CHAPMAN UNIVERSITY

Communication Sciences and Disorders

Student Handbook
2022-2023

Crean College of Health and Behavioral Sciences
Chapman University
9401 Jeronimo Rd.
Irvine, CA 92618

August 2022

Introduction to the Handbook

The faculty and administration of the Chapman University Department of Communication Sciences and Disorders (CSD), Master of Science, developed this student handbook to provide the student with specific guidelines, rights, and responsibilities regarding the graduate degree program in CSD. This handbook is designed to supplement rather than supplant existing University policies and procedures (https://www.chapman.edu/campus-services/legal-affairs/policy/index.aspx), including those set forth in the University Catalog and Student Handbooks. Students are strongly encouraged to become familiar with and refer to those and other University publications for further information.

Any questions regarding policies contained within this document should be directed to the Department Chair/ Program Director of the Communication Sciences and Disorders department. Although every effort has been made to make this handbook as complete and up-to-date as possible, it should be recognized that circumstances will occur that the handbook does not cover. Changes will also be necessary in the handbook due to changes in the Master of Science, CSD degree program. When this occurs, students will be notified in a timely manner of any changes or additions, in writing, and when these changes go into effect. New policies approved after this revision handbook may add to or supersede those contained herein.

When the handbook does not cover a specific circumstance or the interpretation is ambiguous, the Department Chair/ Program Director will make the necessary decision or interpretation in consultation with full-time department faculty. The fact that written policies are not in the handbook should not be interpreted as an absence of a policy or regulation. If students have questions regarding a situation, they should discuss them with the Department Chair/ Program Director of Communication Sciences and Disorders. We hope you find this manual helpful and wish you much success in your studies here at Chapman University.

-The Faculty and Staff of the Communication Sciences and Disorders Department

Condition of Accuracy

The information within this handbook is accurate as of the time of publication. Students are responsible for informing themselves of and satisfactorily meeting all requirements pertinent to their relationship with the University. Students and others who use this handbook should be aware that the information changes from time to time at the sole discretion of Chapman University and that these changes may alter information contained in this handbook. More current and complete information may be obtained in the appropriate department, school, or administrative offices. The University reserves the right, at any time and without notice, to make any changes to all rules, policies, procedures, and any other information that pertains to students or to the institution including, but not limited to, admission, registration, tuition and fees, attendance, curriculum requirements, conduct, academic standing, candidacy, and graduation. This handbook does not constitute a contract or terms or conditions of a contract between the student and Chapman University.

In Cases of Conflict between the Handbook and the Graduate Catalog
The Graduate Catalog is considered the official representation of program requirements for all graduate programs at Chapman University. If a conflict between the information in this handbook and the Graduate Catalog arises, the information in the Graduate Catalog prevails.

Key Acronyms and Terms used in this Handbook

ASHA – The American Speech-Language-Hearing Association (https://www.asha.org/Certification/Course-Content-Areas-for-SLP-Standards/) is the national association for speech-language pathologists and audiologists. The Council for Clinical Certification in Audiology and Speech-Language Pathology (CFCC) of ASHA establishes the certification standards and the Council on Academic Accreditation of ASHA sets the accreditation standards.

CDE – The California Department of Education (https://www.cde.ca.gov/) is the state agency that oversees education in the state of California.

CSD – Communication Sciences and Disorders

CSHA – The California Speech-Language-Hearing Association (https://www.csha.org/) is the state association for speech-language pathologists and audiologists.

CTC – Commission on Teacher Credentialing (https://www.ctc.ca.gov/) is the California state agency that processes all teaching and service credentials, including the Speech-Language Pathology Service Credential.

FERPA –The Family Educational Rights and Privacy Act (FERPA) (https://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html) A federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education. FERPA gives parents certain rights with respect to their children's education records. These rights transfer to the student when he or she reaches the age of 18 or attends a school beyond the high school level. Students to whom the rights have transferred are "eligible students."

HIPAA – Health Insurance Portability and Accountability Act (https://www.hhs.gov/hipaa/index.html) is the federal law that establishes confidentiality and exchange of information in Health Care settings.

IPE - Interprofessional Education (http://apps.who.int/iris/bitstream/handle/10665/70185/WHO_HRH_HPN_10.3_eng.pdf?sequence=1) "occurs when students from two or more professions learn about, from, and with each other to enable collaboration

and improve health outcomes."

IPP - Interprofessional Practice
(http://apps.who.int/iris/bitstream/handle/10665/70185/WHO_HRH_HPN_10.3_eng.pdf?sequence=1)
"happens when multiple health workers from different professional backgrounds work together with patients, families, caregivers, and communities to deliver the highest quality of care. It allows health workers to engage any individual whose skills can help achieve health goals of the case"

KASA – Knowledge and Skills Assessment from ASHA, which defines the skills needed in Communication Sciences and Disorders.

PHI – Personal Health Information (see HIPAA) (https://www.hhs.gov/answers/hipaa/what-is-phi/index.html).

RP – remediation plan that is put in place when students receive a grade lower than a 'B'.

SLPAB – Speech-Language Pathology, Audiology and Hearing Aid Dispensing Board (https://www.speechandhearing.ca.gov/) is the state agency that oversees licensing for speech-language pathology, audiology, and hearing aid dispensing in the state of California.

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General Information

Chapman University

Chapman University Vision Statement: Chapman University will be a student-centered institution, recognized nationally and internationally as a center of academic and personal excellence that prepares our students to contribute to a global society.

Chapman University Mission: The mission of Chapman University is to provide personalized education of distinction that leads to inquiring, ethical, and productive lives as global citizens.

Chapman University Statement on Diversity & Inclusion: Chapman University is deeply committed to enriching diversity and inclusion through ongoing efforts to cultivate a welcoming campus climate for all members of the Chapman community. We strive to provide an inclusive academic curriculum, promote equity and access in recruitment and retention, and develop meaningful outreach programs and partnerships with our diverse local communities. We value diversity and inclusion in the learning environment and believe it is vital to the fulfillment of the University mission. It is our conviction that an inclusive learning environment facilitates complex, critical, and creative thinking, and that differences in identities, values, beliefs and perspectives are fundamental to a comprehensive education.

At Chapman the term diversity implies a respect for all and an understanding of individual differences including race, color, religion, sex, gender identity, gender expression, pregnancy, national origin, ancestry, citizenship status, age, marital status, physical disability, mental disability, medical condition, sexual orientation, military or veteran status, genetic information and any other characteristic protected by applicable state or federal law, so that all members of the community are treated at all times with dignity and respect. For more details about what Chapman is doing, please visit the [Diversity and Inclusion at Chapman](https://www.chapman.edu/diversity/index.aspx) website (https://www.chapman.edu/diversity/index.aspx) and the [Graduate Catalog](https://catalog.chapman.edu/index.php) [(https://catalog.chapman.edu/index.php)](https://catalog.chapman.edu/index.php).

