag put in shredder can. Full shredder bags should be taken to Room 101C and placed in the recycle bin.

   (4) Materials Rm. 116 left tidy and prepared for the following day:
   
   (a) Furniture straightened.
   
   (b) Date on disinfecting solution checked and new solution mixed if current solution date is expiring by the next clinic day.
   
   (c) Cleaning products stored in proper cabinets and cleaning cloths, both clean and soiled, stored in proper receptacles.
   
   (d) Toys waiting to be disinfected stored in proper receptacles.
   
   (e) Materials and tests shelved appropriately.

c. The Clinic Rounds Team complete and initial the Daily Clinic Rounds form noting any heavy cleaning, maintenance, or supply items needed and give form to clinic administrative assistant or her designee prior to leaving for the day.

d. At the end of each semester, all clinicians enrolled in CDIS 5344 and the designated clinical faculty participates in clinic clean-up day to prepare the clinic area for the following semester. In addition to cleaning the area, participants will inventory the Materials Room and verify that clinic equipment is in proper working order.
1. TITLE: Client Parking

2. PURPOSE: To specify the approved parking area(s) for clients and the process used to validate the parking ticket stub

3. POLICY: Clients attending the Speech-Language-Hearing (SLH) Clinic may park in reserved slots in the LBJ Student Center garage adjacent to the Health Professions Building. The garage is accessed through a gated entrance with a ticket station. The clinic patrons will pull a ticket stub and bring it to clinic personnel for validation. Handicapped parking is available in the garage for those with mobility impairment. The SLH Clinic will only validate parking stubs from the LBJSC garage for the duration of the assessment or therapy session.

   Clients may also purchase, at their own expense, a campus parking permit to park in specific areas other than the parking garage.

4. PROCEDURES TO IMPLEMENT POLICY:

   a. New clients will be given information on parking.

   b. Student clinicians should remind clients to have their parking stub validated by clinic office staff.
1. **TITLE:** Access to the CDIS Clinic Space (HPB Suit 110) After Normal Business Hours

2. **PURPOSE:** To identify and outline the purpose and procedure for accessing the Speech-Language-Hearing Clinic space between the hours of 5 pm – 7:50 am, M-F; and weekends.

3. **POLICY:** The Speech-Language-Hearing Clinic (HPB Suite 110) will be treated as a secure area with limited access. Keys are available for checkout by CDIS graduate students who require access outside of normal hours of operation.

4. **PROCEDURES TO IMPLEMENT POLICY:**
   a. Students requiring access to Suite 110, including the CDIS computer lab, the CDIS graduate work room, and the clinic materials room in the speech-language-hearing clinic after normal business hours will access the clinic with keys they have individually checked out. The following procedure will be followed:
      - The CDIS Clinic Administrative Assistant, Clinic Co-director, or student employee will lock the following doors, and pull the locked doors shut no sooner than 5 pm daily.
        o Suite 110 (Front entry door to the clinic)
        o Room 128 (Back entry door to the clinic)
        o Room 116 (materials room)
        o Room 123 B (graduate work room)
        o Rooms 125 C & F (materials and secure storage rooms)
        o Rooms 128 C & E (CDIS computer lab)
   b. Students occupying rooms 116, 123-B, 128-C&E will be asked to step out of these rooms, and the doors will be locked and pulled shut.
   c. Re-entry into those rooms after 5 pm will be by key access. Keys will be checked out by CDIS graduate students on a first-come, first-served basis, from the Administrative Assistant, or student employee.
      - Key Checkout Procedure:
        o Request a set of department issued keys, and fill out the *Key Checkout Form* located in HPB 101-B.
        o The Administrative Assistant or student employee will issue you a set of keys. Each student is responsible for the set of keys while they are issued in their custody.
        o Keys are available for checkout at 3:30 daily, and must be returned by 9 am the next business day morning. Keys checked out on Fridays must be returned by 9 am on Monday.
Policy and Procedure Statements

Prerequisites for Clinical Practicum
1. TITLE: Academic Prerequisites for Clinical Practicum

2. PURPOSE: To specify the academic prerequisites for direct-client contact experiences during speech-language pathology practicum (CDIS 4344, 5344, 5689) and audiology practicum (CDIS 5321)

3. POLICY: Students are eligible to participate in practicum experiences for which they have had adequate academic training that provides the theoretical bases for direct-client contact.

   a. Undergraduate students are eligible for direct-client contact during the CDIS 4344 aiding experience once they have successfully completed the junior year in the CDIS academic sequence.

   b. Students must successfully complete CDIS 4420 and CDIS 4370 or their equivalents prior to audiology practicum course (CDIS 5321).

   c. Students must successfully complete CDIS 4370 or equivalent before ASHA clinical hours may be accrued in aural rehabilitation/hearing intervention during CDIS 5344. In some cases, students may be assigned hearing-impaired clients for work on speech and language skills provided the student has had adequate academic background.

   d. Graduate students must successfully complete appropriate academic courses in various disorders so the Clinic Co-director may appropriately assign students to clients with disorders for which the students are academically prepared. In addition, all background courses must be completed prior to students beginning off campus clinical practicum.

   e. Prior to enrolling in CDIS 5689, graduate students pursuing a bilingual off-campus placement must have successfully completed the Graduate Bilingual Phonology and Phonological Disorders Course offered for CDIS Majors, CDIS 5350 and CDIS 5390 (Second Language Acquisition which may be taken concurrently with CDIS 5689).

4. PROCEDURES TO IMPLEMENT POLICY:

   a. The Graduate Program Coordinator has the responsibility of verifying that each new graduate student has either an undergraduate degree in communication disorders or has completed the background/leveling courses in communication disorders prior to allowing each student to register for CDIS 5344 for the first time.

   b. The Clinic Co-directors are responsible for verifying from the student’s permanent folder that the undergraduate student qualifies for clinical aiding or a graduate student has had adequate academic training in his/her assigned client’s disorder(s).

   c. The audiologist, in consultation with the Clinic Co-directors, is responsible for verifying from the student’s permanent folder that the student has successfully completed CDIS 4420 and CDIS 4370 or equivalents.
1. TITLE: Mandatory Enrollment of Graduate Students in Clinical Practicum

2. PURPOSE: To specify when graduate students must enroll in clinical practicum courses

3. POLICY: Graduate students must enroll in a clinical practicum course every semester they are enrolled for graduate work toward the CDIS degree.

   a. Graduate students in their first year of study must enroll for On-campus Practicum (CDIS 5344) every semester.

   b. Graduate students in their first year of study must enroll for the Audiology On-campus Practicum (CDIS 5321) one semester. This is in addition to CDIS 5344.

   c. Graduate students in their second year of study enroll for CDIS 5689 (Off-campus Practicum) every semester.

   d. Unless authorized by the faculty, graduate students while on academic probation, (defined as less than 3.0 grade point average in the major) are not allowed to enroll for Clinic or to accrue ASHA hours. If authorized by faculty, the practicum is restricted to on-campus experiences only.

4. PROCEDURES TO IMPLEMENT POLICY: All graduate clinical enrollments will be approved by the graduate advisor.
1. TITLE: Liability Insurance

2. PURPOSE: To ensure that the university and student clinicians are protected by liability insurance coverage prior to participation in any clinical activity.

3. POLICY: No student will be allowed to participate in a clinical activity until he/she has paid the liability insurance fee in full.
   a. Any student who has not paid the liability insurance fee will not be allowed to remain in a practicum course (CDIS 4344, 5321, 5344, 5689), begin clinical training, or enter an off-campus clinical site.
   b. The department administrative assistant is responsible for verifying that all students enrolled in a clinic course have paid the appropriate liability insurance fee.
   c. The Clinic Co-directors are responsible for verifying that all students have paid the fees before entering a clinical site.

4. PROCEDURES TO IMPLEMENT POLICY:
   a. The liability insurance fee for the entire year is to be paid at the beginning of the fall semester if the student will be enrolled in a clinical course every semester of the year.
   b. If the student will not be enrolled in a clinical class each semester, the fee is to be paid on a prorated basis at the beginning of the first semester of clinical practicum.
   c. The Dean’s office determines the final deadline for payment.
   d. Students are responsible for paying the fee by money order made payable to Texas State University (no personal checks or cash allowed) to the department administrative assistant.
   e. The department administrative assistant will:
      (1) Give each student a receipt for the fee paid.
      (2) Submit the following to the Dean’s office:
         (a) One copy of every clinical course roster,
         (b) An alphabetical, typed list of every student who has paid the insurance fee,
         (c) Receipt books,
         (d) Money orders collected
      (3) Report any problems in insurance fee collection to the Department Chair
   f. Requests from clinical affiliates for a copy of the policy will be referred to the Clinical Co-directors for action.
1. TITLE: Immunizations

2. PURPOSE: To specify the department’s timeframes and procedures for implementing Health Professions Operating Letter (HP/OL) No. 03.02 regarding Student Clinician Immunizations.

3. POLICY: Student clinicians must have immunization documentation on file prior to assuming assignments in the clinic or at an off-campus practicum site. Verification of meningitis vaccine is required prior to enrollment in classes, effective, Fall 2012.

4. PROCEDURES TO IMPLEMENT POLICY:

   a. Incoming graduate students are given a copy of this policy, College of Health Professions P & P No. 02.04, and the Health Report for Texas State Health Professions Student form.

   b. As students are entering a healthcare or educational profession, there are certain public health requirements to which our programs expect students to adhere. All State of Texas immunizations that are required by State law and also recommended by the Centers for Disease Control and Prevention (CDC) must be up to date when a student enters our program. People who are not correctly immunized pose a significant public health risk to their patients, co-workers and themselves. Seasonal flu shots are being required by many external clinical sites. Flu shots are available in the fall of each year and can be obtained through the Texas State Student Health Center, the Texas Department of Health, a student’s personal physician’s office, local pharmacies, and other flu shot clinics in the area. Documentation of a student’s flu shot must be provided to the Clinic Co-directors or the Graduate Program Coordinator in the fall of each year. If immunizations and TB tests are not up to date, CDIS cannot guarantee that a student will be accepted at medical and/or educational clinical rotation sites. This could impact a student’s timely progression through the program, prevent a student from participating in a variety of clinical experiences and ultimately prevent a student from graduating.

   c. Health Report forms when completed are to be turned in to the Graduate Program Coordinator or the Clinic Co-directors. These forms should also be scanned and uploaded into the student’s e-portfolio and CALIPSO account as instructed by the Clinic Co-directors.

   d. Students are responsible for updating their immunization records by giving updated information to the Clinic Co-directors for filing in the student’s permanent folder.

   e. The Clinic Co-directors are responsible for informing student clinicians of any special immunization requirements by off-campus practicum sites at the time the students request off-campus clinical placement.
1. TITLE: CPR Training Requirement for Clinical Practicum

2. PURPOSE: To specify the student clinician’s responsibility for acquiring CPR for the Healthcare provider or Professional Rescuer.

3. POLICY: The student clinician is required to have CPR training and provide proof of certification by commencement of the first semester of graduate clinical training.

4. PROCEDURES TO IMPLEMENT POLICY:

   a. The CDIS department arranges for one training class each year (fall semester during the first class week). Student clinicians are responsible for the cost of training and may choose to acquire training elsewhere if those offered by the CDIS department result in scheduling conflicts. Students are responsible for locating and scheduling their training.

   b. Student clinicians are required to provide proof of certification to the Clinic Co-directors prior to beginning clinical practicum at the CDIS Speech-Language-Hearing Clinic.

   c. Documentation is kept in the student’s permanent file.

   d. Proof of Certification may be waived by off campus sites, in writing. Practicum site coordinators must submit a letter to the Clinic Co-directors, waiving a student’s CPR training requirement.
1. TITLE: Professionalism in Dress, Appearance, and Behavior

2. PURPOSE: To clarify the expectations of appropriate dress, grooming, and behavior for students when in the clinic area (Rooms 101, 101A, B, C and Rooms 110A – 128C) from 8:00 a.m. to 5:00 p.m. Monday-Friday, regardless of the presence or absence of clients.

3. POLICY: When in the clinic area, students, faculty and/or staff will present themselves in a professional and business-like manner in dress, appearance, and behavior in order to project an attitude of pride in service and of respect for those served.

   a. Dress/Appearance:
      (1) Clothing must be clean, pressed and in good repair.
      (2) Jeans and shorts are not permitted in the Speech-Language-Hearing Clinic.
      (3) Logo t-shirts, sweatshirts, and athletic apparel are prohibited.
      (4) Texas State apparel may be worn on designated days, approved by the Clinic Co-directors. Students will be notified of these days by their student representative to faculty meetings.
      (5) Shoes must be appropriate in style, clean, and in good repair. No rubber, or straw flip flops, or athletic shoes are permitted.
      (6) Hair should be neatly groomed and styled in a way that does not interfere with client treatment.
      (7) Visible piercings are only allowed on the ear lobes. All other piercings must be removed while in the clinic.
      (8) All tattoos must be covered or concealed.

   b. Behavior:
      (1) Clinicians, faculty, and staff are expected to conduct themselves professionally, refraining from loud talking, arguing or using vulgarisms.
      (2) Rules of common courtesy are to be observed at all times with all individuals regardless of race, color, religion, sex, national or ethnic origin, disability, age, sexual orientation, genetic information, citizenship, or status as a covered veteran.
      (3) Adult clients should be addressed as Mr., Mrs., Ms., Dr., or other appropriate title of respect unless otherwise requested by the client. Children should be addressed by their names, not by a term of endearment.

   c. If a student clinician is dressed inappropriately or behaving in an unprofessional manner, he/she will not be permitted to observe/conduct therapy or be in contact with clinic clients until his/her behavior or appearance complies with policy.

4. PROCEDURES TO IMPLEMENT POLICY:

   a. Each clinical supervisor has the final responsibility for ensuring that the students he/she is supervising are professional in dress, appearance, and behavior.

   b. Clinical supervisors should consult with the Clinic Co-directors if they are uncertain as to whether a student is in compliance with the policy.
c. If a student clinician is observed exhibiting an offensive personal appearance, as judged by a supervisor, i.e., violation of CDIS dress code, s/he will be asked by the supervisor to leave the session immediately. S/he has the option of changing clothes or wearing a professional lab coat located in the materials room. The student clinician may return to complete the therapy session, however, will only receive credit for direct contact time with his/her client.

d. A student clinician, who is thought to be in violation of the dress code by a member of the faculty other than the immediate supervisor or the clinic co-director should report the finding to the supervisor or Clinic Co-directors immediately.
1. TITLE: Name Tag

2. PURPOSE: To specify the use of nametags for identification purposes in the CDIS Speech-Language-Hearing Clinic

3. POLICY: All supervisors and student clinicians with client assignments shall wear Texas State nametags when in diagnostic and/or therapy sessions as a means of identification. Cost of nametag and engraving is at student’s expense.

4. PROCEDURES TO IMPLEMENT POLICY:

   a. Purchase blank nametag at the university bookstore or local vendors in San Marcos.

   b. Have nametag engraved, using engraver of student’s choice, with the following information:

       Student name and degree (Jane Doe, B.S.) goes on line one and student title (CDIS Student Clinician) on line two.
1. TITLE: Completion and Submission of Semester Schedule

2. PURPOSE: To specify the rationale, time frames and procedures for completion/updating and submission of student clinician’s semester schedule

3. POLICY: In order to ensure the fewest scheduling conflicts when students are assigned clinic clients, all students enrolling in clinic practicum courses (CDIS 4344, 5321, 5344, and 5689) must complete a semester schedule form prior to the beginning of each semester that a practicum course is taken and submit that schedule to the designated persons. If a student’s schedule changes during a semester, the student must submit an updated schedule immediately.

4. PROCEDURES TO IMPLEMENT POLICY:
   a. Students complete schedule forms located in the student workroom by including all entries on the schedule pertinent to scheduling clients with student clinicians such as all classes and work schedule. Assignments of clients take precedence over work schedules between 8:00 a.m. and 5:00 p.m. Monday-Friday.
   b. The schedule must be resubmitted to the appropriate person each time it changes during the course of the semester.
   c. For practicums CDIS 4344, 5344, and 5689, schedules are submitted to the Clinic Co-directors.
   d. For CDIS 5321, schedules are submitted to the audiologist.
Policy and Procedure Statements

Risk Management
1. TITLE: Fire and Safety Procedures

2. PURPOSE: To specify the information each studentclinician, faculty member, and staff person must know in order to protect themselves and the clients of the Speech-Language-Hearing Clinic in a fire or emergency situation.

3. POLICY: All personnel who work in the clinic must be familiar with emergency procedures, reporting protocols for emergencies, and emergency exits from the building.

4. PROCEDURES TO IMPLEMENT POLICY:
   a. The emergency exit routes from the clinic are posted on the wall in the clinic hallway. All student clinicians and personnel are responsible for knowing these exit routes and for participating in called fire or any other drills that require exiting using the proper routes.
   b. All hallways must allow at least 44 inches of clear passage in case of an emergency evacuation.
   c. If the clinic should lose electrical power, exit lights above the doors opening to hallways will be illuminated. Battery powered emergency lights will also illuminate the hallways. Flashlights are located in each treatment room as an added precaution. Batteries in these flashlights are checked at the beginning of each semester and replaced as needed.
   d. In case of a medical emergency in the clinic, students are to contact the clinical supervisor or the Clinic Co-directors immediately. The clinical supervisor or the Clinic Co-directors will contact the University Police Department who will in turn contact EMS. Students and personnel should be on stand-by to be of assistance at the direction of police or EMS when they arrive.
   e. First aid kits are available in the student workroom (123B) and in Room 101C (behind the clinic administrative assistant’s office).
1. TITLE: Infection Control Plan

2. PURPOSE: The purpose of the Infection Control Plan is to prevent the transmission of infectious organisms among clients, clinicians and employees.

3. POLICY: In accordance with OSHA’s Bloodborne Pathogens Standard (29CFR 1910.1030), the Speech-Language-Hearing Clinic will take all necessary precautions to minimize the risk of exposure to bloodborne pathogens as well as other potentially infectious bodily substances for clients, student clinicians, and employees.

   a. In accordance with the College of Health Professions Policy (02.04) all students participating in clinical practicum, internships, and externships are required to have the Hepatitis B series for most of the off-campus placements.

4. PROCEDURES TO IMPLEMENT POLICY: See Exposure Control Plan on the next page.
Exposure Control Plan

Introduction

Purpose: The purpose of this infection control plan is to prevent transmission of infectious organisms among patients, student clinicians and employees.

Policy: In accordance with OSHA’s Bloodbourne Pathogens Standard (29 CFR 1910.1030), this plan has been developed to minimize the risk of exposure to bloodbourne pathogens as well as other potentially infectious bodily substances. While direct exposure to blood is unlikely, this plan is written to protect the employees, student clinicians, and patients from that possibility and to reduce the exposure of personnel to nonbloodbourne pathogens, as well.

SECTION ONE
Categorization of Employees and Student Clinicians

Policy: Each employer shall identify all employees whose duties include routine or reasonably anticipated tasks or procedures where there is actual or potential exposure to blood or other potentially infectious material. (29 CFR 1910.1030)

Procedure: All personnel must be categorized according to their potential exposure to infectious material. The exposure determination is made without regard to the use of personal protective equipment. Employees and student clinicians are placed in one of three categories according to their potential exposure to infectious microorganisms as follows:

Category 1 Speech-language Pathologists, Audiologists, Student Clinicians/aides
Personnel whose primary job assignment exposes them to cross infection with bloodbourne diseases or other potentially infectious microbes. This category includes physicians, nurses, physician assistants, paramedics, dentists, hygienists, and others whose primary job assignment requires that they participate in patient treatment or handle potentially contaminated instruments or items, on a regular basis.

Tasks/Procedures
- Endoscopic evaluations of swallowing function/phonation
- Tracheostoma contact during evaluations/treatment
- Testing/treating patients recovering from radical ear or oral cavity surgery
- Interoperative monitoring in surgical suite

Category 2 Speech-language Pathologists, Audiologists, Student Clinicians/aides
Personnel whose secondary job assignment potentially exposes them to cross infection. Most audiologists and speech-language pathologists are classified in this category because some job-related activities may involve blood, ear drainage, or mucus/saliva contact. Any office personnel involved in cleaning of instruments or surfaces that may be contaminated with infectious substances would also be classified in this category.
Tasks/Procedures

- Videofluoroscopic evaluations of swallowing
- Deep pharyngeal and thermal stimulation procedures
- Insertions/adjustments of oral-nasal prostheses
- Oral-peripheral exams
- Handling earmolds, hearing aids, immittance tips, specula, etc.
- Disinfecting patient ‘touch and splash’ surfaces

Category 3 Office Assistants, Administrative Assistants
Personnel whose job requirements in the office never expose them to blood or other bodily fluids. This person does not clean instruments or treatment areas and is not involved in treatment procedures or therapy.

Tasks/Procedures

Speech-language pathologist
Audiologist
Student clinicians/aides
Office assistants
Administrative assistants
Exposure Classification Record

The designated employee or student was classified according to work task exposure to certain bodily fluids as required by the current OSHA infection control standard on (date) ______________________ as follows:

Employee/student name:_________________________________________

PLID#:__________________________________________________________

**CATEGORY 1**) All procedures or other job related tasks involve an inherent potential for mucous membrane or skin contact with blood, bodily fluids or tissues, or a potential for spills or splashes of blood or bodily fluids.

**CATEGORY 2**) Some tasks in the normal work routine may lead to exposure to blood or other infectious substances, but exposure is not inherent in the job.

**CATEGORY 3**) The normal work routine leads to no exposure to blood, bodily fluid or tissues.

Employee/student signature:_____________________________________

Because of a change of job assignment, the above employee/student was reclassified on (date) __________ as follows:

_____ Category 1

_____ Category 2

_____ Category 3

Employer/Supervisor Signature:___________________________________
SECTION TWO
Hepatitis B Vaccine

Policy: All employees who perform Category 1 or 2 tasks, have the potential for encountering blood or other infectious substances. These individuals are required to complete a hepatitis B vaccination series in accordance with policy.

Procedure: All Category 1 and 2 employees must complete the vaccination series for hepatitis B. The vaccine must be initiated within 10 working days of initial employment or within 10 days of the implementation of this infection control plan unless the person has already had the vaccine. Employees who decline the vaccine will be required to sign the declination portion of a Hepatitis B Vaccine Consent/Declination Form.

OSHA regulations do not consider students to be employees. Students who perform duties in either Category 1 or 2 will be informed of the potential danger of contracting Hepatitis B. They will be strongly encouraged to obtain the vaccination before initiating clinical duties. If they receive an unprotected exposure to blood, post-exposure evaluation and follow up will be initiated. Costs associated with follow-up procedures are the responsibility of the student.
SECTION THREE
Work practice and Engineering Controls

Policy: Engineering and work practice controls will be utilized to minimize or eliminate potential exposure to employees/students. Where occupational exposure remains after institution of these controls, personal protective equipment will be utilized.

Procedures: Rooms 126C and 116 of the Speech-Language-Hearing Clinic in the Health Professions Building at Texas State will be designated as "hazardous". They are away from heavy traffic areas and patient-contact areas in the clinic reducing the chance of casual contact with contaminated material. Trays and bins for disinfecting diagnostic/therapy materials, earmolds, immittance tips, laryngeal mirrors, Nuk devices, etc. are kept in these areas as well as the chemicals used to complete these tasks. When an object becomes contaminated, it will be brought to these areas for disinfection. The counter and shelves in these areas allow for the placing of trays and cleaning solutions to be out of the reach of unauthorized personnel. No eating, drinking, or socializing will be allowed in these areas.

SECTION FOUR
Emergency Procedures

Policy: All personnel will execute and follow designated emergency procedures.

Procedures: If an employee or student or patient is involved in an exposure incident as a result of an accident (i.e. someone trips and falls, or cuts himself or herself, or a clinician nicks a patient's ear canal causing blood flow) a clinic supervisor or a clinician will call 9-1-1 if the situation warrants. Under no circumstances will any personnel classified in Category 3 place himself or herself in a situation where contact with the blood of a patient or co-worker could occur. Category 1 or 2 employees/personnel may provide assistance in emergency situations when blood or bodily substance spillage occurs ONLY while wearing gloves. If an employee is the victim of an exposure incident, a Post-exposure Management Record Form will be completed and medical attention will be offered.
**Postexposure Management Record**

The following employee/student clinician was the subject of an infectious disease exposure incident on (date) _______________________ and was examined and treated as follows:

Employee/student name____________________________ ID#__________________

Type of incident (describe)_______________________

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Route of Exposure___________________________________________________________

Source patient information:

_____ Source patient was identified but refused to contribute blood.

_____ Source patient was identified and blood was secured from such patient. Results of source patient's blood testing are attached.

Employee hereby grants permission for tests for antibodies of HIV-1 and/or HBV and acknowledges that the employee/student has been counseled concerning such tests.

Employee/student signature____________________________Date_______

The following tests were administered under the supervision of a qualified physician:

_____ Human immunodeficiency virus (HIV-1) antibodies.

_____ Hepatitis B virus antibodies.

_____ Other tests (please list)

Date(s) of test(s)____________________________________

Result(s) of test(s)- See physician's or laboratory report attached.

Employee/student hereby acknowledges that the employee/student was counseled and a written copy of the results of the above test(s) was furnished to such employee/student on (date)_________.

Employee/student signature____________________________Date_______
SECTION FIVE
Infection Control Protocols

Policy: Environmental infection control and basic housekeeping practices will be implemented to protect patients and employees/students.

Procedure: The following infection control protocols are organized via the two sources of contamination: Environmental and Human.

Environmental Infection Control and Basic Housekeeping Practices

Surface Disinfection: Surface disinfection is a two-step process. The general policy is first to clean to remove gross contamination, then disinfect the area to kill the germs. Products containing a cleaning agent compound and disinfectant may be used for both cleaning and disinfecting. This protocol will be used on:

1. Counter tops and Chair arm rests in Room 126C after ear impressions are taken or hearing aids are serviced.
2. The counter top in Room 126C after working on an appliance.
3. Headphones will be disinfected between patients, using a disinfectant towelette.
4. Mats, play surfaces, tables etc. used in any therapy area.

Surface disinfection will incorporate the following steps:

1. A hospital-grade, tuberculocidal disinfectant/cleaner (Wavicide) will be available in Room 126C and Room 116.
2. Spray surface with the disinfectant/cleaner. Wipe away all gross contamination using a paper towel.
3. Spray the surface again, leaving it wet for 10 minutes. Wipe the surface again with a cloth rinsed in tap water.
4. If gross contaminants are not present, a commercially available cleaner/disinfectant may be used.

Immersion Disinfection: An ultrasonic cleaning machine located in Room 126C will be utilized to clean and disinfect noncritical objects and instruments. Items to be disinfected with a commercial disinfectant (Wavicide) include specula, probe tips, earmolds, light tips, etc. that appear free of blood, mucus or significant cerumen. These items will remain in the disinfectant bath as long as directed on the label.
Handling ITE and CIC instruments and earmolds: ITE and CIC instruments and earmolds are assumed to be contaminated and are therefore always to be handled with gloved hands or with a disinfectant towelette prior to disinfection. The following steps will be taken when handling these items:

1. Receive the hearing instrument or earmold in a disinfectant towelette or gloved hand or have the patient place the instrument and/or earmold in a container. Using a disinfectant towelette, wipe the hearing aid or earmold over all surfaces, disinfecting it.

2. Gloves should be worn when cleaning instruments on the repair counter due to the chance of encountering dried blood or mucus within the cerumen found in the sound ports or on the hearing aid or earmold.

3. Picks and probes used to clean an instrument will be sterilized when blood, drainage, or cerumen that contains either are encountered in this process. These tools will be disinfected when blood, drainage or cerumen are not found.

4. A hearing instrument stethoscope may only be used on an instrument that has been disinfected properly. Disinfect the stethoscope using a disinfectant towelette prior to attaching it to another instrument.

Motivational Toys: It is assumed that toys will be mouthed by children, potentially becoming infectious. The following steps will be taken to address this issue:

1. Nonporous, easily cleaned toys will be provided. This will allow the use of a spray disinfectant, towelette, immersion disinfectant or placement in a dishwasher with a hot water cycle of 155 degrees F, depending on the manufacturer's specifications.

2. These toys, including mats, thera-balls, and blocks will be disinfected after a child plays with them.

3. Household gloves or latex exam gloves will be worn when routinely cleaning toys. Exam gloves will be worn when handling toys known to have been exposed to bodily substances. Handwashing, using a medical grade antibacterial soap located at all sinks in the Clinic, will be completed after cleaning and disinfecting toys.

Sterilization: Objects that contact blood, ear drainage or cerumen containing either are critical instruments and must be sterilized prior to reuse or storage. This includes probe tips, specula, etc. that are visually contaminated with blood, drainage, or cerumen that may contain either or both. Due to the nature of the items to be sterilized, cold sterilization with 2% glutaraldehyde will be practiced. The following steps will be completed:

1. The solution will be placed in a covered, plastic container. Gloves will be used when handling the solution.
2. Objects will be cleaned in the ultrasonic cleaner or with a disinfectant towelette, followed by overnight submersion in the full-strength glutaraldehyde.

3. Objects will be removed and wiped with a disinfectant towelette the following morning.

4. The solution will be changed every 30 days as instructed on the label. It will be changed sooner if the material becomes visibly viscous or soiled. A dated label will be affixed to the container with date the solution was prepared and the date of the 30-day expiration.

5. The solution will be properly disposed of as directed on the chemical's label.

Controlling the Human Source of Infection

**Handwashing**: Hands will be thoroughly cleaned before and after each contact with a patient.

1. Water and a hospital grade antibacterial soap are available at all sinks within the Clinic.

2. The hand washing procedure is: remove rings; start the water; lather the soap; scrub palms, backs of hands, fingernails, between fingers, and over the wrists; rinse off with running water; dry hands using a paper towel; turn off water with damp towel, not clean hands.

3. Hands will be washed after removing gloves, applying cosmetics or lip balm, using the restrooms, etc. Hands will be washed before and after providing services for each client, eating, handling undisinfected earmolds or hearing aids, and handling material room toys.

**Gloves**: Gloves will be worn when procedures may create exposure to blood, saliva, ear drainage or cerumen containing blood or ear drainage. All audiometric procedures will begin with a thorough inspection of the ear and surrounding scalp and face. A determination of the need for gloves will be made. If the patient has visible blood, drainage, sores, or lesions, gloves will be worn before continuing services. Gloves will be worn while performing hearing aid cleaning or repairs. Gloves will be worn when handling glutaraldehyde and when cleaning up spills of infectious material (i.e. blood, vomit, urine). Gloves will be worn when conducting oral evaluation procedures which predispose one to contact with saliva. Two pairs of gloves will be worn when treating patients known to be infected with HIV or hepatitis B.
SECTION SIX
Work Area Restrictions

Policy: All employees/students will follow designated work area restrictions.

Procedure: Employees or students will not eat, drink, apply cosmetics or lip balm, or handle contact lenses in the treatment areas or in the hazardous areas.

SECTION SEVEN
Postexposure Evaluation and Follow-up

Policy: All employees/students will immediately report any unprotected incident of exposure to blood, complete written documentation of the incident and follow-up with a medical examination and treatment, if necessary.

Procedure: Exposure to bloodbourne pathogens in this clinic is possible, although not likely, particularly if the steps in this plan are followed carefully. If any exposure does occur, it should be immediately reported to the clinical supervisor and the Clinic Co-directors and recorded on the Postexposure Management Record. It is the responsibility of the employee/student to follow up with required documentation from a physician regarding the medical examination and treatment.

SECTION EIGHT
Training

Policy: Universal Precaution/Infectious disease control training for all student clinicians is conducted for every new cohort of graduate students during the first two weeks of the fall semester. Additional trainings are completed throughout the year. Written documentation of each training session will be recorded on an Infection Control Training Program Form and filed in the student’s permanent file and/or electronic portfolio.

Procedure: Infectious disease control training will be conducted and include an explanation of the following:

1. OSHA Standard for Bloodbourne Pathogens
2. Epidemiology and symptomatology of bloodbourne diseases
3. Modes of transmission of bloodbourne pathogens
4. Review of this exposure control plan including documentation forms
5. Procedures that might cause exposure to infectious pathogens
6. Products used for infection control
7. Methods to control exposure to blood or other potentially infectious substances

8. Personal protective equipment

9. Postexposure procedures

SECTION NINE
Waste Management

Policy: Potentially contaminated waste material will be disposed of in a manner that reduces the risk to employees, students, patients and the outside environment.

Procedure: Waste, such as paper towels, rags, gloves, etc. that are contaminated by significant amounts of blood will be disposed of in plastic bags and taken to the Student Health Center where appropriate disposal mechanisms are enforced. Most waste can be placed in the regular trash. All trash containers will contain disposable plastic bags serving as liners. Waste containing cerumen, drainage, saliva, vomit, diapers, etc. will be placed in a sealable plastic bag then placed in the regular trash. Used disinfectant will be poured down the drain in accordance with the instructions on the label.
Infection Control Training Record

As required by the Infection Control Training and Retaining Programs of this office, the initial training session via an on-line Power Point presentation was completed on (date) ________________.

This training covered Infection Control, CDC Universal Precautions, Methods of transmission of disease spread, Air-borne and blood-borne diseases, OSHA Guidelines, Interpretation of Guidelines dependent on work setting, Cleaning vs disinfecting vs sterilization techniques, Infection Control Plan, and Employee Classification. Demonstrated competency in Infection Control was achieved by a grade of 70% or higher on a quiz following the Power Point Presentation.

Completed by:

Printed Name: _______________________________________________________________

Signature:_____________________________________________________________________

Presenter’s/Trainer’s Name: Lori Stiritz, MA/CCC-A

Signature of Presenter: __________________________________________________________________

INFECTION CONTROL CHECKLIST

General Requirements

_____ Infection Control Plan

_____ Employee/student Classification & Documentation

_____ Work Practice Controls

_____ Training for new students every semester

Protocols

_____ Counter tops and tables disinfected after each use
CDIS Policies and Procedures Statements

_____ Headphones disinfected after each use
_____ Noncritical instruments cleaned and disinfected before reuse or storage
_____ Toys disinfected after each use
_____ Earmolds, ITE, CIC disinfected prior to handling
_____ All audiological procedures begin with visual inspection of patient's ear, scalp and face
_____ All critical instruments cleaned and sterilized prior to reuse or storage
_____ Ultrasonic cleaning solution changes every 30 days
_____ Glutaraldehyde solutions changed every 21 days or when appears contaminated
_____ Waste handled according to policy

Supplies
_____ Latex exam gloves
_____ Wavicide diluted to a 1:4 concentration in the spray bottles and in the ultrasonic cleaner
_____ Wavicide undiluted in plastic container for cold sterilization purposes
_____ Tuberculocidal disinfectant wipes
_____ Antibacterial liquid hand soap
_____ Paper towels
_____ Plastic trash liners
_____ Plastic sealable bags

PROTOCOL #1
Handwashing

Hands must be washed:

1. Before and after seeing a patient

2. After eating, applying cosmetics, adjusting contact lenses, disinfecting any surface or object, after removing the exam gloves, before and after taking an earmold impression.
Procedure:

1. Remove all rings. Microorganisms cannot be eliminated from skin beneath rings and growth is facilitated in warm, dark, moist places (such as under rings).

2. Start water and apply the liquid soap from the dispenser on the wall. Scrub palms, fingers, fingernails, between fingers, backs of hands up to the wrist for a minimum of 15 seconds.

3. Rinse the soap off with running water.

4. Dry hands with a paper towel and using a towel, turn off the running water.

5. Use hand lotion to keep hands from drying and becoming chaffed. Avoid petroleum-based products as these affect latex.

   **PROTOCOL #2**
   
   Audiology
   
   Handling ITE, CIC, & Earmolds

1. Wear gloves when receiving the hearing aid.  OR

2. Have the patient place the item in a plastic bowl and then disinfect it with a wipe.  OR

3. Have the patient place the item on a disinfecting towlette.  OR

4. Have the patient place the item in the ultrasonic cleaner (earmolds only).

5. Always wear gloves when cleaning aids as cerumen containing dried mucus and blood is very common within the sound port and vents.

6. Sterilize picks/probes used to clean the aid/earmold if the cerumen contained drainage, blood or mucus. Disinfect items if the cerumen did not contain blood, drainage, or mucus.

7. Never use the diagnostic stethoscope on an aid that has not been disinfected. Always disinfect the stethoscope after using it before storage.

   **PROTOCOL #3**
   
   Surface Disinfection

1. Spray surface with disinfectant and wipe away all gross contamination.

2. Spray surface again with disinfectant and allow to dry for 10 minutes.

3. Wipe surface again with a tap water-dampened towel.
PROTOCOL #4
Disinfecting

1. Disinfect the repair counter top, the headphones, and any item used in cleaning a hearing aid and/or earmold (including the hearing aid/earmold), any toys or motivational objects used in therapy.

2. Use the spray bottle for items that are stationary. Spray and let dry 10 minutes.

3. Use a disinfecting towlette for items that cannot be sprayed or immersed in a disinfectant solution, i.e. hearing aids, earphones.

4. Place any item that can be immersed in a diluted solution (1:4) of Wavicide for 10 minutes. Remove and rinse with tap water. Allow to air dry.

5. Change all diluted Wavicide every 21 days as indicated on the label.

PROTOCOL #5
Cold Sterilization

1. Any item that contains blood mucus, or drainage or contains cerumen with dried blood, mucus, or drainage must be cold sterilized.

2. Place the item in the ultrasonic cleaner containing disinfectant for 10 minutes.

3. Place the item in the undiluted Wavicide overnight. The undiluted Wavicide should be changed every 21 days as indicated on label.

4. Rinse with sterilized water and let air dry.
1. TITLE: Incident Reporting

2. PURPOSE: To clearly define an incident as it relates to the Speech-Language-Hearing Clinic and to ensure the timely reporting and follow-up of incidents.

3. POLICY: An incident (defined as any event in which significant material damage occurs; in which personal injury occurs; in which either of the previous conditions are narrowly avoided; or in which personal conflict is expressed in an uncontrolled or barely controlled manner) is to be reported in writing to the Clinic Co-directors on the day of occurrence.

4. PROCEDURES TO IMPLEMENT POLICY:
   a. The supervisor and the student clinician most closely involved in the incident jointly complete the CDIS Incident Report form (obtained from clinic administrative assistant) and submit it to a clinic co-director on the day of the occurrence.
   b. One of the Clinic Co-directors reviews the report within one business day.
   c. The Clinic Co-directors will respond to the report by scheduling follow-up conferences as needed or may designate a faculty member to investigate the facts of the incident and file a separate report as warranted.
   d. The Clinic Co-directors will forward the Incident Report to the Department Chair at the conclusion of the investigation or before, if the incident warrants.
   e. The Department Chair will forward the report to the Dean’s office.
Department of Communication Disorders Incident Report

Date of this report: _____ Time: ________________ am/pm

Person reporting and title: __________________________
Address: _______________________________________
City: ___________________________ State:_________ Zip: ____________
Phone: ________________________________

Date of discovery:
Date of incident:
Time of incident:
Location of incident:
Person(s) involved:
(include addresses if known)

Physical injuries, potential harm and risks incurred:
(near-injuries, confidential data breach/ security risks)

Property damage:

Notification procedures followed (individual contacted, date, time):

Describe the incident as fully as possible including elements leading to the incident, actions taken and possible factors in the cause of (use the back of this form as necessary).

Signature: ________________________________
Received by: _______________________________ Date: ______________

Follow-up and Results:

______________________________
Clinic Co-Director Signature Date
TITLE: Standards for Reporting Suspected Child Abuse and Neglect

PURPOSE: To define the standards by which faculty, staff and students will report suspected child abuse or neglect

POLICY: The Department of Communication Disorders of Texas State University-San Marcos adopts the DSHS Child Abuse Screening, Documenting and Reporting Policy for Contractor/Providers by reference in our internal policy and will comply with all provisions for the DSHS policy.