Crean College of Health and Behavioral Sciences (CHBS)

The CSD department is one of several departments and programs within the Crean College of Health and Behavioral Sciences (CHBS). Other departments include Marriage and Family Therapy, Psychology, Physical Therapy, and Physician Assistant Studies program, etc. Along with allied health and related disciplines, CSD embraces the CHBS motto "Changing Education. Changing the World."

The John and Donna Crean College of Health and Behavioral Sciences engages faculty and a diverse student body in learning, research, community outreach, and evidence-based practice that emphasizes a biopsychosocial perspective to the understanding of health, disability, and disease; that fosters interdisciplinary collaboration and interprofessional practice; and that embraces technological innovations in the classroom, laboratory, and clinic.

CHBS Mission Statement

The Crean College of Behavioral Sciences at Chapman University is committed to the development of critical scholarship and skillful leadership that inspires and respects individuals, serves communities, enriches diversity,

and insures a socially just society. Additional information about the Crean CHBS can be found on the website.

Communication Sciences and Disorders (CSD)

The CSD department is located on the Harry and Diane Rinker Campus, which house the CHBS professional health programs (CSD, Department of Physical Therapy, and Physician Assistants' Program). The Chapman University College of Pharmacy (CUSP) is also located at the Rinker campus. All classroom-based courses are held at the Rinker campus: 9401 and 9501 Jeronimo Rd., Irvine, CA, 92618-19008.

CSD Mission Statement

The mission of the department of the Communication Sciences and Disorders (CSD) is to prepare highly ethical, research-conscious, and culturally responsive speech-language pathologists, committed to preventing, assessing, and treating communication disorders across the age span.

CSD Program Goals

1. CSD will be known as an educational graduate program that is welcoming and diverse in all its meanings, including students, faculty, and clients in need of services.
2. CSD will be recognized for its promotion of a scientific approach to practice & leadership.
3. CSD faculty will create and disseminate new knowledge in their research and/or clinical areas of expertise.
4. CSD will train graduate students to meet community needs for increased access to speech/language services.

CSD Strategic Plan

The CSD Strategic plan is created by faculty and staff every three years. The plan consists of priorities and specific measurable objectives. Priorities are proposed by faculty and staff. These are based on feedback, input and needs of and from multiple sources, including but not limited to: students; the college; the University; the community; current trends in research and clinical practice; and changes in the SLP scope of practice.

The **2019-2022** plan includes the following four priorities:

1. **Strategic Priority #1: Clinical Instruction**
   a. Faculty (clinical and academic) are current with evidence-based practice in their areas of instruction, including state and national requirements.
   b. Clinical fieldwork experiences occur in real-life environments where service delivery is aligned with California schools, and medical and private practice settings.
   c. Students engage in interprofessional education (IPE) and interprofessional practice (IPP) instructional experiences across clinical fieldwork settings (e.g., schools, hospitals, private practices).
   d. On-site fieldwork supervisors receive feedback about their clinical instruction from students and

from the CSD department.
  e. The Adult Learning Lab will enhance its individual and group treatment opportunities for individuals with acquired cognitive, speech, and language disorders while instructing students in clinical service delivery.
  f. On-site fieldwork supervisors participate in continuing education to ensure that they are guided by best practices in clinical supervision.

2. **Strategic Priority #2: Academic Instruction**
   a. Faculty (clinical and academic) and students engage in activities related to the scholarship of teaching and learning, including interprofessional education.
   b. Faculty use instructional technology (as it evolves) in order to enhance student access to learning.
   c. Faculty mentor students in the various aspects of the research process in order to prepare them to be consumers and creators of research evidence.

3. **Strategic Priority #3: Research**
   a. Create and develop opportunities where faculty and students participate in educational and/or service opportunities for collaborative research, e.g., The Orange County Childhood Language Center, the CSD Adult Learning Lab, the Speech and Language Development Center, the Downs Syndrome Association of Orange County.
   b. Integrate and support research efforts that are interprofessional in education and in practice, i.e., IPE and IPP.
   c. Develop policies and procedures that are aligned with the University and college policies to support faculty who desire to make their research publicly accessible.
   d. Investigate and propose the design and feasibility of a doctoral (PhD) program that is interdisciplinary within the Crean College of Health and Behavioral Sciences.
   e. Establish a database of potential research participants from the CSD Adult Learning Lab and the OC Childhood Language Center.
   f. Increase the number of undergraduate students who participate in CSD research projects.

4. **Strategic Priority #4: Service to the Community and Beyond**
   a. Enhance students' classroom and clinical learning with required volunteer service (10 total hours) to local community organizations that serve individuals with communication disorders.
   b. Promote and require student volunteer service that is interdisciplinary, e.g., volunteering at Stroke Boot Camp with physical therapy students.
   c. Obtain feedback from community partners regarding the impact of CSD student-based volunteer service.

Each of our four priorities are operationalized with measurable objectives. Progress towards achieving these objectives is updated on an annual basis. Every three years, the plan is revised. CSD's Strategic Plan, Vision and Mission is public and is available on the website.

CSD: Preparing Future Clinicians

The Master of Science degree in CSD prepares students for clinical positions in healthcare and education as speech-language pathologists. Through skillful leadership, instruction, and individualized practicum experiences, graduate students develop knowledge and skill competencies in speech-language pathology that include, but are not limited to:

- Assessing and treating individuals with a wide range of communication disorders and disabilities across the lifespan, such as stuttering, hearing loss, deafness, articulation and phonology disorders, voice abnormalities, language disorders, cognitive based communication disorders, motor speech and resonance disorders, swallowing disorders, etc., that are congenital/developmental and/or are neurological. Examples of these include autism, cerebral palsy, traumatic brain injury, and stroke.

- Counseling families, spouses, siblings, educators, and other professionals on the prevention of disorders and how to interact effectively with children and adults who have communication disorders, including those who use sign language, augmentative communication systems, hearing aids, cochlear implants, or other supportive technology.

- Using evidence-based practice in all settings.

- Working collaboratively with school, medical, or private practice teams, e.g., interprofessional practice and interprofessional education.

Accreditation

The Master of Science (M.S.) education program in speech-language pathology at Chapman University is accredited by the Council on Academic Accreditation in Audiology and Speech-Language Pathology of the American Speech-Language-Hearing Association, 2200 Research Boulevard, #310, Rockville, MD 20850, 800-498-2071 or 301-296-5700.

Graduates of accredited programs are eligible to take the national praxis exam (required by ASHA), complete a clinical fellowship (CF) year for national certification and to complete the Required Professional Experience (RPE) for a state license. Furthermore, graduates are eligible to apply for the preliminary California state credential with California Teaching Commission (CTC). **Students must be recommended for this credential by the CSD credential specialist at Chapman University.**

NOTE: For licensing in most states, including California, students must successfully complete graduate education from an accredited program, pass the Praxis exam, and successfully complete the required professional experience. Specific information regarding the licensing process should be obtained by contacting the licensing authority in the state in which you intend to practice.