PROCEDURES TO IMPLEMENT POLICY:

a. Report of abuse is required if abuse or neglect is suspected in a minor client who is not nor has never been married. If a client under the age of 17 is or has ever been married, the client is not considered a minor. A statement from the client is the evidence that determines this.

b. Abuse, neglect or indecency with a child is defined by the Texas Family Code Chapter 261.001 as
   i. "Abuse" includes the following acts or omissions by a person:
      1. mental or emotional injury to a child that results in an observable and material impairment in the child's growth, development, or psychological functioning;
      2. causing or permitting the child to be in a situation in which the child sustains a mental or emotional injury that results in an observable and material impairment in the child's growth, development, or psychological functioning;
      3. physical injury that results in substantial harm to the child, or the genuine threat of substantial harm from physical injury to the child, including an injury that is at variance with the history or explanation given and excluding an accident or reasonable discipline by a parent, guardian, or managing or possessory conservator that does not expose the child to a substantial risk of harm;
      4. failure to make a reasonable effort to prevent an action by another person that results in physical injury that results in substantial harm to the child;
      5. sexual conduct harmful to a child's mental, emotional, or physical welfare, including conduct that constitutes the offense of indecency with a child under Section 21.11, Penal Code, sexual assault under Section 22.011, Penal Code, or aggravated sexual assault under Section 22.021, Penal Code;
      6. failure to make a reasonable effort to prevent sexual conduct harmful to a child;
      7. compelling or encouraging the child to engage in sexual conduct as defined by Section 43.01, Penal Code;
8. causing, permitting, encouraging, engaging in, or allowing the photographing, filming, or depicting of the child if the person knew or should have known that the resulting photograph, film, or depiction of the child is obscene as defined by Section 43.21, Penal Code, or pornographic;

9. the current use by a person of a controlled substance as defined by Chapter 481, Health and Safety Code, in a manner or to the extent that the use results in physical, mental, or emotional injury to a child;

10. causing, expressly permitting, or encouraging a child to use a controlled substance as defined by Chapter 481, Health and Safety Code; or

11. causing, permitting, encouraging, engaging in, or allowing a sexual performance by a child as defined by Section 43.25, Penal Code.

ii. "Neglect" includes:

1. the leaving of a child in a situation where the child would be exposed to a substantial risk of physical or mental harm, without arranging for necessary care for the child, and the demonstration of an intent not to return by a parent, guardian, or managing or possessory conservator of the child;

2. the following acts or omissions by a person:
   a. placing a child in or failing to remove a child from a situation that a reasonable person would realize requires judgment or actions beyond the child's level of maturity, physical condition, or mental abilities and that results in bodily injury or a substantial risk of immediate harm to the child;
   b. failing to seek, obtain, or follow through with medical care for a child, with the failure resulting in or presenting a substantial risk of death, disfigurement, or bodily injury or with the failure resulting in an observable and material impairment to the growth, development, or functioning of the child;
   c. the failure to provide a child with food, clothing, or shelter necessary to sustain the life or health of the child, excluding failure caused primarily by financial inability unless relief services had been offered and refused; or
   d. placing a child in or failing to remove the child from a situation in which the child would be exposed to a substantial risk of sexual conduct harmful to the child; or;
e. the failure by the person responsible for a child's care, custody, or welfare to permit the child to return to the child's home without arranging for the necessary care for the child after the child has been absent from the home for any reason, including having been in residential placement or having run away.

c. A report must be made within 48 hours of the initial suspicion of abuse/neglect.
   iii. A report must be made even if the professional thinks that a report has already been filed by another professional.
   iv. A professional may not delegate to or rely on another person to make the report.
      1. "Professional" means an individual who is licensed or certified by the state or who is an employee of a facility licensed, certified, or operated by the state and who, in the normal course of official duties or duties for which a license or certification is required, has direct contact with children. In the case of a student suspecting abuse or neglect, the incidents must be reported verbally to the clinic supervisor or clinic director who then assumes the role of “professional”.

d. The requirement to report under this section applies without exception to an individual whose personal communications may otherwise be privileged.

e. Procedure for filing a report:
   i. Emergency situation: If it is believed that the child is in danger and considers this is an emergency, contact law enforcement or make a telephone report immediately to the Texas Department of Family and Protective Services (DFPS) Protective and Regulatory Services (DPRS) Hotline at 1-800-252-5400 (24 hrs. a day, 7 days a week). Reports can be made anonymously.
   ii. Anonymous filing: If the reporter wishes to remain anonymous, the filing must be done either through a local or state law agency or via the DPRS Hotline at 1-800-252-5400.
   iii. Non-emergency filing and identity of reporter not anonymous: File via e-mail at https://www.txabusehotline.org/PublicForm/SWiform.asp

f. The following items must be included in the report. Reporting must be done on the DSHS Checklist for Reporting Abuse found at
   i. Name and address of the minor
   ii. Name and address of minor’s parents or person responsible for the care, custody or welfare of the child
   iii. Any pertinent information concerning the suspected abuse. If DPRS requests certain information that the facility does not routinely collect, there is no need for the facility to collect the information.
g. Chart documentation
   i. There must be a statement in the client’s chart stating the basis for suspecting abuse and that a report was required or that a report was not required. Any additional documentation must also be in the client’s chart.
Policies and Procedures Statements

Supervision for ASHA Clinical Hours
1. TITLE: Clinical Supervision and Documentation Requirements

2. PURPOSE: To specify the supervision and documentation requirements for diagnostic and therapy sessions conducted by student clinicians at the Speech-Language-Hearing Clinic and off-campus clinical sites.

3. POLICY: Appropriately credentialed (being licensed by the State of Texas and holding the appropriate ASHA Certificate of Clinical Competence) clinical supervisors shall directly supervise and document, in accordance with current CAA and CFCC standards, each diagnostic and/or therapy session conducted by student clinicians.

   a. Student clinicians will be supervised in real time and never at less than 25% of total contact time with each client for each treatment and diagnostic session. However, depending on the student and client needs, the supervisor will engage in more than 25% of the total contact time with each client.

   b. The 25% supervision standard is a minimum requirement and is adjusted upward whenever the student's level of knowledge, skills, and experience warrants.

4. PROCEDURES TO IMPLEMENT POLICY:

   **On-Campus Speech-Language Clinic Procedures**

   a. Prior to the start of any diagnostic or therapy session, the student clinician enters in ink the date of the session, the client’s initials, ASHA categories and age on the appropriate clinical hours form.

   b. The student clinician then places the form in an individual clinical folder located in the observation room chosen for the session.

   c. Following the session, the student clinician completes the Hours column of the Clinical Hours form, rounding the time to the nearest five minutes.

   d. The supervisor signs the entry to document supervision of the session and returns the Clinical Hours form to the designated folder.

   e. The supervisor signs or initials the entry to document supervision of the session and returns the Clinical Hours form to the clinical folder.

   f. Student clinicians are responsible for maintaining and retrieving their forms from the clinical folder.

   g. Each student clinician is responsible for accurately entering and submitting the documented hours earned to their CALIPSO accounts in accordance with the timeframes for Submission of Clinical Hours outlined on the “Clinic Calendar”.

   h. Each clinical supervisor will verify and approve submitted hours electronically. Hours that are inaccurately recorded, incomplete, or late will not be approved, and
subsequently counted toward the 375 minimum. The hours will remain recorded in their respective CALIPSO accounts, but will not be calculated toward their total clock hours.

**Off-Campus Clinical Sites and On-Campus Audiological Practicum**

a. The student records hours on a daily basis on the Daily Contact Hours Log, in each respective ASHA category. They will present this document to their off campus supervisor as a cross reference to verify hours entered in their CALIPSO accounts (Step g above)

b. Supervisors must verify contact hours at a minimum of once every four (4) weeks.
1. TITLE: Bilingual Cognate Clinical Hours

2. PURPOSE: To specify the number and types of supervised clinical clock hours a bilingual clinician must accrue with bilingual clients speaking English and at least one other language and monolingual clients speaking a language other than English; to specify how and by whom these hours and the supervision of these hours are verified, recorded, and tracked.

3. POLICY: Of the 325 minimum clock hours that the CAA requires students to accrue at the graduate level, at least 125 shall be earned with bilingual or monolingual Spanish-speaking clients under the supervision of bilingual or bicultural speech-language pathologists.

For students completing the bilingual cognate with second languages OTHER than Spanish, only 25 of the 325 minimum clock hours shall be earned with bilingual or monolingual clients speaking a language other than English under the supervision of bilingual or bicultural speech-language pathologists. Up to 20 of the 25 hours may be obtained in faculty approved/directed, non-contact activities. These hours are not counted toward the required 375 hours.

The hours shall be adequately distributed, as determined by faculty, among the required CAA categories.

4. PROCEDURES TO IMPLEMENT POLICY:

   a. The bilingual cognate clinician is responsible for indicating on the client information form that the hours with the client are bilingual.

   b. Bilingual clinicians completing the Bilingual cognate accrue bilingual hours assessing and treating bilingual clients whose dominant language is English OR a language other than English and with monolingual clients speaking a language other than English (see attached letter).

   c. Bilingual cognate students completing 2 cognates during graduate school will be required to obtain a minimum of 100 contact hours with bilingual or mono-lingual clients speaking a language other than English.

   d. Mrs. Clarissa Rodriguez, Mrs. Erica Almaraz, Ms. Wendel or Dr. Maria Resendiz will determine which off-campus affiliate sites offer supervision by a bilingual or bicultural speech-language pathologist.
Dear Bilingual or Bicultural Off-Campus Supervisor:

The Department of Communication Disorders’ (CDIS) faculty members at Texas State University wish to thank you for your assistance with the clinical training of our future bilingual speech-language pathologists. Based on feedback the department has received from bilingual off-campus supervisors, we thought it might be beneficial to describe the Bilingual Cognate and the guidelines to be implemented for the cognate.

Graduate students completing the Advanced Bilingual Cognate are bilingual (English/Spanish) speakers, demonstrate native or near native fluency in both languages. They are well versed in bilingual theory as it pertains to assessment and intervention with culturally and linguistically diverse populations. These students are prepared to conduct bilingual speech and language assessments and provide intervention for both monolingual Spanish-speaking and bilingual (Spanish- and English-speaking) clients under the supervision of a qualified bilingual or bicultural clinical supervisor.

Graduate students completing the Intermediate Bilingual Cognate are also well versed in bilingual theory as it pertains to assessment and intervention with culturally and linguistically diverse populations. However, they do not demonstrate native or near native proficiency in Spanish; therefore, they will work primarily with bilingual English- and Spanish-speaking clients when intervention is provided in English. They must still be supervised by a qualified bilingual or bicultural clinical supervisor.

Students in the bilingual (advanced and intermediate) cognate have completed or are in the process of completing coursework addressing Spanish phonetics and phonemics, multicultural issues in communicatively disordered populations, and second language acquisition. They have obtained clinical hours working with bilingual clients under the supervision of a bilingual or bicultural speech-language pathologist at the CDIS Speech-Language-Hearing Clinic while completing on-campus practicum during their first year of graduate work.

It is during the student’s first year of graduate study that their Spanish proficiency levels are determined by a bilingual speech-language pathologist. The student’s Spanish proficiency skills are established using a combination of the following factors: performance on standardized language proficiency testing, ability to conduct simulated assessment/intervention activities, and self-report of language proficiency skills. Strengths and areas of need are reviewed with students prior to off campus placement. Entry into the advanced bilingual cognate requires that the student meet ASHA’s definition of a bilingual speech language pathologist (refer to the attached document). If the student does not meet these criteria, they will have to complete the Intermediate Bilingual Cognate.

Given the fact that students in either of the Advanced or Intermediate cognates utilize bilingual theory, they will accrue bilingual hours when providing assessment or intervention services to clients who have been exposed to 2 or more languages, regardless of the client’s language of intervention as long as they are supervised by a qualified bilingual or bicultural speech-language pathologist.

If you have any questions, please do not hesitate in contacting Renee Wendel, Clinic Co-Director at (512) 245-8240 (rw18@txstate.edu) or Clarissa Rodriguez, Clinical Co-Director at (512) 245-6800 (cr48@txstate.edu). We truly appreciate your dedication and loyalty in helping us to shape the future leaders of our profession.
1. TITLE: Procedures for Determining Spanish Proficiency for Students Completing the Bilingual Cognate

2. PURPOSE: To determine whether Bilingual speakers will be placed in the Advanced or Intermediate Category within the Bilingual Cognate.

3. PROCEDURE: According to ASHA’s definition of a Bilingual Service Provider, individuals must be able to do the following:
   a. speak their primary language and to speak (or sign) at least one other language with native or near-native proficiency in lexicon (vocabulary), semantics (meaning), phonology (pronunciation), morphology/syntax (grammar), and pragmatics (uses) during clinical management;
   b. have the specific knowledge and skill sets necessary for the services to be delivered. Bilingual audiologists must be able to independently provide comprehensive diagnostic and treatment/rehabilitative services for auditory, vestibular, and related impairments using the client's/patient's language and preferred mode of communication. They must also have the linguistic proficiency to select and interpret culturally and linguistically appropriate assessment materials, tools, and methods; instruct and assess the client/patient in direct clinical techniques using behavioral, physiologic, and developmental measures; administer and interpret standardized self-report measures of communication difficulties and of psychosocial and behavioral adjustment to auditory dysfunction; and,
   c. independently provide comprehensive diagnostic and treatment services for speech, language, cognitive, voice, and swallowing disorders using the client's/patient's language and preferred mode of communication. They must also have the linguistic proficiency to describe the process of normal speech and language acquisition—for both bilingual and monolingual speakers of that language, including how those processes are manifested in oral and written language (or manually coded languages when applicable); select, administer, and interpret formal and informal assessment procedures to distinguish between communication differences and communication disorders; apply intervention strategies for treatment of communication disorders in the language or mode of communication most appropriate for the needs of the individual.

4. PROCEDURES TO IMPLEMENT THE POLICY: It is during the student’s first year of graduate study that their Spanish proficiency levels are determined by a bilingual speech-language pathologist.

A. The student’s Spanish proficiency skills are established using a combination of the following:
   i. performance on standardized language proficiency testing;
ii. ability to conduct simulated assessment/intervention activities; and
ii. self-report of language proficiency.

B. Once these data are gathered a decision is made whether the student is placed in the Advanced or Intermediate Category within the Bilingual Cognate. Strengths and areas of need are reviewed with students prior to any clinic assignment or off-campus practicum placement. Entry into the Bilingual cognate requires that the student meet ASHA’s definition of a bilingual speech pathologist (refer to the next page for the definition). If the student does not meet these criteria, they will have to complete the Intermediate Bilingual cognate.
Bilingual Speech-Language Pathologists and Audiologists: Definition

ASHA Committee on the Status of Racial Minorities

About this Document

The following definition, drafted by the Committee on the Status of Racial Minorities, was adopted as an official statement of the American Speech-Language-Hearing Association by its Legislative Council in November 1988 (LC 17-88). Members of the committee during development of the definition were Lorraine Cole (ex officio), Lupe L. Delgado, Gladys F. DeVane, Doreen G. Holliman, Hortencia Kayser (Chair), Jeniece E. Nelson, William T. Simpkins, Jr., and Deborah W. White, under the guidance of Robert L. Douglass, monitoring vice president.

Speech-language pathologists or audiologists who present themselves as bilingual for the purposes of providing clinical services must be able to speak their primary language and to speak (or sign) at least one other language with native or near-native proficiency in lexicon (vocabulary), semantics (meaning), phonology (pronunciation), morphology/syntax (grammar), and pragmatics (uses) during clinical management.

To provide bilingual assessment and remediation services in the client's language, the bilingual speech-language pathologist or audiologist should possess:

1. ability to describe the process of normal speech and language acquisition for both bilingual and monolingual individuals and how those processes are manifested in oral (or manually coded) and written language;
2. ability to administer and interpret formal and informal assessment procedures to distinguish between communication differences and communication disorders in oral (or manually coded) and written language;
3. ability to apply intervention strategies for treatment of communication disorders in the client's language; and
4. ability to recognize cultural factors which affect the delivery of speech-language pathology and audiology services to the client's language community.

Index terms: bilingualism


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DOI: 10.1044/policy.RP1989-00205
1. TITLE: Autism Cognate Clinical Hours

2. PURPOSE: To specify the number and types of supervised clinical hours and experiences a clinician must accrue with individuals who are on the autism spectrum; to specify how and by whom these hours and the supervision of these hours are verified, recorded, and tracked.

3. POLICY: Of the 325 minimum clock hours that the Council for Clinical Certification requires to accrue at the graduate level, at least 100 shall be earned with individuals who are on the autism spectrum under the supervision of ASHA certified and state licensed speech-language pathologists. Up to 25 of the 100 hours may be obtained in faculty approved/directed, non-contact activities. These are not counted toward the required 375 hours.

Second year cognate students are required to participate in a cognate-sponsored service project during their seminar (CDIS 5390) course.

4. PROCEDURES TO IMPLEMENT POLICY:
   
   a. The student clinician is responsible for indicating on the clinical records form that the hours are with individuals who are on the autism spectrum.
   
   b. Clinicians completing the autism cognate will accrue clinical hours in the assessment and treatment of individuals who are on the autism spectrum.
   
   c. The Clinic Co-directors are responsible for verifying that speech-language pathologists who supervise clinicians in the autism cognate hold a current Certificate of Clinical Competence and a Texas state license.
1. **TITLE:** Fluency Cognate Clinical Hours

2. **PURPOSE:** To specify the number and types of supervised clinical hours a clinician must accrue with People Who Stutter (PWS); to specify how and by whom these hours and the supervision of these hours are verified, recorded, and tracked.

3. **POLICY:** Of the 325 minimum clock hours that the Council for Clinical Certification requires to accrue at the graduate level, at least 50 shall be earned with PWS under the supervision of ASHA certified and state licensed speech-language pathologists.

4. **PROCEDURES TO IMPLEMENT POLICY:**

   a. Students enrolled in the Fluency cognate will meet with their mentor for two hours at an interval of 4 weeks beginning their first semester of graduate school. Issues related to the measurement and treatment of stuttering will be discussed during these meetings.

   b. Students will complete advanced readings in the assessment and treatment of fluency disorders during the first year of graduate school. This will include hands-on experience with administering and scoring standardized tests of stuttering.

   c. Clinicians completing the Fluency cognate will accrue a minimum of 50 clinical hours in the assessment and treatment of PWS. A maximum of 10 hours can be accrued during non-contact activities including student/peer teaching and mentoring, data analysis, and clinical research (these hours will not count toward the required 375 hours). Part of this requirement will be met by providing therapy services via telepractice.

      i. Students completing the fluency cognate will provide therapy services using telepractice as part of their seminar (5390) course.

   d. The Clinic Co-directors are responsible for verifying that speech-language pathologists who supervise clinicians in the Fluency cognate hold a current Certificate of Clinical Competence and a Texas state license.
1. **TITLE:** Neurogenic, Voice and Swallowing (NVS) Cognate Clinical Hours

5. **PURPOSE:** To specify the number and types of supervised clinical hours a clinician must accrue with individuals with medical-based communication/swallowing impairments throughout the lifespan; to specify how and by whom these hours and the supervision of these hours are verified, recorded, and tracked.

6. **POLICY:** Of the 325 minimum clock hours that the Council for Clinical Certification requires to accrue at the graduate level, at least 100 shall be earned with individuals with medical-based communication/swallowing impairments under the supervision of ASHA certified and state licensed speech-language pathologists.

7. **PROCEDURES TO IMPLEMENT POLICY:**
   
   a. Students enrolled in the Neurogenic, Voice and Swallowing cognate will meet with their mentors for two hours at an interval of 4 weeks beginning their first semester of graduate school. Issues related to the assessment and treatment of individuals with medical-based communication/swallowing impairments will be discussed during these meetings. The meetings will expose students to the interdisciplinary nature of medical speech-language pathology.
   
   b. Students will complete advanced readings and modules related to the assessment and treatment of individuals with medical-based communication/swallowing impairments during the first year of graduate school. This will include hands-on experience with instrumentation related to the assessment of individuals with medical-based communication/swallowing impairments.
   
   c. Clinicians completing the NVS cognate will accrue a minimum of 100 clinical hours in the assessment and treatment of individuals with medical-based communication/swallowing impairments. A maximum of 25 hours can be accrued during non-contact activities including student/peer teaching and mentoring, data analysis, and clinical research. These hours will not count toward the overall 375 hour requirement.
   
   d. The Clinic Co-directors are responsible for verifying that speech-language pathologists who supervise clinicians in the medical speech-language pathology cognate hold a current Certificate of Clinical Competence and a Texas state license.
1. **TITLE:** Variety In Practice Cognate

2. **PURPOSE:** To specify the number and types of supervised clinical experiences a clinician must accrue with individuals with varied speech and language disorders throughout the lifespan and to specify how and by whom these experiences and the supervision is verified, recorded, and tracked.

3. **POLICY:** Of the 325 minimum clock hours that the Council for Clinical Certification requires at the graduate level, at least 25 hours must be accrued in each of the following age-ranges: Across the lifespan; Birth-to-Five, School-Age, and Adult. All hours acquired shall be earned under the supervision of ASHA certified and state licensed speech-language pathologists.

4. **PROCEDURES TO IMPLEMENT POLICY:**
   a. Students enrolled in the Variety In Practice cognate will meet with their mentors beginning their first semester of graduate school. Issues related to the assessment and treatment of individuals with communication/swallowing impairments across the lifespan will be discussed during these meetings. The meetings will focus on application of clinical skills to a variety of populations and settings.
   
   b. Students will complete advanced readings and modules related to the assessment and treatment of individuals with communication/swallowing impairments across the lifespan during the first year of graduate school. This will include hands-on experiences and visits to various clinical settings where speech pathologists may work with patients.
   
   c. The Variety in Practice cognate students will accrue clinical hours in the assessment and treatment of individuals with communication/swallowing impairments at a rate consistent with overall hours requirements. A maximum of 25 hours can be accrued during non-contact activities including student/peer teaching and mentoring, data analysis, and clinical research. These will not count toward the required 375 hours.
   
   d. The Clinic Co-directors are responsible for verifying that speech-language pathologists who supervise clinicians in the Variety in Practice cognate hold a current Certificate of Clinical Competence and a Texas state license.
1. TITLE: Inclusion of Students from Culturally and Linguistically Diverse Backgrounds

2. PURPOSE: The Department of Communication Disorders provides a respectful and inclusive environment for all students demonstrating accents, dialects and or English language proficiency differences.

3. PROCEDURE: CDIS makes every effort to ensure that students are meeting KASA requirements in clinical service delivery and adopts ASHA's Social Dialects Position Paper (ASHA, 1983) stating that dialects are not to be considered disordered speech and language among our clients. The same inclusiveness and acceptance of diversity is extended to students from culturally and linguistically diverse populations who may not speak General American English. All faculty, staff, and students will adhere to the recommendations suggested by the ASHA Joint Subcommittee of the Executive Board on English Language Proficiency.