The Chapman University CSD departmental program and its curriculum meets the ASHA requirements as an accredited program, including standards and stipulations in the Appendices. These requirements are referred to throughout this Handbook and students are strongly encouraged to become familiar with them:

- Appendix A—ASHA Standards for Clinical Competency (2020) (https://www.asha.org/certification/2020-slp-certification-standards/)

- Appendix B—ASHA Code of Ethics (2016) (https://www.asha.org/code-of-ethics/)

- Appendix C—ASHA Scope of Practice (2016) (https://www.asha.org/policy/sp2016-00343/)

Program Administration

The Chapman University CSD Program is administered, coordinated, and maintained by the program faculty and staff. The Program Administration and full-time Faculty are responsible for class selection, curriculum design and development, student and course evaluation, student advising, and other matters relevant to the Program.

It is important to the CSD faculty that there is continual and open communication between students, faculty, and staff. It is our intention, therefore, that all department personnel be available for student consultation as needed.

Faculty members hold professional credentials appropriate to the area of their clinical contact. All persons serving as supervisors in Speech-Language Pathology and/or Audiology maintain a current ASHA Certificate of Clinical Competence (CCC) in the appropriate area, and a state license in the appropriate area. In addition, all individuals who serve as supervisors are required by ASHA to have completed two courses in the area of supervision and one course in the area of ethics. Current copies of these credentials are on file in the CSD Program.

Communication Sciences and Disorders Faculty and Staff

Name	Title	Phone	Email
Leah Beekman, Ph.D., CCC-SLP	Clinical Assistant Professor	714-516-4593	beekman@chapman.edu
Catherine Dee, MS	Admissions Specialist	714-516-4535	dee@chapman.edu
Mary Fagan, Ph.D., CCC-SLP	Associate Professor	714-516-4580	mfagan@chapman.edu
Deanna Hughes, Ph.D., CCC-SLP	Assistant Professor	714-516-4576	dhughes@chapman.edu
Mary R.T. Kennedy, Ph.D., CCC-SLP	Professor	714-744-2132	markenne@chapman.edu
Lisa Lachance, MA, CCC-SLP	Clinical Assistant Professor	714-516-4584	llachanc@chapman.edu
Ashley Marks, MS, CCC-SLP	Director of Clinical Education	949-739-9839	asmarks@chapman.edu
Meredith Roberts	Clinical Administrative Assistant	714-516-4588	merobert@chapman.edu
Lauren Shepard	Administrative Assistant	714-516-4598	shepard@chapman.edu
Shannon Sheppard, Ph.D., CCC-SLP	Assistant Professor	714-516-4516	ssheppard@chapman.edu
Gloriajean Wallace, M.S., Ph.D., M.Div., CCC-SLP, BC-ANCDS	Department Chair and Professor	(714) 744-2185	glwallace@chapman.edu

All faculty and staff offices are located at 9401 Jeronimo Rd. Irvine, CA 92618.

In case of an emergency after normal office hours, please contact Chapman University Public Safety (https://www.chapman.edu/campus-services/public-safety/index.aspx), at the following telephone number: 714-997-6763

Summary of Faculty and Staff Functions

The CSD department consists of a CSD Department Chair, full-time faculty, Director of Clinical Education, and Admissions Specialist, Clinical Administrative Assistant, an administrative assistant, part-time lecturers (i.e., classroom instructors), and adjunct faculty (i.e., practicum supervisors). See the department website for descriptions of these individuals. Additional lecturers and adjunct faculty are listed on the CSD website (https://www.chapman.edu/csd).

Promoting a Learning Environment

CSD faculty and staff are responsible for promoting a learning environment that:

- Is collaborative and supportive.
- Promotes expression of a variety of opinions and perspectives.
- Supports diversity, equity, and inclusion of all students.
- Supports interprofessional interactions and education.
- Facilitates students' capacity to utilize theoretical and research-based knowledge in their professional practices.
- Enhances students' capacity to solve problems that have critical outcomes for clients.
- Facilitates students' ability to integrate their understanding of legal, ethical, cultural, and policy issues in decision-making.
- Encourages flexible, creative, and innovative thinking so that students graduate with the ability to manage the complex systems in which they will practice.
- Provides access to, and teaches assessment and application of, the expanding body of health-related knowledge.
- Embraces cultural and linguistic diversity in both classroom teaching and clinical practicum instruction.
- Enhances students' capacity for sensitive and empathetic communication when interacting with individuals of a variety of backgrounds.
- Encourages faculty to be mentors and role models of professional excellence and service.
- Enhances enthusiasm for lifelong learning and ongoing professional development that is supported by self-assessment.
- Optimizes the use of technology to enhance graduate students' own learning, as well as the use of technology in assessing and treating individuals with communication disorders.

Advising

Each student is assigned to a faculty advisor in the fall of their first year. Faculty members will post days/times for formal advising sessions, but it is the responsibility of the student to schedule an appointment with their faculty advisor twice a year, preferably at the end of the fall trimester, and the end of the spring or early summer trimester. At these sessions, progress in meeting the CSD program goals and objectives, both academic and behavioral, will be discussed. These sessions provide an opportunity to frankly assess student strengths, identify areas for improvement, concerns, and to develop plans to capitalize on student strengths and improve weaker areas. The faculty advisor is available at other times (as needed) to discuss concerns raised by students.

By the end of the Fall trimester of the second year (i.e., 4th trimester), students identify their areas of interest and decide on a capstone project and faculty instructor. Capstone proposals must be submitted and approved

by the faculty member by January 31, approximately one month into the 5th trimester. Note that many students will have already done this at the beginning of the second year, given the size and timeframe of their project. Once the capstone project has a faculty advisor, that faculty member becomes the student's advisor for the remainder of the program through graduation.

Faculty Advisor Roles

The role and responsibilities of the faculty advisor include but are not limited to the following:

- Provide communication between the student and faculty.
- Attend meetings scheduled twice each academic year.
- Meet with the student if problems arise e.g. academic, personal, or professional difficulties.
- Engage in a discussion with the student advisees about their grades, GPA, skills, and professional conduct twice yearly. This is typically done at the end of Fall trimester and at the end of Spring or beginning of summer trimester.
- Serve as a resource for the student in meeting the educational objectives of the CSD program.
- Discuss strengths and areas for improvement.
- Suggest improvements in time management and study skills, as needed.
- Help plan remediation for deficiencies in skills or knowledge in conjunction with a course instructor.
- Discuss academic, clinical skills, and professional evaluations.
- Identify additional faculty member(s) that will be easily accessible if a student wishes to discuss a problem of a personal or professional nature.
- Record meetings with student advisee in student file.
- Refer to appropriate service representatives including but not limited to the Student Advising Center, Center for Academic Excellence, etc., as needed.
- Enable the student to identify materials necessary to achieve the educational objectives and professional standards of the CSD Program.

Student Responsibilities as Advisees

Student input is critical for the success of this process.

- Discuss areas of strengths and areas for improvement with the faculty advisor.
- Complete the self-evaluation.
- Help plan a course of action to capitalize on strengths and remediate deficiencies.
- Schedule and attend meetings with the faculty advisor each trimester, at least twice a year.
- Meet with the faculty advisor on an as-needed basis.
- Make an honest effort to follow the plans devised from each session.

Should a student have a concern or problem that they do not wish to discuss with their assigned faculty advisor, the student may speak with the Department Chair/ Program Director.

It is the student's responsibility to meet with your faculty advisor during a mutually convenient time for advising. It is also your responsibility to act on any plan that may be advised during the advising session. The advising session can be a powerful tool for you to use to get the most from your education and in your development as a clinician. For non-urgent issues, make an appointment with your faculty advisor. Please be advised that you can leave a voice message on the CSD program office phone: 714-516-4598, 24 hours a day.

Student Rights, Responsibilities, and Duties

Essential Functions in Speech-language Pathology

Essential functions in speech-language pathology refer to technical standards that are the fundamental skills related to the cognitive, physical, social, and behavioral abilities needed for successful completion of the academic and clinical competencies required for graduation. These essential functions are aligned to the standards of practice established by the American Speech-Language-Hearing Association (ASHA, 2020, Appendix A) and are intended to inform both current and prospective graduate students in CSD about the skills one needs to be successful as a speech-language pathologist.

CSD graduate students should possess these skills so that they are able to "acquire the knowledge and skills necessary to practice speech-language pathology in a broad variety of clinical situations, to render a wide spectrum of patient care. Individuals must have skills and attributes in five areas: communication, motor (i.e. cerebral palsy), intellectual-cognitive, sensory-observational, and behavioral-social (i.e. autistic). These skills enable a student to meet graduate and professional requirements as measured by state licensure and national certification. Many of these skills can be learned and developed during the course of the graduate program through coursework and clinical experience. The starred items (*), however, are skills that are more inherent and should be present when a student begins the program." (CAPCSD Essential Functions Committee Report, 2007).

The following list of essential functions are revisions of the CAPCSD Essential Functions Committee report (2007) and the Essential Functions/Technical Standards document from the Department of Communication and Sciences, MGH Institute of Health Professions.

1. **Communication**
   Prospective and current students must possess adequate communication skills to:
   - *Read and write sufficiently to meet curricular and clinical demands (e.g., medical records, standardized assessments, clinical reports, etc.).
   - *Perceive and demonstrate appropriate verbal and nonverbal communication effectively and respectfully in one-on-one and group settings in academic, community, and clinical environments.
   - *Communicate proficiently and professionally in both spoken and written English language.
   - Convey information accurately with relevance and cultural sensitivity.

   The Communication Sciences and Disorders department of Chapman University is in agreement with and upholds the position of ASHA (1998), regarding professionals who speak with accents and/or non-mainstream dialects. ASHA's policy states:

   "It is the position of the American Speech-Language-Hearing Association (ASHA) that students and professionals in communication sciences and disorders who speak with accents and/or dialects can effectively provide speech, language, and audiological services to persons with communication disorders as long as they have the expected level of knowledge in normal and disordered communication, the expected level of diagnostic and clinical case management skills, and if modeling is necessary, are able to model the target phoneme, grammatical feature, or other aspect of speech and language that characterizes the client's particular problem."

2. **Motor**
    A student must possess adequate motor skills to:

    *   *Sustain the necessary level of physical activity in required classroom and clinical activities including, but not limited to sitting or standing for long periods of time.
    *   *Negotiate patient/client care environments and be able to move between settings such as the classroom, health care facility, educational, or community settings.
    *   *Participate in classroom and clinical activities for the defined workday.
    *   Participate in diagnostic and therapeutic procedures.
    *   Manipulate patient-utilized equipment (e.g. durable medical equipment to include AAC devices, hearing aids, etc.) in a safe manner.
    *   Access technology for clinical management (e.g., billing, charting, therapy programs, etc.), diagnostic testing and treatment protocols.

3. **Intellectual/Cognitive**
    A student must possess adequate intellectual and cognitive skills to:

    *   *Comprehend, retain, integrate, synthesize, infer, evaluate, and apply written and verbal information sufficient to meet curricular and clinical demands.
    *   Self-evaluate, identify, and communicate limits on one's own knowledge and skill to appropriate professional levels and be able to identify and utilize resources to increase knowledge.
    *   Utilize detailed written and verbal instructions to make unique and independent decisions.

4. **Sensory and Observational**
    A student must possess adequate sensory skills of vision, hearing, tactile, and smell to:

    *   Identify normal and disordered oral and written language, speech, voice, swallowing, cognition, hearing, and social interaction related to communication.
    *   Identify anatomic structures and imaging findings (e.g., MBSS, FEES, etc.).
    *   Discriminate text, numbers, tables, and graphs associated with diagnostic instruments and tests.

5. **Behavioral and Social**
    A student must possess adequate behavioral and social attributes to:

    *   *Display mature, empathetic, and effective professional relationships by exhibiting compassion, integrity, and concern for others.
    *   *Recognize and show respect for individuals with disabilities and for individuals of different ages, race, religions, sexual orientation, and cultural and socioeconomic backgrounds.
    *   *Conduct oneself in an ethical and legal manner, upholding the ASHA Code of Ethics and Institute and federal privacy policies once these are presented to the student.
    *   Adapt to changing and demanding environments (which includes maintaining both professional demeanor and emotional health) in academic, clinical, and community settings.
    *   *Accept appropriate suggestions and constructive criticism and respond by modifying behaviors.

Accommodations

The University is committed to providing reasonable accommodations to all members of the University community who have documented disabilities, religious, and other needs related to a protected class.

CSD students who indicate verbally and in writing (with documentation) that they need an accommodation to meet one or more of the essential functions outlined above will be reviewed by the Departmental Faculty in conjunction with the Office of Disability Services who will interact with the student to determine what, if any, reasonable accommodations can be provided. However, there may not be any fundamental alteration of the Program requirements for graduation.

Disability Services

Chapman University is committed to providing support services to achieve equal access to the education experience. Disability Services (DS) approves and coordinates accommodations and services for students with disabilities at Chapman to help students acquire skills essential to achieve academic and personal success.

The Disability Services Office is designed to help students who have average or above average potential for learning and who exhibit significant difficulties due to a disability. The University will work with students to understand their limited abilities and work to identify reasonable accommodations and alternative resources. Here at Chapman, we want to prepare students for the future by practicing self-advocacy. We will help guide the student on that journey by utilizing all available resources.

Registration with Disability Services Office is on a voluntary, self-identifying basis. However, services are only available after a student has registered and presents certified current documentation of the disability from a medical or educational specialist. All information and documentation are confidential. The contact information for Disability Services is:

Disability Services	Address: Argyros Forum, Room 203, Orange, CA 92866	
Phone: 714-516-4520	Fax: 714-744-79040	Email: ds@chapman.edu
Website: https://www.chapman.edu/students/health-and-safety/disability-services/index.aspx		

For more information on Accessibility Policy for Web and Electronic Resources: (https://www.chapman.edu/campus-services/information-systems/policies-and-procedures/accessibility-policy.aspx)

Academic Integrity and Honesty

All Chapman University, including CSD graduate students, are expected to comply with the Student Conduct Code (https://www.chapman.edu/students/policies-forms/student-conduct/_files/pdfs/student-conduct-code-master.pdf).