4. PROCEDURES TO IMPLEMENT THE POLICY: All faculty, staff, and students will adhere to the suggestions and recommendations outlined in the technical report, “Students and Professionals Who Speak English with Accents and Nonstandard Dialects: Issues and Recommendations” (refer to the next few pages for the report).
Students and Professionals Who Speak English with Accents and Nonstandard Dialects: Issues and Recommendations

This technical report was prepared by the American Speech-Language-Hearing Association (ASHA) Joint Subcommittee of the Executive Board on English Language Proficiency. Committee members responsible for this report include two members from the Multicultural Issues Board, Hortencia Kayser and Lynda Campbell; the monitoring officer for the Multicultural Issues Board, Vic Gladstone; two members from the Council on Professional Standards, Julie Atwood and Patricia Kricos; and was Chaired by Nancy Swigert with Diane Scott as ex officio. Special advice was rendered by Charlena Seymour and Toya Wyatt. To stimulate discussion and generate other recommendations, this report was circulated for select peer review to the Multicultural Issues Board; the Academic Affairs Board; Special Interest Division 11-Administration and Supervision; Special Interest Division 14-Communication Sciences and Disorders in Culturally and Linguistically Diverse Populations; related professional organizations such as the Council of Supervisors in Speech-Language Pathology and Audiology (CSSPA), the National Black Association for Speech-Language and Hearing (NBASLH), L'GASP, the Hispanic Caucus, the Asian/Pacific Islander Caucus, the Native American Caucus, and the Council on Professional Standards in Speech-Language Pathology and Audiology.

Introduction

In accordance with ASHA's Code of Ethics, speech-language pathologists and audiologists must not discriminate in the delivery of professional services. Audiologists and speech-language pathologists should educate clients, parents, and other professionals about the acceptance of linguistic and cultural diversity. That same nondiscriminatory behavior is expected of speech-language pathologists and audiologists in their interactions with colleagues and student clinicians.

However, general practice in many communication sciences and disorders education programs and by some employers is typically reflective of a monocultural perspective regarding linguistic diversity. Many educational programs have discouraged speakers of certain nonstandard linguistic varieties from majoring in communication sciences and disorders. Other programs have not permitted or have restricted clinical practicum experiences for students who speak [certain] nonstandard linguistic varieties of English. Still others have required student enrollment as a client at the university clinic to eradicate accents or dialects, or reassigned such students based solely on negative attitudes and prejudices of clients and clinical supervisors. In many of these cases, the ability of students with accents or dialects to provide clinical services or write clinical reports have been called into question. Similar negative practices have been demonstrated by some employers. All of the aforementioned behaviors are contrary to fostering and celebrating the cultural diversity that enhances the professions. Members of the professions of speech-language pathology and audiology and the consumers they serve all speak with accents and/or dialects that reflect when, where, how, and with whom and from whom they learned language. An accent refers to a phonetic trait from a person's original language (L1) that is carried over a second language (L2); whereas, a dialect refers to sets of differences, wherever they may occur, that make one English speaker's speech different from another's (Wolfram & Fasold, 1974). Each dialect has distinguishing linguistic characteristics (phonological, morphological, and grammatical), although the majority of linguistic features of the (American) English language are common to each of the varieties of (American) English. The presence of an
accent and/or dialect may make a person vulnerable to stereotypical judgments, prejudices, and sometimes discrimination because some accents or dialects are deemed more acceptable than others. Members of ASHA, in the conduct of their professional activities, are urged not to discriminate against persons who speak with an accent or dialect.

**Background Information**

In December 1994 a joint subcommittee of the Executive Board was formed and charged with addressing issues related to linguistic competence of speakers of English as a second language and individuals who speak with an accent or dialect. After several revisions, this technical paper addresses only those issues related to individuals who speak with accents and dialects, and not those who are in the process of acquiring English as a second language. Thus, allowing for a thorough and targeted approach to addressing specific concerns.

This technical paper will:

Identify the differences between speakers of accents and dialects and those who are limited English proficient speakers.

Identify considerations necessary for the provision of clinical services by individuals who speak with accents and dialects.

Define the extent to which clinical report writing may be influenced by the use of accents and dialects.

Provide recommendations for decreasing discriminatory behavior and providing resources for students and professionals who speak with accents and dialects.

**Distinguishing Among Accents, Dialects, and Limited English Proficiency**

In the United States, speakers of English may be categorized into one of three basic groups on the basis of accent or dialect. The first group consists of persons who were born in another country and learned their first language(s) before they acquired English. Their English may be accented by their first language(s). This group could include persons born in other countries where students learn English while in school. The second group consists of persons born in the United States who learned their first language(s) before they acquired English. This group could include children born of parents who speak a language or languages other than English in the home and whose children then learn English in school, or children who are learning multiple languages, including English, simultaneously. The third group consists of persons born in the United States or other countries whose only language is English. Their development of English is affected by region, status, style, ethnicity, age, gender, life experiences, and communication models among other factors, resulting in their use of a nonstandard dialect of English. Examples of this third group would include, but are not limited to, individuals who speak Appalachian English, one of the New York dialects, African American English, standard English, British dialect, southern English, and English influenced by some other non-English languages such as Spanish. In reality, all speakers then have accents and dialects. There is a fourth group of individuals whose use of English may differ from native English speakers. This group consists of persons who learned their first language(s) and are in the process of learning English as a second language, but who have not yet acquired proficiency in English. This group includes those persons who have moved to the United States permanently or temporarily, such as to attend
college. This technical report addresses the three groups described above but does not address
the concerns of limited English proficient speakers.

Considerations Necessary for the Provision of Clinical Services by Accent or Dialect
Speakers
There is no research to support the belief that audiologists and speech-language pathologists who
speak a nonstandard dialect or who speak with an accent are unable to make appropriate
diagnostic decisions or achieve appropriate treatment outcomes. When working with students
who speak a nonstandard dialect or speak with an accent, clinical supervisors and faculty should
be asking such questions as:

Does the individual have the expected level of knowledge in normal and disordered
communication?

Does the individual have the expected level of diagnostic and clinical case management skills?

If modeling is necessary, is the individual able to model the target phoneme, grammatical
feature, or other aspect of speech and language that characterizes the client's particular problem?

Clinical Report Writing Skills
The subcommittee agreed that students' inadequate writing skills are not directly linked to their
culturally and linguistically diverse backgrounds. Although inadequate writing skills are
pervasive and problematic among the student population, they exist irrespective of student
background. In fact, to specifically relate difficulty with writing skills to the culturally and
linguistically diverse backgrounds of students may be prejudicial. It is recommended that all
students have access to resources for improving writing skills. Although clinical report writing
skills and competencies are critical to effective documentation, standards need not be altered for
students who speak with dialects or with accents.

Recommendations
Demographic changes anticipated in the near future indicate a need for increasing numbers of
professionals with the linguistic diversity to provide services to those individuals with
communication disorders from culturally and linguistically diverse populations. ASHA's position
papers on Social Dialects (1983) and the Clinical Management of Communicatively
Handicapped Minority Language Populations (1985) provide ASHA members with the necessary
policy and guidelines for providing services to individuals who speak with accents/dialects and
outlines the competencies necessary to provide such service. Many speakers with accents and
dialects also have these competencies and it is critical that we allow their full participation in the
professions. It is also of paramount concern to educate employers of audiologists and speech-
language pathologists about the benefits/advantages of hiring personnel from culturally and
linguistically diverse backgrounds.

The subcommittee offers the following recommendations as additional actions for minimizing
the discriminatory behavior that may be evident in educational programs and employment
settings, as well as to provide enhanced resources to professionals and students with accents and
dialects.
1) Develop separate position statements on Accents and Dialects, and English Language Proficiency that would address the inclusion of students who are from culturally and linguistically diverse backgrounds in communication sciences and disorders. ASHA’s Social Dialects Position Paper (ASHA, 1983) states that dialects are not to be considered as disordered speech and language among our clients. The same inclusiveness and acceptance of diversity should be extended to practitioners and students from culturally and linguistically diverse populations who may not speak standard English.

2) Provide information to students who speak with accents and dialects about strategies they might use to improve their use of standard English. Lists of contacts and addresses for the various Caucuses and allied and related professional organizations dealing with diversity also can be provided to students. The subcommittee wishes to emphasize that it should be the responsibility of educational programs to counsel exiting students regarding their strengths and weaknesses in standard English, and how these might affect employers’ perceptions or impact their ability to perform in various work settings.

3) Develop resource materials for clinical supervisors (university based and at externship sites) to assist them in assigning clients to students based on clinical skills, without inappropriate consideration of the students’ use of an accent or dialect. A list of university supervisors who routinely supervise students from diverse backgrounds could be compiled to serve as resources and mentors for supervisors with less experience in working with students from culturally and linguistically diverse backgrounds. Additionally, sensitivity and awareness training on cultural and linguistic differences and the advantages of diversity would be beneficial for faculty and supervisors.

4) Develop and disseminate resources for graduate programs that describe different strategies for helping students succeed who are from culturally and linguistically diverse backgrounds and who speak a nonstandard dialect or speak with accents. The curriculum guidelines outlined in Multicultural Professional Education in Communication Disorders: Curriculum Approaches (ASHA, 1987) focus on models for teaching multicultural information and provide some information concerning practicum for students from culturally and linguistically diverse backgrounds. These could be more widely distributed.

5) Explore avenues for employer education concerning multicultural sensitivity. Encourage employers to establish policies and procedures that prohibit discrimination against professionals with accents and dialects by clients and caregivers.

6) Encourage university education programs to obtain input from experienced clinicians with different areas of expertise to better prepare students to meet the real challenges of the work setting. Furthermore, mentor/protégé relationships between these clinicians and students should be encouraged. These clinicians may include persons with the same linguistic backgrounds and similar experiences as the students. These relationships should provide opportunities to share strategies and resources that enhance the communication skills expected in the work setting.

Final Note
It is suggested that the following groups might address some of the recommendations:
Multicultural Issues Board, Academic Affairs Board, Special Interest Division 11
(Administration and Supervision), Special Interest Division 14 (Communication Sciences and Disorders in Culturally and Linguistically Diverse Populations), related professional organizations such as Council of Supervisors in Speech-Language Pathology and Audiology (CSSPA), National Black Association for Speech-Language and Hearing (NBASLH), Hispanic Caucus, Asian/Pacific Islander Caucus and Native American Caucus.

References


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doi:10.1044/policy.TR1998-00154

- See more at: http://www.asha.org/policy/TR1998-00154.htm#sthash.iew3WJXh.dpuf
1. TITLE: Clinical Feedback from Speech-Language Pathology Supervisors

2. PURPOSE: To describe the method(s) supervisors use to provide feedback on clinical performance to student clinicians

3. POLICY: Student clinicians shall regularly receive both written and verbal feedback from supervisors based on the supervisors’ observations of therapy sessions.

4. PROCEDURES TO IMPLEMENT POLICY:
   
a. It is the responsibility of each student clinician to schedule a weekly conference with each assigned supervisor to discuss the management of the client. Students should bring the client file and returned Treatment Feedback forms to the conference.

b. Some supervisors may schedule group conferences with student clinicians that have clients with similar needs.

c. Students are encouraged to request additional supervisory conferences as needed.

d. Students are encouraged, in collaboration with their supervisors, to complete the conference agenda section at the top of the feedback form. The agenda outlines clinician goals and relevant activities for the upcoming week of therapy or a diagnostic.

e. Supervisors will frequently give verbal feedback to the student immediately following a supervised session.

f. Following a formal observation of a therapy session, the student may receive a written report of the observation on a Diagnostic and Therapy Session Feedback Form.

g. If the supervisor believes a conference is needed to discuss the observation in detail, the supervisor will indicate such on the Treatment Feedback form or contact the student directly.
   (1) It is the student’s responsibility to schedule this conference within two days or prior to the client’s next scheduled treatment session.
   (2) These special conferences are in addition to the student’s regular weekly conference.

h. Students receive formal versions of feedback at mid-term and at the end of the semester on the Evaluation of Clinical Skills (Rating Form) and the written clinical evaluation comments to accompany the evaluation of clinical skills form on CALIPSO.
Diagnostic and Therapy Session Feedback

Date(s): ___________  Clinician: ___________  Supervisor: ___________

Client Info:  Age: ______    Initials: ________    Disorder: ________

Supervisor/Student Conference Agenda
Student's goal(s) for diagnostic session or week of therapy (Not client's therapy goals):

Student objectives to achieve goals:

Strengths:

Opportunities
For improvement:

Next week's therapy OR next diagnostic session goal(s):

Therapy/Diagnostic Rating:  (rate applicable areas using scale on back)

<table>
<thead>
<tr>
<th>Skill</th>
<th>score</th>
<th>Skill</th>
<th>score</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Preparation/organization</td>
<td>_____</td>
<td>G. Appropriate technique</td>
<td>_____</td>
</tr>
<tr>
<td>B. Professional appearance and action</td>
<td>_____</td>
<td>H. Appropriate materials</td>
<td>_____</td>
</tr>
<tr>
<td>C. Administers formal/informal tests</td>
<td>_____</td>
<td>I. Appropriate language</td>
<td>_____</td>
</tr>
<tr>
<td>D. Behavior management</td>
<td>_____</td>
<td>J. Goal/objective focus</td>
<td>_____</td>
</tr>
<tr>
<td>E. Charting accuracy</td>
<td>_____</td>
<td>K. Flexibility</td>
<td>_____</td>
</tr>
<tr>
<td>F. Interprets responses appropriately</td>
<td>_____</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Narrative Comments & Feedback:
**Clinician Self-Evaluation:**

<table>
<thead>
<tr>
<th>Rating</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Definition</strong></td>
<td><strong>Not Evident</strong></td>
<td><strong>Emerging</strong></td>
<td><strong>Present</strong></td>
<td><strong>Adequate</strong></td>
<td><strong>Consistent</strong></td>
</tr>
<tr>
<td>Sup. Requirement</td>
<td>Skill present &lt;25%</td>
<td>Skill present 26-50%</td>
<td>Skill present 51-75%</td>
<td>Skill present 76-90%</td>
<td>Skill present&gt;90%</td>
</tr>
<tr>
<td></td>
<td>Modeling/intervention</td>
<td>Frequent Intervention</td>
<td>Frequent monitoring</td>
<td>Infrequent monitoring</td>
<td>Guidance</td>
</tr>
</tbody>
</table>

**Additional comments & feedback:**
Establishing Supervisory Needs

Name  
PLID  
Semester  

Site  
Client’s initials/Disorder/Age:  
Date  

It is important for you to think about and establish what your needs are from this clinical rotation. Please answer the questions honestly.

1. Describe any previous clinical experiences you have had.
   
   a. What was good about the previous experience?
   
   b. What aspects of the experience were not good?

2. How much supervision do you feel you need?

3. What do you want to learn from this specific clinical experience? (This can be very specific or very broad or both)

4. What type of feedback do you prefer written, oral, real-time?
Now that you have had this semester’s experience, answer the following questions. This is NOT a supervisor rating or evaluation. This is an evaluation of your experiences and your learning compared to what you thought it would be at the beginning of the semester.

What was good about the previous experience?

What aspects of the experience were not good?

Did this experience meet your expectations? Why or why not?

Did this experience meet your needs? Why or why not?

How much supervision do you feel you now need given a client with the same disorder? The same age?
Self-Evaluation of Videotaped Therapy Session
Texas State University-San Marcos
Department of Communication Disorders

Name: \hspace{1cm} Date: \hspace{1cm} Semester in Clinic:

Client’s initials/disorder/age:

1. How did the materials/activities match the objectives? Were any adjustments made? Any future suggestions regarding materials/activities?

2. Was the level of difficulty appropriate? Were any adjustments made? Any future suggestions regarding difficulty?

3. What was the client’s success level? How does it compare to your objective for the session?

4. Evaluate your data collection system

5. Evaluate reinforcement. Was the type and schedule appropriate?

6. Evaluate your language during the session. (Rate, ratio of client/clinician speaking time, wait time, vocabulary used, sentence complexity, etc.)
7. What was the feeling or tone of the session?

8. What strengths did you observe?

9. What areas needed improvement?

10. Proposed changes:

11. Grade you would have given yourself for this session_____
1. TITLE: Academic, Clinical, and Professional Growth Plans

2. PURPOSE: To assure that every student is making appropriate progress in his/her academic and/or clinical learning and that any student clinician who is not meeting the minimum departmental expectations is targeted and provided with clear, systematic goals to achieve the minimal level expected.

3. POLICY: A student having difficulty with academic material or achieving clinical competency with the knowledge and skills outlined on the Knowledge and Skills Acquisition Form (KASA) will be placed on either a Clinical, Academic, or Professional Growth Plan until he or she achieves mastery of the knowledge and/or skills, or it is demonstrated that the student is unable to meet the knowledge and skills. Students will be identified by their faculty or clinical supervisor(s) and an Academic and/or Clinical Growth Plan with specific goals will be outlined with the student, faculty, supervisor and Clinic Co-directors.

4. PROCEDURES TO IMPLEMENT POLICY:
   a. Students requiring the implementation of an Academic and/or Clinical Growth Plan are identified by one of the following: supervisors, faculty and/or the Clinic Co-directors. Individual situations are discussed at faculty meetings so that multiple inputs are utilized to define problem areas.
   
   b. Situations requiring an Academic and/or Clinical Growth Plans include, but are not limited to:
      i. Student is identified by clinical supervisor(s) and is receiving clinical ratings lower than a 3 in any of the knowledge/skill areas at any time during the clinical experience in CDIS 5344;
      ii. A student participating in off-campus practicum is identified by a supervisor having clinical ratings of 1-2 at mid-term. The student must achieve a 3 or higher by the final.
      iii. Student is identified by faculty as being at risk of not maintaining a graduate GPA of 3.0 or a student who earns a “C” in a graduate academic class.
   
   c. The faculty members in this department recognize that clinical ratings will vary by site as the clinician enters each new experience. The goal of each student is to achieve sufficient improvement and demonstrate adequate competency at each site across a semester.
   
   d. Clinical Growth Plans are written by the clinic supervisor and the Clinic Co-directors and Academic Growth Plans are written by the graduate advisor and academic faculty. Growth plans are considered an agreement between the student and the faculty and are monitored closely by the graduate advisor and the Clinical Co-directors.
   
   e. If a student does not successfully complete Academic or Clinical Growth Plans, he/she may be dismissed from the program for non-academic reasons.
f. Students requiring a clinical growth plan at any time during their first 3 clinical semesters on campus are not eligible for out-of-area or out-of-state off campus rotations.
1. TITLE: Substitute Clinical Supervisors

2. PURPOSE: To assure adequate and timely clinical supervision in the absence of the assigned clinical supervisor.

3. POLICY: The student clinician shall know at all times the name and location of the clinical supervisor assigned to supervise each clinical session.

   a. Each clinical supervisor, who must be absent from an assigned session, is responsible for designating a substitute clinical supervisor who is willing to supervise for the absent clinical supervisor.

   b. Clinical supervisors called away may leave the clinic only after a substitute clinical supervisor has been designated and any affected student clinicians have been notified.

   c. Under no circumstances shall a student clinician conduct any portion of a diagnostic or therapy session without knowing the name and location of the responsible clinical supervisor.

4. PROCEDURES TO IMPLEMENT POLICY:

   a. In the event of a planned absence, the clinical supervisor notifies the Clinic Co-directors and any student clinicians affected by the absence in writing at least one week prior to the absence. The notification should include the name and location of the substitute clinical supervisor.

   b. In the event of an unplanned absence, the clinical supervisor notifies the Clinic Co-directors by telephone as soon as possible. The Clinic Co-directors and clinical supervisor make arrangements for a substitute clinical supervisor. The Clinic Co-directors then notify any student clinicians affected by the absence of the name and location of the substitute clinical supervisor.

   c. Any student clinician who is uncertain as to the name and location of the clinical supervisor for any portion of any session should immediately contact the Clinic Co-directors for clarification.
1. **TITLE:** Evaluation and Documentation of Student Performance in Clinic

2. **PURPOSE:** To specify the method of grading and the parameters taken into consideration in assigning a grade to a student enrolled in a clinical practicum course (CDIS 4344, 5321, 5344, and 5689)

3. **POLICY:** Each student will receive one grade (CR or F) for each clinical practicum (CDIS 4344, 5344, 5321, and 5689) each semester of enrollment.

   a. For the undergraduate CDIS 4344, the grade is determined by the faculty member of record who is responsible for both the lecture and lab portions of the class. The grade is determined according to the procedures in the class syllabus, distributed during the first week of class.

   b. The one clinical practicum grade reflects the student’s performance in both the lecture and the lab portions of the class (CDIS 5344 & 5689) as judged by the Clinic Co-directors and the student’s clinical supervisors respectively.

      1. The faculty member of record for the lecture portion of the class bases the grade on the criteria stated in the class syllabus. The lecture portion (TRACS assignments, class assignments, discussions, etc.) accounts for 60% of the total grade.

      2. The supervisors base the lab portion of the grade on the student’s clinical performance using the Clinician Evaluation Rating Scale. This constitutes 40% of the total grade.

         (a) A grade of CR will be assigned for total point acquisition of 70 or higher.

         (b) A grade of F is assigned if the student’s cumulative point total (lecture & clinic) is lower than 70 points. An F may also be assigned for a flagrant violation of policy (willfully ignoring policy and procedures, compromising client care, etc.) regardless of therapy performance. An F in clinical practicum means the student does not obtain credit, competency, or clinical hours for the semester’s work.

         (c) Student clinicians are expected to know and conform to the Code of Ethics of the American Speech-Language-Hearing Association (ASHA), Texas State Board of Examiners for Speech-Language Pathology and Audiology, and the CDIS Policies and Procedures Statements.

   c. The Clinic Co-directors are responsible for combining the grades from both the lecture and lab portions of CDIS 5344 and 5689 and assigning a student’s average grade.

   d. The Clinic Co-directors will not document the CDIS 5344/5689 student’s grade until the student has verified all clinical hours at check-out with the Clinic Co-directors. This point distribution is outlined in both the 5344 & 5689 syllabi.

   e. The audiology supervisor combines the lecture and lab grades for CDIS 5321 to arrive at a student’s average grade according to the procedures outlined in the class syllabus.
4. PROCEDURES TO IMPLEMENT POLICY:

For CDIS 5344:

a. The student’s supervisor(s) provide(s) the student with feedback forms after observing the student in diagnostics/therapy with the client.

b. The student is responsible for bringing the completed Feedback forms to the weekly conference with the supervisor and for retaining the forms as part of the student’s portfolio.

c. At mid-term of the long semesters and at the end of all semesters, each supervisor provides a formal evaluation of the student’s clinical performance in summative and formative format.
   (1) The formal evaluation includes the completion of Evaluation of Clinical Skills using the Supervision Rating Scale in the CALIPSO database. The appropriate competencies are rated, and written comments accompany the Evaluation of Clinical Skills.
   (2) Each supervisor discusses with the student his/her specific clinical strengths and weaknesses as documented on the Evaluation Form in CALIPSO.
1. **TITLE:** Procedure for Submission and Recording of Clinical Hours  
   (see also: Clinical Supervision and Documentation Requirements)

2. **PURPOSE:** To specify procedures for submitting clinical hours earned to the CALIPSO database for recording in the student’s permanent record.

3. **POLICY:** The student clinician is responsible for submitting the documented clinical hours earned on the designated due dates as outlined on the semester clinical calendar/schedule. Students will not receive credit for hours that are incorrectly or inaccurately recorded on the hours’ forms, and CALIPSO database.

   a. The clinical supervisors verify the accuracy of the student clinician’s clinical hours’ entry at designated times throughout the semester. The Clinic Co-directors subsequently verifies all supervisor-verified hours at final semester checkout.

4. **PROCEDURES TO IMPLEMENT POLICY:**

   a. The student clinician verifies that the appropriate Clinical Hours forms have been completed correctly and have been verified and approved by the appropriate supervisor(s).

   b. The student clinician places any Clinical Hours forms with hours earned that time period (specified on clinic calendar) face down in the designated supervisor’s mailbox.

   c. The assigned supervisor will cross reference the submitted hours forms with student-entered hours in CALIPSO. The supervisor will sign and lock the hours once they are verified. Incorrect entries may be modified by a CALIPSO administrator (typically Clinic Co-directors) after careful consideration and communication with assigned supervisor, on a case by case basis.

   e. End-of-semester reports are printed by each student. The number and distribution of hours are reviewed by the student and the Clinic Co-directors during the semester’s final check-out.

   f. The End-of-semester reports and addition documents listed on the course syllabi are to be archived by each student into their TK20 e-portfolio.
Policies and Procedures Statements

Client Records
1. TITLE: Confidentiality

2. PURPOSE: To delineate the measures utilized by the Speech-Language-Hearing Clinic to maintain the confidentiality of client information as mandated by federal and state law, the Code of Ethics of the American Speech-Language-Hearing Association, and Texas State Board of Examiners for Speech-Language Pathology and Audiology.

3. POLICY: All information contained in the clinic’s client files is confidential, including textual, audio, and images as well as electronic. Client information stored in computer files shall be considered confidential. Only persons authorized by a valid signed Release of Confidential Information form or by law or persons directly involved in a client’s case through the educational process in the classroom or clinic shall have access to client information.

   a. Prior to participating in clinical activities/assignments, all students must review and sign the Confidentiality Agreement/Statement of Policy which remains on file with the Clinic Co-directors and is made available by request to clinic supervisors to which the student is assigned.

   b. Formal presentations on HIPAA standards and related privacy and security issues are delivered to the first-year graduate students during the fall and one other semester as a part of their clinical curriculum. The date of this training becomes a part of the student’s permanent file. Privacy and security awareness, education and training are conducted at this time.

   c. Student clinicians are never to discuss the contents of client records with the client, the client’s family members/friends without the supervisor being present for the discussion unless specifically instructed to do so by the supervisor, such as making a phone call.

   d. Faculty, staff, and students share mutual responsibility for protecting the confidentiality of all clients served.

   e. Breaching client confidentiality verbally, electronically, or via file misuse may be grounds for immediate dismissal from any CDIS clinical practicum. Clinical Co-directors will report any client security breach to the Department Chair. The Chair will notify the Texas State IT Security Office and report the incident. If IT Security believes that a breach has occurred, they will engage in an investigation to determine the appropriate actions to take.

   e. The Department Chair and Clinic Co-directors will review all breaches of client confidentiality after IT Security personnel have completed the investigation. Based on their recommendations, appropriate action will be taken. Actions against the student may include, but are not limited to loss of clinical hours, loss of clinical competencies, and dismissal from the program for non-academic reasons. The appropriate consequences and actions will be based on the following:
(1) the seriousness of the violation(s);
(2) previous compliance history;
(3) the severity level necessary to deter future violations;
(4) student efforts to correct the violation; and
(5) any other extenuating circumstances.

4. PROCEDURES TO IMPLEMENT POLICY:

a. The Authorization for the Release of Confidential Information from Texas State University is signed and dated by the client or his/her parent/guardian prior to the start of any diagnostic or therapy. This authorization is assumed to be good for one calendar year from the date. The authorization may be changed at any time by the patient or his/her parent/guardian.

b. All faculty and staff are responsible for verifying that a current and complete Authorization for the Release of Confidential Information from Texas State University form contains the name of the person and/or agency to whom information is being released.

c. Information will only be released to individuals and/or organizations listed on the authorization. Name and all contact information must be provided by parent/legal guardian. Confidential information will not be released if contact information is incomplete.

d. Client records remain in the Clinic area at all times as specified in Control of Client Files.

e. Hard copy client files are stored, and retrieved, in accordance with Client File Check-Out.

f. Client documents on the computer are stored and retrieved in accordance with Storage, Retrieval, and Review of Computerized Client Documents.

g. Video- and audio-taped client information is stored, retrieved and reviewed in accordance with Storage, Retrieval and Review of Audio and Video Taped Client Records.

h. At no time, under any circumstance is a client to be photographed or videotaped using a student’s personal camera, including those cameras contained on cell phones.

i. Confidential client information is disposed of by shredding. Shredders are located in the graduate workroom, the computer lab, the clinic office area, and the departmental workroom.
CONFIDENTIALITY AGREEMENT

Students at the Texas State University Department of Communication Disorders (CDIS) have access to and work with confidential records of actual clients from the Texas State Speech-Language-Hearing Clinic and from off-campus health care facilities.

Two factors relative to student access of client records during the clinical education process must be stressed:

1. Legally, the information in the client's record belongs to the client. A violation of client confidential information from the client's medical record has serious legal consequences.
2. The Code of Ethics of the American Speech-Language-Hearing Association and the Texas State Board of Examiners for Speech-Language Pathology and Audiology stipulates that confidentiality of client information is a part of professional responsibility and integrity.

Due to these legal and ethical considerations, any student enrolled in the CDIS program who reveals contents of a client's record, except as it relates to the educational process in the classroom or at a clinical site, may be dismissed from CDIS Clinical Practicum activities.

I ________________________________, attest to the following: (1) I understand the CDIS Client Confidentiality Policy and Procedure Statement; (2) I understand that the penalty for violation of a client's confidentiality may warrant dismissal from the CDIS Clinical practicum; (3) I agree to maintain the confidentiality of client information to which I am exposed as a CDIS student; (4) I understand and agree that if I employ use of a personal laptop, tablet, or portable storage device in the CDIS department, my laptop, tablet, or portable device is subject to random audit by the CDIS clinic Director; (5) I understand and agree that USE of personal cameras, including cell phones with cameras, or mobile devices/tablet with cameras is prohibited in the speech-language-hearing clinic and at University sponsored clinic events.

Student signature: ________________________________
Date signed: ________________________________
Witness: ________________________________
Date signed: ________________________________

This agreement will remain on file with the Texas State Department of Communication Disorders, and will be made available to all supervisors to whom students have been assigned.
1. **TITLE:** Informed Consent

2. **PURPOSE:** To require that clients, or in the case of minor children, or parents give informed written permission for the evaluation and treatment of communication disorders by student clinicians under the supervision of ASHA-certified and state licensed faculty.

3. **POLICY:** Clients will not be evaluated or treated without the student clinician and/or supervisor first obtaining informed written consent from the client or the client’s parent/guardian. All sections of the consent/authorization form need to be accepted and signed in order for services to be rendered.

4. **PROCEDURES TO IMPLEMENT POLICY:**

   a. For the client/parent, the student clinician and/or supervisor will:
      (1) briefly summarize what the interview, evaluation and/or therapy will entail,
      (2) review the need to video/photograph any parts of the evaluation or therapy as well as the potential use of the photographs/video for teaching, digital media use, or marketing brochures;
      (3) review the circumstances under which clients may be observed while in evaluation and/or therapy, and
      (3) review the need to give food and/or beverage during evaluation or therapy.

   b. The student clinician and/or supervisor will briefly summarize the benefits, risks, and/or potential complications of the evaluation and/or treatment.

   c. The client must give individual written permission by signature/initials/date for each of the areas above by completing the authorized clinic form.

   d. The consents must be obtained before the client leaves the clinic reception area.

   e. New informed consents must be obtained yearly.

   f. The signed consents are retained in the appropriate area of the client’s file.
1. TITLE: Authorization for the Release of Confidential Information

2. PURPOSE: To ensure that confidential client information from the client’s file is released only to persons or agencies of the client’s choice.

3. POLICY: No confidential client information, reports, or records shall be released from the Speech-Language-Hearing Clinic to persons other than the client or the minor client’s parent/guardian without written permission from the client/parent specifying the person(s) and/or agencies to whom the information is to be released. The address of the person/facility to whom information is to be released must be included on the release form.

4. PROCEDURES TO IMPLEMENT POLICY:
   a. Authorization forms must be updated at the beginning of each academic year in September or upon initial visit. The forms may be changed at any time by the client or his/her parent or guardian.
   b. Student clinicians must refer all requests for client information directly to the supervisor or the Clinic Co-directors in the absence of the supervisor.
   c. Only faculty and/or staff may release documents to authorized persons/agencies.
1. TITLE: Control of Client Files

2. PURPOSE: To specify the Clinic Area as the only approved site for client files and to mandate that a client file remain under the active control of the student clinician while checked out.

3. POLICY: No original or photocopied part of any client file including test forms/booklets may be removed from the clinic area. A client file must remain under the active control of the student clinician while it is checked out for use in the clinic area.

   a. The “clinic area” is defined as the Clinic offices (Rooms 101, 101A, B, C), CDIS faculty offices located on the first and second floor of the HPB, clinic treatment area (Rooms 110A and 116-128E), computer lab, or designated CDIS classrooms.

   b. The exceptions to this policy are those documents photocopied as a result of a signed Release of Confidential Information from Texas State University.

4. PROCEDURES TO IMPLEMENT POLICY:

   a. Clinicians should check out client files at the time they are needed and not before.

   b. A client file must be returned immediately after use to the active file in Room 101B.

   c. Client files that are checked out, but not in active use by the clinician may only be stored temporarily in the student’s locked locker in the graduate work room.
1. TITLE: Consequences of Mishandling Client Files

2. PURPOSE: To specify the possible consequences incurred by student clinicians for (1) removing a client file from Room 101B or 101C without properly checking out the file; and/or (2) keeping a checked-out file in any area other than the student’s own locked locker when the file is not actively in use by the student clinician.

3. POLICY: Student clinicians removing a client file or any portion of a client file from Room 101B or 101C which is not checked out or keeping a checked-out file in any place other than the student’s own locked locker will face the following consequences:


   b. Second Offense: The student clinician shall lose any clinical hours earned during the period of time the file was inappropriately handled.

   c. Third Offense: At the discretion of the faculty, following recommendations from the clinical supervisor, one of the following possible consequences will be enforced:

      (1) Lose all clinical hours for the current semester.
      (2) Lose all clinical hours for the current semester for the client whose folder or confidential document was mishandled.
      (3) Forfeit any additional clinical assignments for the duration of the semester.
      (4) Automatic ineligibility to enroll in any on-campus or off-campus clinic class for the next semester.
      (5) Other actions as deemed necessary by the faculty, including dismissal from the program for non-academic reasons.

4. PROCEDURES TO IMPLEMENT POLICY:

   a. The faculty or staff person who discovers the mishandling of a client file shall inform the clinical supervisor immediately of the violation of policy.

   b. The clinical supervisor will determine the circumstances of the violation by discussing the issues with the student clinician and any other persons involved in the mishandling of the client file. The supervisor informs the Clinical Co-directors and may request the assistance of him/her in the matter.

   c. The clinical supervisor will report the findings with recommendations to the faculty at the next faculty meeting.

   d. The faculty members, as a group, will determine which possible consequence will be implemented depending on all circumstances.

   e. The clinical supervisor and the Clinic Co-directors will communicate the decision of the faculty to the student clinician and document the decision in writing for the clinician’s permanent file.
1. TITLE: Client’s File

2. PURPOSE: To specify the documents that are to be included in a client’s file and the order in which those documents are to be filed within the file.

3. POLICY: Each client’s file is to be organized in a specified and consistent manner using approved forms and formats.

4. PROCEDURES TO IMPLEMENT POLICY:
   a. On the left side of the folder, the following documents are filed in the order given, top to bottom:
      (1) Patient Information form
      (2) Releases/Consents (most recent on top). Consents are to be signed annually or at the beginning of new client visits.
      (3) Attendance Policy
      (4) Notice of Privacy Practices
      (5) Contact log (most recent page on top with reverse chronological below)
      (6) Payment Tracking form
      (7) Other billing information
   
   b. On the right side of the folder, the following documents and tabs are filed in the order given, top to bottom:
      (1) Progress Notes in SOAP format (interdisciplinary with Speech and Audio together, most recent on top with reverse chronological below)
      (2) Speech/Language Tab divider (all forms below are Speech/Language only)
      (3) Green sheet for current semester
      (4) Clinical Summary for current semester
      (5) Documentation to support progress and/or recommendations in the Clinical Summary (graphs, charts, samples of client’s work, etc.)
      (6) Test protocols, checklists, etc. from current semester if not part of a formal diagnostic evaluation - Test protocols to be signed by supervisor.
      (7) Documentation of Client conference(s) form for current semester
      (8) Diagnostic Evaluation Summary form for current semester
      (9) Test protocols for diagnostic - signed by supervisor and student
      (10) Case History (move forward each semester)
      (11) Clinic Assignment Memorandum
      (12) Reports from other agencies, professionals
      (13) Green sheet from previous semester with information below ordered in the same way as above. Continue previous semesters in the same manner, using green sheets as dividers.
      (14) Hearing Aid Tab divider (all forms below are hearing aid related only)
      (15) All hearing aid information with most recent information on top and reverse chronological below; no semester dividers.
      (16) Hearing DX Tab divider (all below this tab are most recent evaluation on top with reverse chronological below; no semester dividers).
      (17) OSHA Corrected Pure-Tone Thresholds Tracking Sheet (if applicable)
      (18) OSHA Letter of Results
      (19) “Evaluation” includes:
         a. Report
         b. Audiogram
         c. Immittance
         d. Worksheets
         e. Case History
         f. Correspondence
g. Intake sheet/referral form
1. TITLE: Storage, Retrieval, and Review of Computerized Client Documents

2. PURPOSE: To provide methods to protect the confidentiality of client documents stored on the Network and on external storage devices

3. POLICY: Protection of the confidentiality and privacy of computerized client documents is the responsibility of student clinicians, faculty and staff.

4. PROCEDURES TO IMPLEMENT POLICY:
   a. Computers are located in low-traffic areas such as individual offices or the Graduate Student Computer Labs (rooms 123 B, 128 C & E).
   b. Computers are located in rooms that are locked after hours.
   c. Log-outs are required plus the computers have inactivity time-outs installed.
   d. Access controls are in place with individual passwords.
   e. Use of removable storage devices to store clinic reports containing confidential client data is prohibited.
   f. Client documents are stored remotely in data centers which are firewall protected.
   g. No client documents are transmitted via e-mail unless proper consent has been obtained.
   h. Also refer to Security and Storage of Electronic Textual Documents.
   i. Students will adhere to UPPS 04.01.01 which outlines the University’s policy on security of electronic information. The policy is available at:

   [http://www.txstate.edu/effective/upps/upps-04-01-01.html](http://www.txstate.edu/effective/upps/upps-04-01-01.html)
1. TITLE: Client File Check-out

2. PURPOSE: To delineate the individuals responsible for client file check-out process and the procedures to be followed

3. POLICY: Each student clinician is responsible for ensuring that the assigned client file is checked out/in in accordance with established procedures to ensure client confidentiality.

4. PROCEDURES TO IMPLEMENT POLICY:
   a. To check out an active client file for a period of one day or less, the student clinician shall:
      i. Complete the sign-out portion of the Sign-out/In Log located on top of the active client file cabinet in the clinic front office (Room 101B);
      ii. Remove the client file from the filing system.
      iii. Return the file to the active file in room 101B prior to 5:00 p.m. or other stated clinic office closing time.
      iv. Complete the sign-in portion of the Sign-out/In Log to document return of the file.
   b. To check out a client file overnight, the student clinician shall:
      i. Secure the supervisor’s or Clinic Co-directors’ or clinic administrative assistant’s signature on the Sign-out/In Log;
      ii. Secure the file overnight in his/her locked locker in the graduate student workroom and
      iii. Return the file to the active file in room 101B prior to 9:30 a.m. the next clinic day.
      iv. Complete the overnight sign-out portion of the Sign Out/In Log to document return of the file.
   c. Violations of these procedures are covered on the policy and procedures titled: Consequences of Mishandling Client Files.
Policies and Procedures Statements

Speech-Language Diagnostics
1. TITLE: Diagnostic Evaluation: Prerequisite to Admission for Therapy

2. PURPOSE: To specify what diagnostic evaluations are accepted as fulfilling the requirement for diagnostic evaluation prior to therapy

3. POLICY: Prior to admission to therapy, all clients must have received a diagnostic evaluation by CDIS Speech-Language-Hearing Clinic personnel or by an appropriate ASHA certified and state licensed professional within six months prior to admission.