Please see a full description of Chapman University Policies on Academic Integrity in the Chapman University's Graduate Catalog (https://catalog.chapman.edu/). In addition to violations described in the Student Conduct Code and Policies on Academic Integrity, additional violations include but are not limited the following:

- Obtaining a copy of an examination or graded assignment (e.g., case presentation, patient education project) used in a previous year or completed by another person is prohibited.
- Prior to taking an examination or completing an assignment, students are not permitted to review prior examination questions or answers and/or graded assignments completed by another person.
- Knowingly presenting false information to Program faculty and staff, supervisors, patients, and clinical preceptors is prohibited.
- Falsifying any document is prohibited.
- Forging another's name or signature is prohibited.

For more details on Integrity on Research Policy, please see the following: https://www.chapman.edu/campus-services/legal-affairs/policy/integrity-in-research-policy1.pdf

Honesty and Trustworthiness

CSD students shall be honest and truthful in all respects. Students shall not intentionally mislead others.

Background Checks

Program policy requires background checks to be obtained by the entering graduate students. The process for obtaining background checks begins once they have made their acceptance into the CSD program.

The student is required to follow procedures for:

- State of California Department of Justice (https://oag.ca.gov/fingerprints) – Fingerprinting is required and obtained during your first trimester to obtain national database information submitted to the Federal Board of Investigation (FBI) and the Bureau of Criminal Investigation (BCI).
- The cost of the FBI and BCI checks will be covered by the graduate student clinician. The background check process begins when an applicant agency provides an applicant with a **BCIA 8016, REQUEST FOR LIVE SCAN SERVICE** form. The applicant completes the form with their personal information and takes the form to a live scan operator where the applicant must provide the appropriate identification. ***In California, fingerprinting must be performed by a certified fingerprint roller or qualified law enforcement personnel***.
- Fingerprints are valid for only one year; therefore, most students will be required to complete fingerprinting twice during their graduate program. Here is the website for Live Scan Locations (https://oag.ca.gov/fingerprints/locations).
- School districts will request new fingerprints before the start of the school-based internships through their particular site locations. Each school expects that students will complete new fingerprints. These may be covered by the district but not all districts will cover the expense. Students cannot begin their internships with the district until this has been completed; there is no negotiation with the school districts regarding this process.

Cleared background checks are required before the students can engage in clinical practicum or observation.

Insurance

Chapman University maintains a student practice liability insurance policy for all student clinicians registered for

clinical practicum. However, it is required that students obtain professional liability insurance of their own to maintain health and liability insurance coverage through a private healthcare plan, Student Health Services, and HealthCare Providers Service Organization(https://www.hpso.com/). Proof of this professional liability is required at the onset of the CSD program.

Professionalism

Students are expected to adhere to professional standards in both their appearance and actions in the classroom and clinical settings. In general, codes for appearance and actions are established in order to convey one's dedication to excellence, commitment to meeting obligations, and respect for peers, colleagues, professors, clinical instructors, and/or patients and clients. Although the standards for appearance and actions may differ between the academic and clinical settings, students are expected to adhere to the policies set forth within each setting.

First and foremost, students must adhere to the Standards for Academic Integrity (https://www.chapman.edu/academics/academic-integrity/index.aspx) outlined in University policy and the ASHA Code of Ethics (Appendix B) (https://www.asha.org/code-of-ethics/). The Academic Integrity policy is printed in every syllabus and course outline.

Faculty also expect students to show respect to peers and faculty at all times. Students are expected to approach faculty, supervisors, and staff with courtesy and respect for their position.

Professional courtesies may include but are not limited to:

- Set up advance appointments and using office hours to discuss issues with faculty.
- Attend all required classes and enter on time regularly.
- Avoid getting up and leaving the room during lectures unless there is an emergency.
- Turn off cell phones prior to coming to class or meetings with faculty or peers
- No texting, no checking text messages, no checking or sending emails, and no web surfing during class. During break time, electronic devices can be used on the student's discretion.

Professional Dress

CSD students provide services through clinical practicum experiences. Clinical staff and faculty, student clinicians, and student observers are expected to dress appropriately for a professional business environment. The clinical supervisors reserve the right to make final decisions concerning appropriate dress. Individual practicum sites may have their own dress code, which students are expected to follow.

Appropriate dress standards will ensure that respectful, yet comfortable dress is maintained by graduate student clinicians for all cases, care givers, and the individuals they serve. Students need to be aware of what type of dress is appropriate for the age and condition of the client and the practicum setting (e.g. preschool, adult client, high school or medically fragile, medical, or classroom settings). Fragrances should be kept at a minimum given possible case sensitivities. Check in with each clinical supervisor if there are questions about dress code. Clinic name tags must be worn at all times when involved in any Clinic activity (direct or observation). In the human anatomy lab on the Rinker campus, there is a special dress code that must be

followed. Students are provided with this dress code in each of the courses where students will be accessing the anatomy lab. In alignment with the Crean College of Health and Behavioral Sciences dress code, for Rinker campus course related activities, dress code is "Business Professional" (meaning no yoga pants or jeans).

The University community will make reasonable accommodations to students with specific needs with regards to clothing for religious observances (https://www.chapman.edu/campus-life/fish-interfaith-center/religious-accommodations/index.aspx).

Use of Personal Devices in Class, Labs and Practicum

CSD students are strongly encouraged to refrain from engaging in social media and text messaging during classroom courses, labs, and practicum. If students are using social media or texting during class and the instructor considers it disruptive, the instructor has the authority to ask the student to stop engaging in that behavior. The instructor can ask students to stop engaging in any behavior that is disruptive to the learning environment (Faculty Manual, Section I, D).

Computer Network and Acceptable Use Policy

The University's computing and network systems and services, "Chapman Information Resources," are a University-owned resource and business tool to be used only by authorized persons for educational purposes or to carry out the legitimate business of the University.

The Policy applies to all University students, faculty and staff, and all others using computer and communication technologies, including the University's network, whether personally or University-owned, which access, transmit, or store University or student information.

Chapman University's complete 'acceptable use' policy [(https://www.chapman.edu/campus-services/information-systems/policies-and-procedures/acceptable-use-policy.aspx)](https://www.chapman.edu/campus-services/information-systems/policies-and-procedures/acceptable-use-policy.aspx), should be read in its entirety but below are some highlights of the content.

- The University's computing and network systems and services are a University-owned resource and business tool to be used only by authorized persons for educational purposes and to carry out the legitimate business of the University.
- University owned equipment and Chapman Information Resources services may not be used for unlawful purposes.
- Users are responsible for misuse of their own account and for any activity originating from their accounts. Users must not share their accounts or passwords.
- Plagiarism of electronic works is prohibited. The unauthorized use of copyrighted material is prohibited.
- Users of Chapman Information Resources may not conceal or misrepresent their identities when sending e-mail messages.
- Chapman Information Resources shall not to be used for commercial purposes without prior approval.
- Although Chapman University does not make a practice of monitoring email, the University reserves the right to retrieve the contents of University-owned computers and email messages for legitimate reasons. As such, Users should not expect privacy in the contents of University-owned computers or email messages.
- Users of Chapman Information Resources assume the responsibility for backing up their own data and programs.
- All breaches of the system must be immediately reported to the CIO and Information Security Officer.