4. PROCEDURES TO IMPLEMENT POLICY:
   
   a. The Clinic Co-directors schedule clients for an initial speech-language diagnostic session.

   b. The diagnostic session is authorized when the supervising faculty member or Clinic Co-directors determine from referral information that an evaluation is appropriate.

   c. For clients admitted to therapy on the basis of an evaluation from another agency, the Texas State clinician and supervisor will complete another diagnostic evaluation within the first semester of therapy as a part of the semester fee for therapy.
1. TITLE: Diagnostic Clinic: Process and Sequence

2. PURPOSE: To specify the processes, procedures, timeframes and responsible persons involved in the diagnostic evaluation procedures

3. POLICY: To assure the appropriate and timely completion of diagnostic evaluations, the CDIS Speech-Language-Hearing Clinic adheres to a consistent process sequence

4. PROCEDURES TO IMPLEMENT POLICY:

   a. The clinic administrative assistant receives speech-language inquiry calls and starts a Clinic Assignment Memorandum by filling in client and contact name, DOB, address, phone, fee, and any pertinent notes.

   c. The clinic administrative assistant then sends a diagnostic letter which explains the services and fees and includes a map and case history form to complete and return.

   c. After the case history is returned, the clinic administrative assistant sets up the client file and places it in the Clinic Co-directors’ box.

   d. The Clinic Co-directors verify the speech-language referrals and, if appropriate, assign clinician(s) and supervisor to the diagnostic for a scheduled date and time. The Clinic Co-directors complete the assignment portion of the Clinic Assignment Memorandum and return it to the clinic administrative assistant for distribution to clinician(s) and supervisor.

   e. The assigned student clinician(s) is responsible for scheduling a conference with the supervisor at least one week or 5 business days prior to the diagnostic. Failure to contact the supervisor within the specified time frame is a serious omission and will be reflected in the student’s cumulative clinic grade for the semester.

   f. The purpose of the conference with the supervisor is to determine what specific assessments will be done, to assign responsibilities, and to answer student questions. The student should come prepared to the conference with the client’s file and with written suggestions for each of the areas specified for the client’s disorder in the PPS Minimal Diagnostic Requirements by Disorder Type.

   g. If during the conference, it is determined that additional information is needed (results of previous testing, reports from other agencies, current medications, changes in health status etc.), the supervisor is responsible for contacting the client and/or agency and requesting the information.

   h. If the requested additional information is not obtained prior to the diagnostic and it is critical to have the information before the diagnostic is done, the diagnostic may be postponed with the approval of the Clinic Co-directors.

   i. The lead clinician or the assigned co-clinician must contact the client the day before the evaluation to remind client of appointment. Long distance calls made by clinicians to clients should be made from the clinic administrative assistant’s phone and documented in the Contact Log in the client’s file.

   j. The student should notify the supervisor and the Clinic Co-directors immediately if the client reports he/she will not be able to attend the diagnostic appointment.
k. On the day of the evaluation, the clinician and supervisor greet the client in the clinic reception area.

l. The student clinician assists the client in completing the patient information form, the appropriate releases, and permissions then takes the client to the clinic administrative assistant for payment of the evaluation fee, instruction on parking, and completion of the records checklist on the front of the client’s file.

m. The student clinician and supervisor review the case history form with the adult client or the client’s guardian. The discussion of the case history form should be done in the privacy of the clinic area, not in the clinic waiting room.

n. Testing is completed by clinician(s) under supervision.

o. Following the diagnostic, the student discusses findings, interpretations, and recommendations privately with the supervisor. Students are not authorized to provide feedback to clients concerning diagnostic results without supervisor approval. Post-assessment counseling is conducted only under strict supervision. (Second year graduate students may counsel clients with supervisor present. First year graduate students may counsel clients with supervisor’s assistance.)

p. The client is not dismissed from the clinic until the supervisor checks all forms and approves the dismissal.

q. The first draft of the Diagnostic Evaluation Summary report is due to the supervisor 3 working days following the diagnostic. The computer-generated format must be used and double spaced.

r. The clinician and the supervisor use the Report Tracking Form and process during the various drafts of the Diagnostic Evaluation Summary report. If a report requires several revisions, the second draft is due within 48 hrs. after return by the supervisor. Subsequent revisions are due 24 hours after return by the supervisor. See Report Tracking PPS for preparation for mailing and mailing procedures.

s. All final diagnostic reports are due, and to be postmarked two weeks after the date of the diagnostic.

t. Following the completion/mailing of the report, the supervisor completes the Diagnostic Evaluation form and schedules a conference to review the form with the clinician(s).

u. If the client is recommended for therapy, the client’s file is given to the Clinic Co-directors. If the client is not recommended for therapy, the clinic administrative assistant files the client’s file with the inactive files.
Texas State University, Department of Communication Disorders Speech-Language, Hearing Clinic
Diagnostic Preparation and Execution Procedure:

PRE - DIAGNOSTIC

- Receive diagnostic/clinic assignment memorandum from Clinic Co-directors or admin assistant.
- Schedule meeting with assigned clinical supervisor, then
- Review client’s chart thoroughly BEFORE meeting with supervisor. Be prepared to discuss:
  1. Reason for referral (parent or physician concerns)
  2. Client’s developmental history
  3. What kinds of, if any “red flags” exist?
  4. Client’s academic performance or work/daily performance
  5. Any prior assessments including audio, FIE/school eval, swallow studies, etc.
  6. History of prior speech therapy treatment
  7. Your ideas on what areas should be tested (1st semester grads)
  8. Suggested tests you’ve selected and rationale for selecting them (Spring & Summer semesters)
  9. Know and review the sequence of your plan

- Know assigned room for diagnostic (obtain from Clinic Co-directors 3 days prior to scheduled assessment)
- Review, PRACTICE, and KNOW the test /s you will administer including: test procedure(s), baselines, ceilings, allowed errors, allowed cueing, and scoring.

THE TIME OF THE DIAGNOSTIC

- Review and double check the sequence of your plan. Obtain correct stimulus items/manuals, etc..
  (English vs. Spanish; correct age range, and so on).
- Gather and prepare appropriate materials
- Meet client and parents in waiting room
- Review forms and gather necessary signatures for informed consent
- Escort client to assigned clinic room
- Perform diagnostic evaluation

POST - DIAGNOSTIC

- Score raw data/test results – Make certain your math is correct and you’ve looked at correct charts/tables in the manual;
- Schedule meeting with supervisor
- Analyze diagnostic information/observations
- Check and double check test tables
- Meet with clinical supervisor to review results and set report expectations
- Write first draft of complete diagnostic evaluation summary, which is due 3 business days after the eval.
- Follow procedure to complete diagnostic report within 2 weeks of date of diagnostic
- Schedule follow up Results conference with client in collaboration w/ your supervisor
- Follow-up with Clinic Admin. Assistant to schedule Results conference or telephone conference with client/family/caregiver
- Meet with client/family/caregiver and discuss results and recommendations from diagnostic evaluation
1. TITLE: Minimal Diagnostic Requirements by Disorder Type

2. PURPOSE: To specify a minimal list of diagnostic activities that must be completed for all clients and additional diagnostic activities that must be completed for specific disorders.

3. POLICY: Students should come to diagnostic conferences with their supervisors with written suggestions for and prepared to discuss, at a minimum, each procedure that is listed for the disorders of the clients they are evaluating. The supervising faculty is responsible for the final decision on assessment procedures to use.

4. PROCEDURES TO IMPLEMENT POLICY:

   a. All speech-language diagnostics regardless of disorder:
      (1) A bilateral air-conduction screening at 20 dB HL for 1000, 2000, 4000 Hz on all clients ages 3 years and older. Tympanometry should be done on clients age 3-10 years of age. For individuals who cannot complete a pure-tone screening, screening otoacoustic emissions (OAEs) may be used. For children younger than 3 years, a hearing screening or evaluation should be scheduled with the clinic audiologist prior to scheduling the speech-language diagnostic.
      (2) Case History. A personal interview must be conducted with the client, parent, guardian or agency representative during the formal assessment to discuss, amplify, or obtain additional case history information.
      (3) Oral-facial examination to determine adequacy of the speech production system for normal speech.

   b. Acquired speech-language disorders in adults: motor speech disorders:
      (1) A physical exam to assess motor control of the speech mechanism during speech and non-speech tasks and to determine possible site of lesion.
      (2) Speech production characteristics at all levels: respiration, phonation, articulation, resonance, prosody, and overall intelligibility using perceptual, physiologic, and/or acoustic analyses.

   c. Acquired speech-language disorders in adults: aphasia:
      (1) Standardized aphasia examination will be completed to determine the severity across all expressive and receptive modalities and, if possible, the type of aphasia.

   d. Acquired speech-language disorders in adults: other cognitive-linguistic and perceptual disorders:
      (1) An appropriate standardized test to evaluate attention, memory, information processing, and problem solving abilities following TBI, right hemisphere disorders, and/or dementia.

   e. Articulation:
      (1) A standard articulation test or phonological processes evaluation.
      (2) For children with articulation disorders, a screen for general language skills through language sampling

   f. Language disorders in preschool children:
      (1) Information about cognitive, motor, and social abilities to interpret overall functioning.
      (2) Documentation of language abilities using both structured and unstructured measures of receptive and expressive language for the areas of pragmatics, semantics, and syntax.
(3) Information regarding quality of play.
(4) Determination of articulation proficiency.
(5) Emerging literacy skills for older preschoolers.

g. Language disorders in school-age children, in addition to procedures listed for preschool children:
   (1) Reading, writing, and/or math for children referred for academic difficulties.
   (2) Obtain and analyze a narrative sample.

h. Stuttering:
   (1) Frequency of stuttering in either words or syllables in both conversation and reading (at least 150 words).
   (2) Rate of speech in both conversation and reading (with stuttering present and on a sample without stuttering) will be obtained. Measures of frequency and rate will be compared to normative data for children and/or adults.
   (3) Perception of Stuttering Inventory and the Erickson Communicative Attitude Scale for children and adults (14 years and older) who stutter.
   (4) A complete case history with both parents present for evaluation (children up to 18).
   (5) Formal assessment of speech and language skills for all children who stutter.

i. Voice:
   (1) Assessment of all components of vocal function (frequency, intensity, prosody, and aerodynamics) to determine etiology or contributing factors.
   (2) Appropriate perceptual, physiologic and/or acoustic analyses.

j. Bilingual Clients (preferred assessment by Bilingual cognate clinicians):
   (1) Dynamic assessments instead of static assessments whenever possible.
   (2) Combination of informal and formal measures only if appropriate (see #4 and #5 below).
   (3) Determination of the dominant language and proficiency levels by assessing in both languages.
   (4) Informal measures
      (a) spontaneous language samples in both languages
      (b) evaluation of child’s comprehension of commands and questions in both languages using informal probes
      (c) evaluation of child’s expressive skills in both languages using informal probes
   (5) Formal measures (use only if the psychometric test properties indicate that they are appropriate for the child being assessed)
      (a) For speech assessment, use the Spanish Articulation Measures, Contextual Probes of Articulation Competence-Spanish (CPAC-S) or other available Spanish tests.
      (b) For language assessment, select from the following tests available in Spanish in the Materials Room: (Assessment of Children’s Language Comprehension (ACLC), Bilingual Syntax Measure (BSM), Preschool Language Scale (PLS), Screening Test of Spanish Grammar (STSG) Dynamic Assessment Measure, and Clinical Evaluation of Language Fundamentals (CELF).
      (c) For language proficiency, use the Woodcock Munoz Language Survey - Revised.

k. Monolingual Spanish-Speaking Clients (preferred assessment by Bilingual cognate clinicians):
(1) Follow the same process listed for each of the previous disorder areas, but complete the entire assessment in Spanish.
(2) Substitute use of criterion referenced measures for standardized measures for each of the disorder areas listed.
(3) Obtain spontaneous or narrative samples in Spanish.
(4) See K(5) for a list of formal measures that may be used with Spanish-speaking preschool/school-age children (use only if the psychometric test properties indicate that they are appropriate for the individual being assessed).
1. TITLE: Criteria for Client Admission to Therapy

2. PURPOSE: To specify the criteria that must be met to qualify a client for admission to therapy

3. POLICY: Clients are admitted for therapy if the following criteria are met:

   a. The client has been diagnosed within the previous 6 months by a certified/licensed speech-language pathologist or audiologist as having a speech, language and/or hearing disorder or delay within the scope of practice which will likely benefit from a course of outpatient therapy.

   b. A clinic supervisor qualified to treat the disorder/delay is available to supervise and/or provide the therapy.

   c. Student Clinician training needs warrant admission of the client. Should a client not meet the admission criteria, referrals shall be made to the appropriate professionals.

4. PROCEDURES TO IMPLEMENT POLICY:

   a. The Clinic Co-directors review a client’s speech-language diagnostic information.

   b. The audiologist reviews a client’s audiological diagnostic information.

   c. Each requests any additional information if needed to make an admission decision.

   d. The Clinic Co-directors and the audiologist each evaluate the availability of qualified supervisory personnel and the training needs of student clinicians in their respective areas of expertise.

   e. The Clinic Co-directors are responsible for making the final decision to admit the appropriate client or to refer the client elsewhere if the client’s interest is better served by referral.
1. **TITLE:** Client’s First Day of Therapy

2. **PURPOSE:** To delineate the responsibilities of the student clinician on a client’s first day of therapy

3. **POLICY:** The student clinician is responsible for ensuring that the new therapy client is processed on the first therapy day in accordance with approved procedures.

4. **PROCEDURES TO IMPLEMENT POLICY:**

   a. Student clinician with the supervisor wait in the clinic reception area to greet client after the client has checked in with administrative assistant.

   b. Clinician assists client in completing patient information sheet, permissions, and releases, unless supervisor instructs clinician otherwise.

   c. Clinician takes client to clinic administrative assistant for sign-in, parking instructions, fee payment and receipt, and completion of the records checklist on front of client’s folder.

   d. Clinician and supervisor answer client’s questions, discuss clinic schedule, and take case history if not previously provided.

   e. Therapy begins only after all release and permission forms are signed and questions are answered. The clinician is responsible for reviewing this information and engaging only in clinical activities for which release/permission was given.

   f. Clinician escorts client to therapy area. Clinician and supervisor assist family member to observation area, if appropriate.

   g. Following the therapy session, clinician returns client/parent to clinic reception area for client to sign-out.
Policies and Procedure Statements

Therapy: Progression through the Semester
1. **TITLE:** Client Assignment and Scheduling for Therapy

2. **PURPOSE:** To specify the persons responsible for assigning clients and scheduling therapy and the process that is used.

3. **POLICY:** The Clinic Co-directors are responsible for coordinating clinician and supervisory schedules and are responsible for the clinic therapy schedule.

4. **PROCEDURES TO IMPLEMENT POLICY:**
   
a. The Clinic Co-directors use the student’s semester schedule and consultation with supervisors when assigning clients to student clinicians, aides and supervisors.

b. Client assignments usually change each semester in order to give each student a variety of clinical experiences.

c. Therapy sessions during fall and spring semesters are scheduled on the hour and end 45 to 60 minutes later unless special arrangements are made through the supervisor and Clinic Co-directors for shorter or longer sessions.

d. Assignments are made using the Clinic Assignment Memorandum form, copies of which are placed in the mailboxes of the assigned supervisor, student clinician(s) and aide, if assigned.

e. It is the responsibility of the supervisor to monitor all phases of clinical work for each student assigned to him/her.

f. It is the responsibility of the assigned student clinician to schedule a meeting with the supervisor and to provide the supervisor with a Management Appraisal Plan (MAP) prior to the first therapy session.

g. It is the responsibility of the assigned aide to review the client’s file and contact the supervisor prior to the first therapy session. The aide’s role during therapy will be determined by the supervisor.

h. A client’s scheduled session/s may not be changed without authorization from one of the Clinic Co-directors.
1. TITLE: Faculty Supervised Off-Campus Clinical Assignments (FSOCA)

2. PURPOSE: To specify the parameters within which faculty supervised off-campus clinical assignments operate

3. POLICY: First year graduate students enrolled in 5344 who are eligible for an on-campus client assignment may, at the discretion of the faculty and Clinic Co-directors, be assigned a client in an off-campus site supervised by a CDIS faculty member. Criteria for determining which students will be assigned are as follows:

   a. student must be performing adequately with on-campus clinical assignment(s) as judged by the on-campus supervisor(s),

   b. each student’s clinical experience, academic preparation, class and clinic schedules, and clinical hours needed will be considered in making assignments, and

   c. approval of the faculty.

4. PROCEDURES TO IMPLEMENT POLICY:

   a. The Clinic Co-directors are responsible for assuring that the university has an updated clinical affiliation agreement, MOU, or service contract with the off-campus site.

   b. The Clinic Co-directors and the faculty supervisor will jointly make the client assignments after review of eligible clinicians and possible clients.

   c. The off-campus faculty supervisor will use Texas State clinic approved therapy and diagnostic feedback forms to provide feedback to clinicians.

   d. The clinician will conference at least once per week with the off-campus faculty supervisor in individual and/or groups as appropriate.

   e. Clinicians are responsible for:

      (1) Immediately communicating any schedule changes in writing to the Clinic Co-directors.

      (2) Using MAPs or other CDIS approved documents to plan treatment sessions and the Clinical Summary to report client’s progress. The clinician will also use other facility-specific documentation as required.

      (3) Recording clinical hours on the appropriate clinical hours forms and for obtaining the supervisor’s signature.

      (4) Notifying the faculty supervisor and the Clinic Co-directors in case of absence/illness. The faculty supervisor will determine how the client’s session will be managed in the absence of the clinician.

      (5) Wearing the CDIS nametag while in the facility.

      (6) Checking out at the end of the semester with the facility faculty supervisor followed by the Clinic Co-directors.
(7) Attending classroom portion of CDIS 5344 and meeting all requirements specified on the CDIS 5344 syllabus.

g. The facility will take responsibility for orienting the clinician to facility policies and procedures to include at a minimum:
   (1) Fire and safety procedures
   (2) Infection control procedures
   (3) Incident reporting
   (4) Confidentiality
   (5) Records documentation requirements and filing systems.

h. The facility will require that the clinician, at a minimum, use CDIS approved documents to plan (MAPs or equivalent) treatment sessions and to record client progress (Clinical Summary). The facility may require other facility-specific documents in addition to the CDIS approved documents.

i. At the end of the semester, the facility faculty supervisor will be responsible for reviewing and signing off on the client charts at the facility and for notifying the Clinic Co-directors in writing that all charts are complete and in order.

j. Grading for the off-campus faculty supervised clinical assignment will be the same as grading for the on-campus assignment as described in the CDIS 5344 syllabus.
1. TITLE: Use of CDIS Treatment Materials and Diagnostic Instruments

2. PURPOSE: To specify the requirements for use of CDIS treatment materials and diagnostic instruments

3. POLICY: No CDIS treatment materials or diagnostic instruments may be removed from the materials room (116) without first being appropriately checked out. Failure to follow the appropriate procedures for checking out and returning materials and tests may result in a suspension of check-out privileges, and subsequently loss of clinical hours and competencies. Students enrolled in CDIS 5689 are not, under any circumstances, eligible to check out materials or tests out of the clinic for off campus practicum purposes.

4. PROCEDURES TO IMPLEMENT POLICY:

   a. The materials room is open during regular department operating hours.

   b. The procedure to check out therapy materials is as follows:
      (1) A list of therapy materials sorted by categories is kept in the materials check-out notebook in the materials room.
      (2) Locate the materials needed by noting the item’s shelf location on the list.
      (3) Enter the date, the name of the items, and the therapy room where the items will be used and the clinician’s initials in the appropriate section of the check-out notebook.
      (4) Enter the date the items are returned.
      (5) Clean and disinfect items before placing them on their shelf of origin.

   c. The procedure to check out diagnostic instruments is as follows:
      (1) A list of tests in alphabetical order is kept in the Test Check-out Notebook in the materials room.
      (2) Locate the test on the shelves in alphabetical order.
      (3) Remove only the test booklets needed from the plastic holder, placing the holder on the top of the rolling shelves opposite the test shelves.
      (4) In the test check-out notebook, locate the check-out sheet in alphabetical order for the specific test, enter date and clinician’s name.
      (5) When returning the test, enter the date returned, place the test back in the plastic holder and verify that it is filed in the appropriate order on the shelf.
      (6) Diagnostic Instruments may be checked out overnight upon approval of the Clinic Co-directors. Items may not leave the clinic before 4:00 p.m. and must be returned by 10:00 a.m. the next day.
      (7) Students are responsible for the replacement cost of any diagnostic instrument lost, stolen or destroyed while checked out in their name.

   d. Students are required to purchase equipment that will be used frequently in diagnostic and therapy sessions such as a digital audio recorder, stop watch, pen light, and a box of surgical gloves.
1. TITLE: Observation of Therapy Session

2. PURPOSE: To delineate requirements for observing therapy sessions

3. POLICY: Observers may not enter any observation area or observe any diagnostic or therapy session without consulting with the appropriate supervisor.

4. PROCEDURES TO IMPLEMENT POLICY:
   
   a. Parents are encouraged to observe their child during therapy. At the supervisor’s or Clinic Co-directors’ discretion, parents may occasionally be asked to wait in the waiting room if the observation rooms are over-crowded or overly noisy or unsafe for the number of people in the space.

   b. CDIS students may observe sessions of clients not assigned to them only with permission of the supervisor or as a part of an assignment in a CDIS class and with permission of the supervisor.

   c. Supervisors or an appropriate faculty designee should be available during observation periods to answer questions and explain procedures.
1. TITLE: Use of Aventura® Digital Video Instrumentation

2. PURPOSE: To describe who is authorized to use the video instrumentation in clinic and under what circumstances and conditions

3. POLICY: Only authorized individuals (Clinic Co-directors, supervisors, and designated GIAs) who have been properly trained to operate the fixed AVENTURA video instrumentation in the clinic will be allowed to use the equipment. Equipment is located in room 127, and in room 128B.

   a. All individuals utilizing video equipment as part of therapy or diagnostics must have a user id and password assigned by the Clinic Co-directors, as well as ID badge access. All individuals must complete a series of 4-5 video training tutorials available at each of the video monitoring stations.

4. PROCEDURES TO IMPLEMENT POLICY:

   a. The Clinic Co-directors will assign user IDs and passwords to designated members of the faculty and student body wishing to access and use the video equipment.

   b. Graduate students must demonstrate competency in each of the following areas in order to be authorized for video equipment use:
      (1) Computer use and Privacy & Security of ePHI (electronic Protected Health Information).
      (2) Accessing the DVR where images are stored.
      (3) Capturing, editing and storing (onto encrypted portable storage device) video images for the purposes of: student training, client performance evaluation, client assessment.

   c. Graduate students will view on-line tutorials provided by Technology Resources, prior to equipment use.

   d. The Video Monitoring room (127) is accessible by Texas State ID only. The door to this room must remain closed and locked at all times to protect client confidentiality.

Please see the policy “Videotaping Diagnostic and Therapy Sessions” (next page) for additional information on videotaping policies.
1. TITLE: Videotaping Diagnostic and Therapy Sessions

2. PURPOSE: To specify the circumstances under which a diagnostic or therapy session may be videotaped.

3. POLICY: Videotaping of a diagnostic or therapy session may be requested by the supervisor, or faculty member (for educational purposes) or the student clinician and is allowed provided the appropriate release form and/or consent has been signed by the client or client’s guardian. Videotaping diagnostic, interview, or therapy sessions is not mandatory and clinicians and supervisors must carefully consider the rationale for making a request to video tape sessions.

5. PROCEDURES TO IMPLEMENT POLICY:

a. If the supervisor requests the videotaping, the supervisor will notify the student in advance of the session. If a faculty member requests the videotaping for educational purposes, the faculty member should contact the assigned supervisor or the Clinic Co-directors and request videotaping of a session, well in advance of the session.

b. If a student requests the videotaping, the student will notify the supervisor with specific parts of the assessment/session to be recorded, 4-5 days prior to the session that is to be videotaped.

c. It is the responsibility of the supervisor to verify that all consent forms have been signed so the client can be videotaped. The supervisor must also verify the purpose of the video recording, i.e., if it will be used for clinical education, marketing, or educational/classroom simulation purposes.

d. The supervisor will determine if the AVENTURA or portable Flip® cameras will be used in videotaping. If using AVENTURA, please see the previous policy on the preceding page. If the portable FLIP camera will be used, please refer to the policy and procedure listed on the next page (Use of digital camera equipment).

c. No matter who requests the taping, it is the responsibility of the student clinician to arrange for assistance w/the AVENTURA system, the FLIP cameras, as well as room set-up, if necessary, well in advance of the session. If the student has not been trained, on the operation of the video equipment, it is the student’s responsibility to find another trained person to record the session.

d. All video files of sessions must contain the last name of the client, the initials of the clinician, the treatment code, and semester. (example: Wendel-wn-langtx-Fall2010)

e. These video files are confidential client records and must be treated as such by proper storage in the video control room (128B). Students may access their recording by signing up during designated student viewing times and following the assigned access procedures outlined in training. At no time are video images to be recorded and/or copied to a portable storage device (CD, jump drive, DVD), unless permission is obtained from the Clinic Co-directors.
1. TITLE: Use of Departmental Digital Still Cameras

2. PURPOSE: To describe who is authorized to use the Department and/or Clinic digital camera in clinic and under what circumstances and conditions

3. POLICY: Only authorized individuals - the Clinic Co-directors, clinical supervisors, and designated GIAs will be allowed to use this equipment.

   a. Designated graduate students and faculty members utilizing camera equipment to document clinic activities of graduate students and clinic clients must be approved by the Clinic Co-directors.

   b. Only designated graduate instructional assistants or supervisors will be allowed to take photos during therapy and/or for therapy purposes. Therapy purposes include: photographing objects used in therapy sessions (picture schedules, vocabulary development, language remediation), photographing the client engaged in therapeutic activities (language remediation tasks including spoken and written language).

4. PROCEDURES TO IMPLEMENT POLICY:

   a. The Clinic Co-directors or designee will offer camera equipment instruction, as well as verify that all proper consents have been signed to allow photographing of clients.

   b. Photos of clients must be stored securely on CDIS computers and free of identifying information.
1. TITLE: Use of Departmental Portable Digital Video Cameras

2. PURPOSE: To describe who is authorized to use the Department and/or Clinic digital video cameras in clinic and under what circumstances and conditions.

3. POLICY: Only authorized individuals- the Clinic Co-directors, clinical supervisors, and designated students will be allowed to use this equipment. Any student using this equipment must obtain approval from their direct supervisor and the Clinic Co-directors before videotaping clinical activities.

   a. If taping clinical/client activities, obtain a portable camera from Mrs. Wendel, or Mrs. Rodriguez. Record the approved activities/session. You may download this video onto either of the 2 computers in room 125F. You **may not** download client-related videos on any other unauthorized machines.

   b. Once downloaded and moved to a file on the computer, edit and save the file. Name the file in the following way: Client last name_clinician initials_disorder code; Semester  
   EXAMPLE: (Smith_rw_stutterTxFall2011)

   c. Video recordings of non-clinic, non-client activities may be downloaded onto any of the computers in the CDIS clinic lab, or faculty computers. Examples of such recordings are: student training videos, procedural videos, class demonstrations or lectures.

4. PROCEDURES TO IMPLEMENT POLICY:

   a. Faculty and students using the portable video cameras must first view the required training tutorials to learn how to capture, edit, name, and store, video recordings.

   b. Once video files are edited into their final format and size, and named, they will be transferred and stored permanently to a designated portable storage device available from the Clinic Co-directors. This portable storage device is encrypted and password protected, and dedicated to storage of video files only.
1. TITLE: Client Conferences

2. PURPOSE: To describe the purpose, time frame, attendees, content, and documentation of client conferences

3. POLICY: A conference, attended by the supervisor, student clinician, aide, child’s parent(s) or guardian or the adult client as well as other personnel directly involved in the client’s management, is conducted each semester to summarize the progress made during the semester; to make recommendations for the future and/or referrals to other professionals; and to receive feedback from the client and/or family member.

4. PROCEDURES TO IMPLEMENT POLICY:

   a. The conference is conducted at the regularly scheduled time as detailed in the Clinic Calendar or at another time at the end of the semester that is convenient to the participants.

   b. The clinician is responsible for summarizing the progress made during the semester and the current speech/language status of the client.

   c. The clinician and the supervisor share the responsibility for making recommendations concerning continuation or termination of therapy as well as referral to other personnel.

   d. The clinician is responsible for completing the Documentation of Client Conference form during this meeting to include a summary of information presented and a record of client/family member responses.

   e. The clinician is responsible for making sure the client/family member received a Client Evaluation form from the clinic administrative assistant and has completed the form, particularly the preferred days and time for therapy if continued therapy is recommended.

      (1) The client or family member may prefer to complete this form in private and to return it later in person or by mail.

      (2) If the client chooses to complete the form at a later time, the clinician notes this information both on the Contact Log and in the Progress Notes with the entry on the conference.
1. **TITLE:** Criteria for Client Discharge from Therapy

2. **PURPOSE:** To specify criteria for discharge that will ensure that clients are discharged in a timely and appropriate manner

3. **POLICY:** A client is discharged from therapy when, in the judgment of the clinical supervisor, one of the following criteria is met:
   
   a. Long term goal(s) have been met.
   
   b. Client has progressed to the point that the client or the client’s family can assume independent management of the communication disorder/delay.
   
   c. Client fails to demonstrate significant functional progress when given adequate time to make such progress.
   
   d. Client’s status changes to the point that client becomes more suitable for treatment by another type of professional in which case, a referral will be made.

4. **PROCEDURES TO IMPLEMENT POLICY:**
   
   a. Supervisor confers with Clinic Co-directors once the supervisor determines that the client is ready to be discharged.
   
   b. Supervisor confers with student clinician seeing client for therapy and determines how and when client (and client’s family if appropriate) are to be informed.
   
   c. A student clinician who feels that a client should be discharged from therapy, must discuss the issue with the appropriate supervisor and receive the supervisor’s approval before discussing discharge with the client.
   
   d. The student clinician is responsible for writing a Discharge Summary which must be approved and signed by the appropriate supervisor prior to placing it in the client’s chart.
1. TITLE: Semester Check-Out

2. PURPOSE: To specify the process and procedures used each semester to ensure that all client files are accounted for and complete and that clinic hours earned are accurately logged for each student each semester.

3. POLICY: In order to receive credit for the semester’s diagnostic and/or therapy hours and the practicum course, student clinicians who have engaged in diagnostics or therapy during the semester at the Speech-Language-Hearing Clinic must check-out with the appropriate clinic supervisor(s) and the assigned Clinic Co-directors at the end of each semester, unless alternate arrangements are made in advance with the Clinic Co-directors.

4. PROCEDURES TO IMPLEMENT POLICY:
   a. The Clinic Co-directors will distribute the appropriate Semester Check-Out Checklist to all supervisors and student clinicians prior to the end of the semester.
   b. The supervisors and assigned Clinic Co-director will post sign-up sheets for student clinician check out times prior to the semester check-out deadline date specified in the semester clinic calendar.
   c. Student clinicians must sign-up for an appointment with each clinic supervisor who provided diagnostic or therapy supervision during the semester.
   d. Student clinicians must sign-up for an appointment with the assigned Clinic Co-director subsequent to the appointment(s) with clinic supervisor(s).
   e. Student clinicians must present all items specified on the Semester Check-Out Checklist to the Clinic Co-directors in completed form and in the order specified on the Semester Check-Out Checklist to successfully complete the semester check-out process.
   f. Student clinicians who present incomplete items or incorrectly ordered items to the assigned clinic co-director at final check-out will be requested to put the items in order and return at the next available time.
   g. If a student clinician must make more than two visits to the assigned Clinic Co-director to complete the check-out process, the student’s clinical practicum grade can be negatively impacted secondary to lack of preparation, which may include assigning a grade of “incomplete” (I) in CDIS 5344 or CDIS 5689.
Policies and Procedures Statements

Reports
1. TITLE: Clinical Documents and Reports

2. PURPOSE: To specify the documents/reports to be completed by student clinicians, the appropriate forms and formats to be used, and the time frames to be followed.

3. POLICY: All clinical documents and reports regarding client services provided by students must be completed in writing using approved forms and formats within specified time frames and must be signed by the supervisor of record.

4. PROCEDURES TO IMPLEMENT POLICY:

a. Management and Appraisal Plans (MAPS) are to be completed weekly (or more frequently if requested by the supervisor).
   (1) During the fall and spring semesters, the upcoming week’s MAP with goal and objective sequences are due at 9:00 a.m. Fridays to supervisors’ Texas State email accounts or in their mailboxes located in either room 101C or 150.
   (2) During the summer, the alternative due dates and times for MAPs will be announced at the beginning of the summer session.
   (3) Supervisors will return approved MAPs to student mailboxes by approximately 10:00 a.m. the next Monday or before the next client session.
   (4) If the supervisor needs to discuss any issue noted on the MAP, he/she will place a note in the student’s mailbox, on the whiteboard in 123B, or via email message. The student is then responsible for contacting the supervisor as soon as possible before the next therapy session.
   (5) After reviewing the returned MAPs, the student will place the MAPs clipped together, but loose in the client’s file.
   (6) On the day of the therapy session, the clinician places the approved current MAP in the folder marked MAPs located just inside the observation room that the supervisor will use to observe the session. The clinician retrieves the MAP from this folder at the end of the session and returns the MAP to the client’s file.
   (7) Any MAPs sent via electronic transmission (email) will contain the clinician’s first initial and last name; your therapy day and time, and your supervisor’s name. A template is provided for you on TRACS.

b. The Clinical Summary is completed in two parts, the Initial Report and the Final Report. The two, when put together, form the Clinical Summary.
   (1) The Initial Report is written after the clinician has seen the client for four sessions or by a date set by the supervisor. The report gives the status of the client at the beginning of the semester and the clinician’s goals and objectives for the semester. The double spaced rough draft of the report is reviewed and modified by the supervisor in conference with the clinician. Drafts returned by supervisors for further revision are due back to the supervisor within 24 hours. Once the draft has been approved by the supervisor, the clinician formats the report in single space and files the report in the client’s file.
   (2) The Final Report is added to the Initial Report to form the Clinical Summary at the end of the semester. The final portion includes status of goals, description of progress made, facilitating techniques used during the semester, and progress/recommendations for future management of the communication problem. Once the supervisor has approved the double spaced draft, the clinician combines the initial and final reports to create the single-spaced Clinical Summary.
   (3) The original of the Clinical Summary and the client’s completed file are submitted to the supervisor for review, approval and signatures.
   (4) A copy of the Clinical Summary is given to the client/family at the end of semester conference and is discussed at that time.
c. The Diagnostic Evaluation Summary is first generated in double-spaced rough draft format after the formal evaluation of a new client.

(1) All clinicians should use the computerized outline found on the CDIS shared drive to report their findings unless their supervisor mandates another type format. In this circumstance, the supervisor is responsible for providing the student with the specific format to be used. The computerized format/Template on the CDIS shared drive, or on TRACS includes:
   (a) Client Identifying Information
   (b) Description of the Problem and chief concern
   (c) Case History information
   (d) Description of Test Behavior
   (e) Test Results
   (f) Summary & Impressions
   (g) Recommendations
   (h) Signatures

(2) If the initial draft needs more work than simple editing, the supervisor shall make an appointment with the student within one day to discuss the specifics of writing the report.

(3) The second draft is due the next day. All subsequent student drafts are due within 24 hours.

(4) If the draft is going back and forth without obvious improvement, the supervisor may choose to rewrite the report and grade the student appropriately, including possible loss of clinical hours accrued during the evaluation.

(5) The goal for the completion and mailing of the Summary of Diagnostic Evaluation is no more than 10 business days from the completion of the diagnostic.
1. TITLE: Report Tracking for Speech-Language Documents

2. PURPOSE: To specify strict procedures to insure that client records are handled in a way that reflects their status as legal documents and thus minimizes the risk of litigation from mishandling.

3. POLICY: Written reports (diagnostic evaluation and clinical summary) in progress shall be closely tracked to ensure their timely and documented completion and distribution.

4. PROCEDURES TO IMPLEMENT POLICY:
   a. When the first draft of a report is completed in double space format, the student places the report loose in the client’s file.
   b. The student then dates the First Draft completed space on a Report Tracking form and puts the form in the supervisor’s mailbox, leaving the report inside the client folder in the file drawer.
   c. The supervisor checks out the folder, reviews and edits the draft, returns the draft loose to the file, and checks file in.
   d. The supervisor dates the returned space on the First Draft line and places the Report Tracking form in the student’s mailbox.
   e. This procedure is repeated until the supervisor notifies the student that the report is ready for final formatting.
   f. Once the supervisor returns the report tracking form to a student, a revised draft is due within 24 hours.
   g. The student places the signed reports, cover letter and addressed envelope(s) in the client’s folder, writes the date on the “Completed” line at the bottom of the Tracking Form and places the form in the supervisor’s mailbox.
   h. The supervisor reviews the documents in the folder, signs the reports and the cover letter, initials next to the date on the “Completed” line, and returns the tracking form to the student’s mailbox.
   i. The student retrieves the client’s folder, makes any necessary copies of the report, addresses envelopes, and takes documents, folder and tracking form to the clinic administrative assistant.
   j. The clinic administrative assistant assists the student in verifying the persons and/or agencies to receive the report(s), mailing the report(s), and documenting mailing on the contact log in the client’s file.
m. The clinic administrative assistant then dates the Report Tracking form in the mailed space and forwards the form to the Clinic Co-directors.

n. The Clinic Co-directors review the tracking forms to assure that clinic reports are being handled in a timely and appropriate manner.
1. TITLE: Mailing and Distribution of Clinical Reports

2. PURPOSE: To specify who is responsible for the authorization/mailing of clinical reports and the documentation procedures to be followed to minimize the risk of any potential legal consequences.

3. POLICY: Any clinical report mailed from the CDIS Speech-Language-Hearing Clinic must be authorized by the clinical supervisor, mailed with the appropriate supervision of the clinic administrative assistant or Clinic Co-directors and documented in the Contact Log in the client’s file.

4. PROCEDURES TO IMPLEMENT POLICY:
   a. For speech-language reports, the clinician, with the supervision of the clinic administrative assistant or the Clinic Co-directors, puts the report in clinic mailbox and documents such on the Contact Log in the client’s folder.
   b. Any speech-language or audiology report that is hand delivered, or transmitted electronically by parent/caregiver request (with proper release signed) should also be documented in the Contact Log in the client’s chart.
   c. For audiology reports, the audiologist places the report in the clinic mailbox after signing it and documents such on the Contact Log in the client’s folder. Under no circumstance should a student clinician mail an audiology report.
Policies and Procedures Statements

Cancellations/Rescheduling
1. TITLE: Substitute Student Clinicians

2. PURPOSE: To set forth the guidelines for designating substitute student clinicians

3. POLICY: Each student clinician shall designate in writing at least two other student clinicians per assigned client that have consented to substitute when absent.
   a. The substitute student clinician must have the appropriate academic course work to provide services for the client’s disorder.
   b. The substitute student clinician’s normal schedule must be clear at the client’s regularly scheduled therapy time.
   c. The substitute student clinician must agree to function as a designated substitute and to become familiar with the client through case record review and observation of at least one client therapy session prior to a request to cover a specific session.

4. PROCEDURES TO IMPLEMENT POLICY:
   a. By the 5th clinic day following assignment of a client to his/her caseload, the student clinician shall designate by written memo to his/her supervisor with a copy to the Clinic Co-directors, the names and telephone numbers of the designated substitutes.
   b. The substitute student clinician is responsible for notifying the primary student clinician of any change in schedule or telephone number.
   c. The primary student clinician is responsible for notifying the supervisor by written memo, with a copy to the Clinic Co-directors, of any changes in substitute clinicians or changes in their telephone numbers during the course of the semester.
   d. It remains the responsibility of the primary student clinician in consultation with the supervisor to obtain coverage from the substitute student clinician for a specific legitimate absence.
1. **TITLE:** Cancellation/Rescheduling of Clinic Appointments

2. **PURPOSE:** To assign responsibility to the student clinician to initiate the correct procedures in case of his/her absence from an on-campus scheduled clinical assignment.

3. **POLICY:** Client sessions (diagnostic and therapy) are not to be cancelled due to student clinician absence except in the case of an extreme documented emergency situation when no substitute clinician can be found. Student clinicians may not cancel, re-schedule, or obtain a substitute for any session without prior permission from the supervisor and consultation with a Clinic Co-director.

   a. It is the responsibility of the student clinician to initiate the following progression of procedures in case of his/her legitimate absence:

4. **PROCEDURES TO IMPLEMENT POLICY:**

   a. Student clinician contacts his/her agreed upon substitute clinician(s) to cover the clinical assignment.

   b. Student clinician contacts clinical supervisor directly as early in the day as possible every day that he/she will be absent from a scheduled client assignment. Clinician reports to supervisor the name and phone number of the student clinician who will cover clinical assignment. If the clinician has been unable to find a substitute clinician, the supervisor may authorize cancellation of the clinic assignment. Cancellation must occur well before the scheduled appointment time.

   c. If the clinician is unable to reach the supervisor directly, he/she notifies/consults with the Clinic Co-directors directly.

   d. If the clinician is unable to reach the Clinic Co-directors, he/she notifies/consults with the Department Chair directly.

   e. The supervisor (or the Clinic Co-directors or Department Chair in lieu of the supervisor) notifies the clinic administrative assistant to call the client to cancel. The clinic administrative assistant notes the call to the client in the contact log.

   f. If a diagnostic is cancelled, it is the responsibility of the student clinician to determine with the supervisor and the Clinic Co-directors when the diagnostic will be re-scheduled. If a therapy session is cancelled, it is the responsibility of the clinician in consultation with the supervisor to make arrangements with the client to make-up the missed session(s) by scheduling an extra session(s) or extending session length for a period of time. The clinician is responsible for notifying the Clinic Co-directors and the clinic administrative assistant by written memo of the plans for making-up the session(s).

   g. The student clinician is responsible for documenting the cancellation in the client’s progress notes.
h. Anytime the student clinician’s absence results in a cancellation, the student clinician must provide written documentation (doctor’s statement, etc.) for his/her absence to the supervisor. The supervisor signs and dates the receipt of the documentation then sends it to the Clinic Co-directors for inclusion in the student’s clinic file.

i. Clinical aides (registered in CDIS 4344) must contact the supervisor if the aide is to be absent.
1. TITLE: Responsibilities of Student Clinician and Supervisor when Client is Late

2. PURPOSE: To clarify the role of the student clinician and the supervisor when client is late

3. POLICY: The student clinician is responsible for waiting in the clinic waiting area at least 15 minutes past the client’s scheduled session for the late client.

4. PROCEDURES TO IMPLEMENT POLICY:
   a. The clinician checks with the clinic administrative assistant to see if the client canceled.
   b. If the client did not cancel, the student waits at least 15 minutes in the clinic reception area prior to checking with the supervisor.
   c. If approved by the supervisor, the clinician documents the session as a “no-show” in the client’s file and then has permission to leave the clinic reception area.
   d. Should the client arrive after the client has been documented as a no-show, it is up to the supervisor to determine whether the client will be seen.
Policy and Procedure Statements

Audiology
1. TITLE: Background Coursework for Audiology

2. PURPOSE: To ensure that every student has the needed academic coursework prior to starting the audiology practicum experience

3. POLICY: All students participating in audiology practicum must have successfully completed an introduction to audiology course (CDIS 4420 or equivalent) and an aural rehabilitation course (CDIS 4370 or equivalent).

4. PROCEDURES TO IMPLEMENT POLICY:
   a. Students are initially informed about the background courses during Graduate Orientation which is held prior to the first day of class in August.
   b. The instructor of CDIS 5321 then verbally confirms with each student that all prerequisites are met during the first class.
1. TITLE: Preparation for Professional Contacts in Audiology

2. PURPOSE: To ensure that the student is prepared for every client contact during his/her audiology practicum

3. POLICY: Students are responsible for the planning and coordination of all clinical audiology activities
   a. Students must meet with the supervising audiologist at least 24 hours prior to a scheduled activity to discuss the case.