For more information on Accessibility Policy for Web and Electronic Resources: (https://www.chapman.edu/campus-services/information-systems/policies-and-procedures/accessibility-policy.aspx)

Consequences of Violations: The University reserves the right to restrict the use of its computing facilities and limit access to its networks. Violations of the law or University Policy may result in disciplinary action and/or referral to appropriate authorities outside of the University.

Personal Relationships

"Chapman University is deeply committed to creating and sustaining an educational environment that is conducive to learning and scholarship and supportive of students and employees. Part of this commitment is fostering a campus free of sexual harassment and discrimination as well as other forms of sexual misconduct." Sexual and romantic relationships with faculty, lecturers, adjunct faculty, program support staff, supervisors, and staff during active instruction are strongly discouraged. Students are strongly encouraged to review the University's policies regarding relationships contained in the official Harassment and Discrimination Policy (https://www.chapman.edu/students/health-and-safety/title-ix/index.aspx). Reporting procedures are located on this website as well. Students can always contact the Department Chair/Program Director for assistance in reporting procedures as well.

All CSD graduate students are required to complete Title IX training. This will be arranged for students during a time when they can attend, typically in the first or second trimester of the first academic year.

Employment

While enrolled in the CSD graduate program, students should limit their outside employment, due the demands of graduate school. We recognize that employment may be an issue that some students will face. Given this recognition, realize that the CSD Program obligations will not be altered due to a student's work obligations. It is further expected that work obligations will not interfere with the student's learning progress or responsibilities while in the CSD Program. The clinical practicum must be observed as set by the CSD Program and the practicum site are not negotiable. Having to work is not an acceptable reason for missing or being late to classes or practicum.
Students who are involved in volunteer or paid work during the course of their CSD education may not use their affiliation with the CSD Program to benefit any aspect of their job. For this reason, work (paid or unpaid) that is outside of the CSD Program is not covered by the liability that is offered for clinical work associated with the educational experience

Students should not work for Chapman University CSD faculty (full time, part time), supervisors or staff, including nannying, babysitting, housesitting, etc. Students should not feel pressured or obligated to work for anyone at Chapman University who has a connection with the CSD department. If students have questions about this, they should contact their faculty advisor or the CSD Department Chair/Program Director.

Drugs and Alcohol

CSD students must comply with Chapman University's Student Conduct Policies (https://www.chapman.edu/students/policies-forms/student-conduct/_files/pdfs/student-conduct-code-

[master.pdf](#)) regarding alcoholic beverages and illegal substances and all other applicable policies and procedures concerning the use of drugs and alcohol at clinical sites. Students are prohibited from appearing at any clinical site while under the influence of alcohol or any drug (including prescription or over-the-counter drugs) that may affect performance or judgement.

Attendance and Timeliness

Attendance and timeliness are important aspects of professional behavior. Students must attend all classes, labs, seminars, clinical sites, and other scheduled activities on time. If a student is unable to attend a scheduled class or other activity, it is the student's responsibility to notify the instructor and person in charge of that activity.

Students must submit all required assignments and forms on or before the designated date and/or time they are due as stated in course outlines.

The professional conduct of CSD graduate students is evaluated on an ongoing basis during monthly department meetings. Violations of standards of conduct are subject to disciplinary actions, including academic probation and dismissal administered by the University and by the CSD department.

Academic Preparation & Course of Study

Program Prerequisites for Admission

The program prerequisites for admission are:

- Undergraduate degree in Communication Sciences and Disorders, or the post-baccalaureate certificate equivalent (leveling courses)

- An overall average of 3.0 minimum GPA in undergraduate coursework

- A personal statement

- Interview conducted by CSD faculty and applicant in person or via Zoom

Final admission decisions are made based on the recommendations for the CSD Admissions Committee who review all the above information.

The Cohort Model

The CSD program/curriculum is designed around a 'cohort' model. Students take all the required courses each trimester; that is, all students are taking the same courses at the same time. The sequence of courses is specifically designed to allow for development of the foundations necessary to build clinical skills. The Program consists of both academic classes and clinical experiences; the latter earned through practicum placements. The cohort model allows students to plan, study, and learn from each other, both academically and clinically. Students form study groups in the first trimester so that they have an immediate group of peers to turn to for support. Most courses are taught in the late afternoons and evenings. This allows students to spend time during the day at their assigned practicum sites. This is an early 'push-in' model, in which students learn in the classroom and apply what they are learning immediately, in clinical practicum. It should be noted that if there is a significant disruption in student attendance for any reason and a student fails to complete course requirements, students may be asked to wait to join the next cohort to continue their studies. This includes circumstances involving leave of absences, failure to successfully remediate academic/didactic courses, and/or failure to successfully remediate clinical practicum courses.

CSD Graduate students spend their first trimester in the graduate program attending academic courses to prepare for their subsequent clinical experiences and completing observations. Clinical experiences begin in the second graduate trimester in CSD 620. The order of courses and clinical practicum are listed in the student's Plan of Study (POS). The CSD program consists of both academic courses as well as clinical experiences (i.e., practicum courses). These have been systematically organized to achieve the best learning experience for the student and taken in the given order or sequence. The order of courses may change due to an unforeseen circumstance, in which case, students will be notified of changes as soon as possible.

Overall Plan of Study

Didactic and clinical practicum curriculum is designed to meet all the required knowledge and skills that are identified in the ASHA Standards of Clinical Competency (Appendix A) and covers ASHA Scope of Clinical Practice (Appendix C).

The CSD program consists of the following graduation requirements:
- Successful completion of 63-unit program designed to be completed in two years (including summer terms) which includes a graduate capstone project and comprehensive exams.
- Nine (9) to twelve (12) units of coursework and practicum each trimester.
- Required minimum 400 hours of supervised practicum in speech-language pathology.

Course Number	Course Title	Units
First Year – Fall		
CSD 500	Research Methods	3
CSD 501	Articulation & Phonology	3
CSD 502	Clinical Procedures, Professional Issues	3
CSD 506	Neuroanatomy	3
IPE 501	Interprofessional Education	0
	Total units	**12**
First Year – Spring		
CSD 503	Language Disorders in Children	3
CSD 505	ASD & Early Childhood Assessment	3
CSD 510	Adult Language Disorders	3
CSD 620	Practicum (45+ hours)	2
IPE 502	Interprofessional Education	0
CSD 680*	Practicum (Childhood Language Center)	1
CSD 685**	Practicum (other sites)	0-1
	Total units	**11-13**
First Year – Summer		
CSD 507	AAC & Cognitive Aspects of Communication	3
CSD 512	Multicultural, 2nd Language Acquisition	2
CSD 504	Fluency	2
CSD 630	Practicum (45+ hours)	3
IPE 503	Interprofessional Education	0
CSD 680*	Practicum/Internship (Adult Learning lab, CLC)	1
CSD 685**	Practicum (other sites)	0-1
	Total units	**10-12**

Second Year – Fall		
CSD 509	School-based Issues	2
CSD 511	Dysphagia	3
CSD 518	Acquired Cog- Comm Disorders across the Lifespan	3
CSD 640	Practicum/Internship (105 hours)	3
CSD 680*	Practicum/ Internship (Adult Learning Lab, CLC)	1
CSD 685**	Practicum/ Internship (Other sites)	0 - 1
	Total units	**11 – 13**
Second Year – Spring		
CSD 517	Voice, Resonance, Cranial Facial, & Motor Speech Disorders	5
CSD 650	Practicum/Internship (105 hours)	4
CSD 680*	Practicum/Internship (Adult Learning Lab, CLC)	1
CSD 685**	Practicum (Other sites)	0-1
	Total Units	**9-11**
Second Year – Summer		
CSD 515	Advanced Audiology	2
CSD 516	Counseling	3
CSD 698	Thesis or Capstone Project & Comprehensive exams	2
CSD 660	Practicum/Internship (105 hours)	2
CSD 680*	Practicum/Internship (Adult Learning Lab, CLC)	1
CSD 685**	Practicum (Other sites)	0-1
	Total Units	**9-11**
	Total Units in Program	**Minimum of 63**

*CSD 680 in the CU-Adult Learning Lab can be taken in the Spring or Summer of year 1 and the Fall, Spring or Summer of year 2. CSD 680 at the Childhood Language Center (CLC) may be assigned in the Spring of year 1 (for those who are SLPAs), or in the Fall, Spring or Summer of year 2.
NOTE: All students are required be complete a practicum placement at the CLC and the CU- Adult Learning Lab.
** CSD 685 is a practicum assignment that can include other sites, such as SimuCase, Down Syndrome Center, etc.

While this is the current schedule for 2022-23, courses may be offered during a different trimester; when this happens, students will be forewarned before the change.

All students are required to take Healthcare Interprofessional Education (IPE 501, 502 and 503). This is a 0-credit course that occurs in the first year of graduate school, once in each trimester. Additional IPE experiences for second year students are currently under development.

Directed Research Experience (CSD 670) is an optional course that students can enroll in with permission from the instructor. It is a 0-credit course designed to provide students with hands-on research experiences.

Course Descriptions

The current version of the CSD course descriptions can be found in the Chapman University Graduate Catalog (https://catalog.chapman.edu/index.php).

Summative Capstone Course

Course designed to assess students' preparedness for clinic, research, and professional leadership roles upon graduation as measured by (1) evidence of mastery of material for specific CAA and CFCC academic and clinical standards, and (2) details re: proficiency with basic clinical assignments (ex. report writing and language sample analysis).

Approved Academic Calendar

The Rinker campus operates on a year around academic calendar (https://www.chapman.edu/academics/academic-calendar.aspx). CSD courses are offered during three trimesters. The fall and spring trimesters coincide with the other Rinker Health sciences programs, whereas the summer trimester is shortened and lasts about 8 weeks.

Clinical Education

Clinical Education Philosophy and Goals

Supervised clinical practice is an integral part of the graduate program in Communication Sciences and Disorders (CSD). Supervision provides the student with an opportunity to apply classroom knowledge to the evaluation and management of individuals with a wide variety of communication disorders. The primary goal of clinical education is to prepare speech-language pathologists who will demonstrate general competence across the scope of practice in nine communication disorders areas from infancy to geriatrics, which includes working with individuals from linguistically and culturally diverse groups, including the following areas:

1. Articulation
2. Voice
3. Fluency
4. Receptive and expressive language
5. Communication modalities
6. Social communication
7. Cognitive communication
8. Swallowing
9. Hearing

Through sequenced clinical experiences and assignments, students learn to:

- Analyze, synthesize, and evaluate an extensive body of knowledge in communication sciences and disorders.
- Develop evidence-based practices in the selection and implementation of evaluation and treatment protocols.
- Achieve high levels of competency in prevention, screening, diagnosis, and treatment of clients with varied communication disorders.
- Communicate effectively and professionally, orally and in writing.
- Demonstrate ethical and responsible professional conduct.

The goal of clinical education is to provide the student with the knowledge and skills to practice as a speech-language pathologist in diverse educational, healthcare, and private practice settings.

Practicum Sites and Experiences

Students are placed in a minimum of five types (of the six listed below) of rotations (e.g., one trimester of observation hours and five trimesters of clinical fieldwork) to complete the required 400 hours of supervised practicum.

The chart below represents the practicum courses, an approximation of clinical hours to be achieved and the days during which students participate.

Course Number	Course Name	Credits	Clinical Hours (Approx.)	Estimates of days per week
620	Clinical Practicum	2	45	2-3 days per week

630	Clinical Practicum	3	30 - 45	3-5 days for 1-2 weeks
640	Clinical Practicum	3	105	3-4 days a week with emphasis on schools
650	Clinical Practicum	4	105	4-5 days a week with emphasis on adults
660	Clinical Practicum	2	105	1-4 days a week depending on students' needs to fulfill ASHA requirements
680	Clinical Practicum	1	variable	1-2 days a week at the CU-ALL and the CLC
685	Clinical Practicum	0-1	variable	1-2 days a week at other practicum sites

CSD 502, Clinical Procedures, Diagnostics and Professional Issues, helps to prepare student for clinical practicum. It includes for following:

- Role of the Director of Clinical Education (DCE), on-site supervisors and practicum instructors
- The Chapman University CSD supervisory process
- FERPA, HIPAA, and what it means for clients, clinicians, and families
- Universal Precautions–Staying Safe and Healthy
- Learning how to enter clinical hours and upload immunizations on Calipso
- Clinical writing
- Goal Writing and data collection
- ASHA scope of practice and ethics
- Multicultural Perspectives
- Diagnostic and assessment procedures and data collection

Affiliated Off-Campus Practicum Sites: Affiliated practicum sites (and contractual agreements) may change from year to year. A complete list of contracted educational, medical, and private practice facilities can be found in the CSD Office of the DCE. The vast majority of student practicum experiences will occur off-campus in authentic settings in the community.

By frontloading some coursework, students are provided with maximum knowledge and skill before their first clinical experience. As much as possible, clinic assignments across the practicum are as follows:

- Schools (public)
- Private Schools (Non-Public School (NPS) certified)
- Hospitals (public and private)
- Rehabilitation Centers
- Speech and Hearing Programs/Clinics
- Private Practice (including Non-Public Agency (NPA) certified)
- Skilled Nursing Centers
- Home Health
- County/or Private agencies that serve hotel/motel children.
- Assisted Living Senior Living
- Special Olympics Health Hearing Inc.
- Residential rehabilitation centers
- Multi-disciplinary therapy practices
- Simulations delivered on-line or in-person (e.g., SimuCase)

Chapman University – Adult Learning Lab (CU-ALL):
The Adult Learning Lab is located on the Rinker campus. It is an environment in which graduate student clinicians and faculty supervisors learn side by side. Graduate student clinicians provide diagnostic and intervention services to adults while receiving personalized supervision by faculty. The Lab is available each trimester for adults with acquired cognitive communication disorders. Individual and group therapy sessions are available. The clients are referred from area clinicians, hospitals, and physician's offices. University Supervisors are selected based on their area of specialty such as aphasia, cognitive-communication disorders, voice disorders, and aural rehabilitation. For more information, please visit the CU-ALL website (https://www.chapman.edu/crean/academic-programs/graduate-programs/ms-communication-sciences-and-disorders/adult-learning-lab.aspx).