4. PROCEDURES TO IMPLEMENT POLICY:
   a. The student must be prepared before the consultation with the audiologist. This involves file review and establishing an appropriate diagnostic hypothesis or (re)habilitative goals/objectives.
   b. Detailed activities pertaining to planning, such as specific tests, modifications, checklists, forms, etc. are available in the class packet on TRACS for audiology practicum.
1. TITLE: Scheduling of Audiology Practicum

2. PURPOSE: To ensure that the student clinicians receive an appropriate audiology experience that will complement the professional duties of a speech-language pathologist

3. POLICY: Students will be assigned specific, regular clinical slots throughout the semester. Each student is responsible for the audiological activity scheduled in his/her time slot.

4. PROCEDURES TO IMPLEMENT POLICY:
   
a. Assignments will be coordinated with academic demands as well as with speech-language clinic assignments prior to the beginning of each semester.

b. Students are minimally scheduled for two one-hour slots each week during each semester. These may be slightly varied depending on a student’s schedule and clinical needs.

c. Time slots cannot be exchanged between students during the semester.

d. Audiology practicum is completed during the first year of graduate school so as not to compete with off-campus clinical assignments during the student’s second year of graduate study.

e. It is the student’s responsibility to check his/her slots regularly during the week. Students are not scheduled for an audiology activity less than 24 hours prior to the start of that activity unless an emergency situation arises. Every attempt is made to give the student 48 hours’ notice for planning prior to an audiology clinical activity.

f. Audiology practicum sometimes extends beyond the scheduled speech-language clinic hours. Audiology practicum does not necessarily follow the Speech-Language practicum schedule. There are times when students are assigned to audiology practicum activities outside their scheduled time slots. Consideration is always given to other academic and clinical responsibilities prior to a student’s assignment to extra clinical hours.
1. TITLE: Audiology Facilities

2. PURPOSE: To ensure that the clinical equipment and facilities are kept in a state suitable for audiological diagnostics and (re)habilitation

3. POLICY: Students share in the responsibility for the general upkeep of the audiology clinical facilities.
   
   a. The student must ensure that the equipment and facilities have been prepared prior to a scheduled audiological activity. This includes the general arrangement of the space for testing purposes and the presence of needed forms, pens, tests, etc.

   b. The clinical facilities include the booths used for testing, the audiological workroom and the audiology counseling room.

4. PROCEDURES TO IMPLEMENT POLICY:
   
   a. A neat and organized appearance must be maintained in the sound suite area and the adjacent rooms. Forms, tests, pens, etc. should always be put away immediately following each activity.

   b. Listening checks of the equipment are done on a daily basis by the audiologist and problems are recorded on the appropriate form.

   c. It is the students’ responsibility to ensure an adequate supply of forms and supplies.

   d. The supervising audiologist must be notified if the supply of any item warrants attention.
1. TITLE: Audiology Clinical Responsibilities

2. PURPOSE: To ensure that every student receives the audiology training needed to become a professional speech-language pathologist and every client receive the best and most appropriate audiological care

3. POLICY: Students will conduct themselves in a professional manner prior to, during and subsequent to the actual clinical activity.

4. PROCEDURES TO IMPLEMENT POLICY:

   a. Students must obtain and review the class packet during the week after the first class meeting of the clinical practicum. This packet is available on TRACS through www.txstate.edu. This packet contains detailed information on audiological protocols, best practice algorithms, and paperwork issues.

   b. Punctuality, effective use of time and prior information, demonstration of initiative, and independent investigation and learning are important components of professional activity and are expected of each student.

   c. The student will always be responsible to the client. This is the governing principle of all clinical activity and will be stressed in all learning activities.

   d. Specific clinical activities and expected competencies relating to audiology are given to each student his/her first week of graduate school. Meeting these competencies is the basis for each student’s evaluation and final grade in the audiology practicum. Evaluations are done informally during and after every clinical experience. A formal, written evaluation is completed at the conclusion of the student’s audiology practicum experience.

   e. Students must follow the established Infection Control Protocols as found in the Speech-Language-Hearing Clinic’s Infection Control Manual. Infection control training specific to audiology is completed via an on-line learning module within the first two weeks of audiology practicum.
1. TITLE: Student Responsibilities Following an Audiological Clinical Activity

2. PURPOSE: To ensure the development of a complete professional by stressing the importance of administrative and record-keeping activities

3. POLICY: Students will be evaluated for skill development in post-session activities

   a. Students are responsible for cleaning the area used during an audiological activity and employing appropriate infection control protocols.

   b. Students are responsible for completing identifying information and pertinent clinical information on every form immediately following each audiological activity.

   c. Students are responsible for appropriate and timely reports and SOAP notes.

   d. Students are responsible for completing all sections of the client’s chart.

   e. Students are responsible for recording the CPT codes/procedures completed and their charges in the patient’s chart on the billing sheet.

   f. Students are responsible for documenting hours earned and obtaining the supervising audiologist’s initials as part of the monthly submission of accrued clinical hours.

4. PROCEDURES TO IMPLEMENT POLICY:

   a. Initial worksheets and a completed client folder must be submitted for review by the supervisor by 5:00 on the second business day following an audiology activity.

   b. Subsequent drafts/revisions of the client folder and report are due 24 hours after the student receives notification of the needed revisions. Format and wording for different types of reports are available in the class packet obtained prior to starting practicum. All revisions and drafts are kept in the client’s folder until the final version is mailed. At that time, all old versions are shredded as soon as possible.

   c. A final copy of the report is completed after the supervisor indicates this is appropriate. Final copies should be single-spaced, on letterhead, and signed in black ink. Appropriate copies must be made and collated with cover letters and envelopes. Papers that need shredding are grouped. The final copy of the chart and report is returned to the supervisor for a final inspection, signing and mailing. Students are not to mail reports under any circumstances.
Policy and Procedure Statements

Off-campus Clinical Placements
1. TITLE: Application and Approval for Off-Campus Clinical Placement

2. PURPOSE: To specify the time frames and processes for application and approval of off-campus clinical practicum placements

3. POLICY: All applications for off-campus clinical practicum must be submitted to the Clinic Co-directors during the fall or spring semester preceding the requested off-campus placement and be approved by the faculty prior to placement.

4. PROCEDURES TO IMPLEMENT POLICY:

   a. Most students participate in off-campus practicum during the last two semesters of graduate study. Students may be assigned to an off-campus practicum site earlier if appropriate undergraduate clinical and academic experiences have been completed and faculty approval obtained. A student being assigned to an off-campus placement earlier than normal does not mean that the student can graduate in less than two academic years and one summer. Students are required to enroll in clinical practica every single semester of their graduate studies.

   b. The student submits the Clinical Practicum Application and Student Profile by the due date specified by the Clinic Co-directors. Information in this application will assist in placing students for both off campus rotations.

   c. The Clinic Co-directors contact specified clinical sites and will notify students of their off campus placement once it is secured. Under no circumstances should the student contact the site prior to the initial contact by the Clinic Co-directors.

   d. Clinic Co-directors present off-campus plans for the student to the faculty at earliest possible faculty meeting for approval. In some cases, especially during summer when all faculty are not present and regularly scheduled faculty meetings are not held, the Department Chair and the Clinic Co-directors will approve a student for off-campus placement.

   e. Bilingual cognate faculty members are involved as early as possible in the site selection process for Bilingual cognate clinicians to insure an appropriate bilingual placement with appropriate supervision.

   f. Clinic Co-directors notify student of faculty decision regarding placement and permission to interview, if applicable.

   g. Off campus supervisors’ certification (ASHA) and licensure (State Board) will be verified prior to the accrual of any client contact hours. Verification is done by obtaining current copies of each supervisor’s ASHA member card and state license.
Department of Communication Disorders  
Clinical Practicum Application & Student Profile  

Student Name: ___________________________  
Today’s Date: ___________________________

City of Residence: ___________________________  
Phone: ___________________________

<table>
<thead>
<tr>
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<tr>
<td>Autism Cognate?</td>
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<tr>
<td>Fluency Cognate?</td>
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<td>VIP</td>
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Undergraduate Degree:

Needs Assessment:  
Experiences you need to get to fulfill graduation requirements (minimum 400 hours & competencies)  
Please list:  

Additional comments you would like to include:  

Experiences you would like to get while in graduate school (icing on the cake)  
Please List:  

Additional comments you would like to include:  

Please circle one of the following populations each semester:  

| Fall 2011 semester: | Adults | children/adolescents | Spring 2012 Semester: | Adults | children/adolescents |

Clinical Experience through May 2011:  

Employment Interest after Graduation:  
(Circle No more than 2)  

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<th>Pediatric clinic</th>
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<th>public schools</th>
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<td>Residential Rehab Facility</td>
<td>ECI – Pedi home health</td>
<td>Other: ___________________________</td>
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Out of Area Practicum: Students wishing to participate in practicum experiences outside of the Central Texas corridor (Austin to San Antonio and about 30 miles to the east/west) must be eligible to do so.
1. TITLE: Required Enrollment and Academic Standing for Off-Campus Placement

2. PURPOSE: To specify the mandatory CDIS enrollment and level of academic standing required to participate in off-campus clinical practicum

3. POLICY: CDIS graduate students must (a) be enrolled in a clinical practicum course, usually CDIS 5689, every semester they are enrolled for graduate work toward the CDIS degree and are accruing CAA and state required hours at an approved off-campus site and (b) be in good academic standing (not on academic probation). Graduate students coming off academic probation may not participate in off-campus clinical experiences until they have completed at least one successful semester of combined academic and on-campus clinical work and/or have been granted permission for off-campus practicum by the faculty.

4. PROCEDURES TO IMPLEMENT POLICY: The departmental administrative assistant will not release the advising holds for graduate students unless the clinical enrollment for CDIS 5689 has been approved by the graduate advisor.
1. TITLE: Eligibility for Out of Area, Out-of-State or International Practicum Placement

2. PURPOSE: To specify the requirements that determine student eligibility for placement in an off campus rotation that is outside of the Austin/San Antonio corridor, outside of the state, or internationally

3. POLICY: Students are traditionally placed for practicum experiences in facilities within the Central Texas area to allow University personnel to be as involved as necessary with the supervision of the student in the facility. Out of Area placements, Out-of-state placements, or international placements are also possible, provided such placements are available, and the following requirements are met:

   a. To be eligible for out-of-area, out-of-state placements or international placements during the spring semester of the second year of graduate school, the student must:
      • Be enrolled for graduate study fulltime;
      • Have an academic grade point average of at least 3.5;
      • Have received positive and high performance ratings from previous off campus supervisor(s);
      • Have never been placed on a clinical, academic, or professional growth plan;
      • Have 2 letters of recommendation from previous clinical faculty on and/or off campus;
      • Justify, in writing via a letter of intent, why an out-of-area, out of state, or international placement is required to meet graduation and certification requirements. Family or personal circumstances are not valid criteria to justify any of the above mentioned placements. The student must also propose and support how they will meet criteria to obtain a passing grade in any CDIS classes they will be enrolled in during the semester they will be out-of-area. (Independent study or practicum class).

   b. Due to the limited number of Bilingual or Bicultural affiliation sites in the Central Texas corridor, students completing the Bilingual cognate, and meeting the above criteria, may be required to complete one or both of their off-campus placements in facilities outside the Central Texas corridor. Individual circumstances will be evaluated on a case-by-case basis.

   c. Placement in out-of-area, out-of-state, and international rotations are considered conditional until all grades are final for the semester preceding the assigned rotation. Placements may be rescinded if a student fails to meet and maintain the criteria listed in 3a.

   d. Since international sites may not allow the student to receive CAA and state required credit for therapy hours if ASHA certified personnel do not work at the site, only under special circumstances will the department consider a site where the student could not receive credit for the hours. In such cases the student will sign a statement acknowledging that no ASHA clock hours for certification will be earned.

4. PROCEDURES TO IMPLEMENT POLICY: Students requesting out of area, out-of-state, or international placements will follow the regular procedures for applying for off-campus practicum placement. They must submit, with their applications, the information listed in 3a above.
1. **TITLE:** Possible Requirements of Off-Campus Sites

2. **PURPOSE:** To specify possible requirements of off-campus practicum sites and the person responsible for communicating those requirements to students.

3. **POLICY:** Off-campus practicum sites may set their own requirements for students prior to beginning off-campus experiences such as complete physical examination, immunization verification, drug testing, criminal background check, safety training, specific course work or clinical experiences, and/or successful interview among others. It is the responsibility of the CDIS Clinic Co-directors to discuss requirements with each site and to inform students of these requirements.

4. **PROCEDURES TO IMPLEMENT POLICY:**
   
a. The CDIS Clinic Co-directors will update the Off-Campus Placement Document with practicum site requirements as the requirements become known.

b. The student is responsible for reporting all other requirements of his/her off-campus practicum site to the Clinic Co-directors so that these can be verified and added to the Off-Campus Placement database.

c. The student is responsible for obtaining all required training and documentation necessary for participation in practicum at a chosen site, as well as associated costs.

d. Students may be required to obtain a Criminal Background Check (CBC) prior to placement in certain externship sites. Students selecting a site requiring a CBC are responsible for any costs associated with obtaining the background check. Students should also be advised that the Texas State Board of Examiners for Speech-Language Pathology and Audiology may deny a license to an applicant because of conviction for a felony or misdemeanor if the crime directly relates to the professional duties of a speech-language pathologist or audiologist. Felonies and misdemeanors which directly relate to professional practice include, but are not limited to: practicing speech-language pathology or audiology without a license; failing to report child abuse or neglect; deceptive business practices; Title 5 offenses (homicide, kidnapping, assault or sexual assault); Title 7 offenses (arson, burglary, theft, insurance fraud, money laundering, or computer crimes); Title 8 offenses (bribery, perjury, obstructing governmental operation, or abuse of public office); Title 9 offenses (disorderly conduct, public indecency); and Title 10 offenses (possession of weapons, gambling, alcoholic beverage offenses, and conduct affecting public health).

(Reference: 22 TAC, Chapter 741.200 Licensing of Persons with Criminal Convictions)
1. TITLE: Professional Conduct at Off-Campus Sites

2. PURPOSE: To delineate the student’s responsibility to maintain professional conduct while assigned to off-campus practicum site

3. POLICY: The student assigned to an off-campus clinical practicum site must meet all applicable professional conduct behavior requirements at the site as though he/she were a staff member of the facility. These professional behaviors may include, but are not limited to, dressing professionally and appropriately, being punctual, and maintaining records as required by the facility. Inappropriate behavior by a student, as determined by the on-site supervisor and in consultation with the CDIS Clinic Co-directors and faculty, may result in the student being removed immediately from the site, a grade of F for CDIS 5689, and non-accrual of CAA and state required clinical hours.

4. PROCEDURES TO IMPLEMENT POLICY:
   a. Students should engage their on-site supervisor in discussions of the types of behaviors that are required at the site.
   b. Students should discuss any problems that arise at the practicum site with their on-site supervisor and with the CDIS Clinic Co-directors.
1. TITLE: Attendance at Lecture Section of CDIS 5689

2. PURPOSE: To specify the student clinician’s responsibility for attending the scheduled CDIS 5689 lecture section during off-campus practicum

3. POLICY: The student clinician is required to attend the lecture section associated with CDIS 5689. Attendance policy is specified in the CDIS 5689 syllabus.

4. PROCEDURES TO IMPLEMENT POLICY:
   a. It is the student’s responsibility to notify the off-campus supervisor of the required lecture section associated with CDIS 5689.
   b. In case of a scheduling conflict with the off-campus practicum site, the student will provide written documentation in advance from the on-site supervisor specifying the schedule conflict and asking that the student be excused from the lecture.
   c. Absence from the lecture due to other reasons will be handled on a case by case basis with the student. Attendance policy is clearly outlined in the CDIS 5689 course syllabus.
1. TITLE: Responsibility of Clinician when Absent from Off-Campus Site

2. PURPOSE: To specify the student clinician’s responsibilities to the practicum site and to the university when absent from off-campus practicum

3. POLICY: The student clinician is responsible for the timely notification of his/her supervisor at the off-campus practicum site when he/she must be absent. The student clinician is also required and responsible for notifying the university contact person, usually the assigned Clinic Co-director, at the same time.

4. PROCEDURES TO IMPLEMENT POLICY:

   a. The student clinician will use the type (phone call, email, etc.) of notification specified by the on-site supervisor.

   b. The student clinician will telephone the Clinic Co-directors at the same time that the on-site supervisor is notified.
1. TITLE: Changes to Approved Schedule during Off-Campus Clinical Practicum

2. PURPOSE: To specify the required duration of the student’s commitment to clinical responsibilities during an off-campus practicum placement and the student’s responsibility to report all schedule changes.

3. POLICY: Enrollment in CDIS 5689 commits the student to an entire semester of clinical responsibilities unless a shorter duration is approved in advance by the CDIS Clinic Co-directors and the Department Chair.
   a. All student schedule changes at the off-campus practicum site must be submitted in writing to and approved in advance by the assigned CDIS Clinic Co-director.
   b. Failure to notify the CDIS Clinic Co-directors in writing of termination of therapy or change of student schedule in the off-campus placement site will result in a faculty review of the issues and possible loss of academic credit for CDIS 5689 for the semester and/or loss of clinical hours for the semester.
   c. Students may not check-out until the end of the semester at the specified check-out time even if they have completed the minimal number of required clinical hours at the practicum site.

4. PROCEDURES TO IMPLEMENT POLICY:
   a. The student will provide the Clinic Co-directors with a revised, dated, and signed schedule form in advance of every change in the student’s schedule.
   b. The Clinic Co-directors will discuss the requested schedule change with the student’s clinical practicum supervisor if appropriate and notify the student and supervisor in writing of the approval or disapproval of the proposed schedule change.
1. TITLE: Student’s Departmental Responsibilities during Off-Campus Practicum

2. PURPOSE: To delineate the student’s on-campus responsibilities during off-campus practicum

3. POLICY: Enrollment in CDIS 5689 practicum may, at the discretion of the Clinic Co-directors, include on-campus diagnostic and therapy assignments as well as the off-campus assignment.

4. PROCEDURES TO IMPLEMENT POLICY:
   a. The Clinic Co-directors will notify student within the required time frames by assignment sheet when student has an on-campus responsibility.
   b. In order to assure that the Clinic Co-directors can make on-campus assignments if needed that do not conflict with the student’s off-campus practicum schedule, the student is required to provide the Clinic Co-directors with updates to his/her off-campus schedule as changes occur.
1. TITLE: Supervisor’s Evaluation of Student Clinician in Off-Campus Practicum

2. PURPOSE: To delineate how students are to be evaluated in off-campus clinical practicums

3. POLICY: The off-campus practicum supervisor must complete a written comprehensive evaluation, via CALIPSO, of the student’s work at the end of the semester. It is the student’s responsibility to obtain the evaluation in a timely manner, according to the CDIS 5689 Course calendar.

4. PROCEDURES TO IMPLEMENT POLICY:
   a. The CDIS Clinic Co-directors, prior to the beginning of the student’s practicum, provides the supervisor a Supervisory Packet. This packet contains a CALIPSO help index which outlines instructions on how to complete evaluations on CALIPSO. The Clinic Co-directors may also provide training sessions over the phone as needed.

   b. A mid-term evaluation of the student is highly recommended especially if the student is having difficulty meeting expectations at the practicum site.

   c. The Clinic Co-directors will provide the student and the supervisor with a date each semester that will serve as the deadline for submitting the completed evaluation to the student’s CALIPSO database.

   d. The CDIS Clinic Co-directors are responsible for combining the grades from the Supervisor with the lecture portion of the grade in accordance with the CDIS 5689 class syllabus.
1. TITLE: Off-campus Semester Check-out

2. PURPOSE: To specify the process and procedures used each semester to ensure that all off-campus student clinicians have successfully cleared with their facilities and that the CAA and state required clinical hours earned are accurately logged for each student.

3. POLICY: In order to receive credit for the semester’s diagnostic and/or therapy hours and for the practicum course, student clinicians who have engaged in off-campus diagnostics or therapy during the semester must successfully complete check-out with their off-campus facility supervisor prior to checking out with the Clinic Co-directors.

4. PROCEDURES TO IMPLEMENT POLICY:
   a. The Clinic Co-directors will distribute the appropriate Semester Check-out Checklist to student clinicians at least three weeks prior to the end of the semester. All items listed on the check-list must be presented at the time of check-out with the Clinic Co-directors.
   b. Student clinicians must fully complete their Documentation of Clinical Hours forms then obtain the practicum supervisor’s initials on the forms prior to check-out with the Clinic Co-directors.
   c. Hours will not be counted unless verified by the on-site supervisor and the Clinic Co-directors and unless adequate supervision, as defined by the CAA, was provided.
   d. If the student has earned at least 50 hours at the off-campus practicum site, this will be noted on the “Hours Summary Form” at the end of the semester.