RiteCare Childhood Language Center of Orange County (CLC): The CLC is located in Santa Ana and serves children and their families at no cost. The CSD department contracts with the Scottish Rite Foundation to operate the center by providing supervisors and graduate student clinicians. The CLC operates during the fall, spring, and summer trimesters. For more information see https://www.oclanguagecenter.org/.

SimuCase: SimuCase is a web-based application designed to enhance graduate students' clinical competency across specialty areas. The simulation content has been provided by families from hospitals, schools, and private practices. Each simulation is created from an actual client and can include screening, assessment, and treatment decision making. Through interactive simulations, graduate students are scored on their clinical decisions. Supervision is provided by a trained SLP supervisor/instructor. The instructor provides a guided pre-brief and debrief in a small group or 1:1 basis. Graduate students can earn up to 75 approved ASHA clinical hours, based on the classroom knowledge of the graduate student.

All students are required to complete a practicum rotation at the CU-ALL and the CLC. SimuCase experience is highly recommended.

Clinical Practicum Assignments

The DCE determines clinical assignments based on the student's completed or concurrent courses. The entire cohort takes the practicum course in a given trimester, in small groups or sections. During the spring, practicum planning will begin at the first trimester, the DCE meets with each student to discuss their practicum interests in preparation of their first practicum assignment. This collaboration occurs every trimester with the student and DCE.

Students do not 'find' their own practicum sites, nor do they necessarily get to select specific practicum sites and/or facility supervisors. Students work closely with the DCE each trimester to identify and determine their interests, their top choices, and their current knowledge and skill sets. Students receive explicit instruction on these procedures from the DCE in the first trimester of the first year. There are times when the student requests a placement that is close to their residence; however, DCE will determine if this placement meets all of the requirements for supervising students and if a contractual agreement is in place or can be put into place that meets the needs of the student and the requirements of Chapman University.

Once practicum assignments are decided, assignments are sent via an email letter to the graduate student, the University Practicum Instructor, the Onsite Supervisor. Practicum instructors observe graduate students at least twice in the spring and fall trimesters and once during the summer trimester at the clinical site and meets with the student individually as well in class. Practicum Instructors meet with a small section of students regularly as a class where additional topics are covered that are intended to support students in their clinical practicum experiences that trimester. They maintain contact with the student throughout the trimester. In this sense,

Practicum Instructors are the link between the CSD department and the Onsite Supervisor.

Clients with different disorders may be encountered at rotation settings each trimester depending on the clients/students/patients served. It is noted that depending on the type of setting, vocabulary and terminology will vary, and the student intern is expected to know and use the terminology appropriate for the setting. For example, in a medical setting, those receiving services are referred to as patients, but in a school setting, they are referred to as students, and in a private practice or clinic setting, those receiving services are referred to as clients.

Telepractice: Students may participate in telepractice as a part of their clinical practicum education; these experiences are coordinated through the practicum site that students are assigned to. Students will receive clinical hours in assessment and/or therapy, in the same way as they do when providing services to clients in-person.

Prior to participating in telepractice, graduate students are required to take a one-hour course in telepractice online. A list of potential courses will be provided to students from which to choose by the DCE or the instructor of CSD 502 – Clinical, Diagnostic, and Professional Issues.

Telepractice opportunities are available through a variety of clinical practicum sites, although having telepractice experience is not a requirement of graduation. The DCE will work with those students who desire this experience.

Understanding Clinical Supervision

1. Supervision for each student will be provided by individuals who are certified by the American Speech-Language-Hearing Association (ASHA) and licensed by the State of California or hold another state's licensure in Speech-Language Pathology or Audiology. Supervision of clinical practicum, according to ASHA standards must:
   a. Entail the personal and direct involvement of the supervisor in any and all ways that will permit the supervisor to attest to the adequacy of the student's performance in the clinical training experience.
   b. When student clinicians are engaged in evaluations and diagnostics, they must be supervised 100% of the time.
      i. For other services, such as treatment, meetings with parents, etc. at least 25% of the student's total contact with any client/patient must be directly supervised, with such supervision being appropriately scheduled throughout the training period. Direct supervision is defined as on-site observation or closed-circuit TV monitoring of the student clinician.
   c. Telepractice permits two graduate students at the same time to be supervised by the Speech Pathologist. The graduate students get to claim one hour of intervention each for the assessment and treatment of the client. Clinical educators may supervise more than one telepractice session concurrently. Clinical supervisors must be available 100% of the time and must provide a minimum of 25% direct supervision of the total contact time with each client/patient (similar to in-person supervision requirements).
   d. The amount of direct supervision beyond these amounts should be adjusted upward depending on the student's level of knowledge, experience, and competence.
   e. In addition to the required direct supervision, supervisors may use a variety of other ways to obtain knowledge of the student's clinical work, such as conferences, audio and DVD recordings, written reports, staffing, and discussions with other persons who have participated in the

student's clinical training.

2. Onsite Supervisors are the assigned clinician to provide modeling, teaching, coaching, and mentoring of the graduate student. These Onsite Supervisors will schedule weekly conferences with student clinicians to discuss treatment progress, client needs, clinician's performance, etc. When appropriate, conference sessions may be held on a small group basis, combining student clinicians to share information.

3. Onsite Supervisors provide written and verbal feedback on therapy and diagnostic sessions, therapy plans, data, and reports submitted by the student clinicians. The supervisor is responsible for conveying clinical requirements to the student and conveying information on the student's specific areas of strength and weakness in a constructive manner. Practicum instructors will observe the student clinician at least twice in a trimester with the exception of summer sessions where one observation is acceptable.
   a. Practicum instructors complete Four Square Reflection Tool (Appendix D) on the student clinician, the student reflects using Four Square Worksheet (Appendix E), and together they discuss this observation.

4. Onsite Supervisors and Practicum Instructors maintain records on each student clinician, including copies of all written feedback on sessions observed. At mid-term and at the end of a trimester, both supervisors will evaluate the student's practicum performance using the Evaluation section on Calipso software program. A conference will be scheduled with each student to discuss the evaluation.

5. University Practicum instructors are responsible for submitting the final grades to the registrar. If there appears to be a discrepancy between the student clinician and the Onsite Supervisor, the University Practicum instructor will discuss a plan of action. The DCE may facilitate a meeting between all parties if needed. This does not include removing a student from a practicum site due to health-related issues or concerns.

6. Supervisors and practicum instructors in the state of California must maintain clinical competence in supervision. The Speech Pathology and Audiology Board (SPLAB) and ASHA require supervision coursework hours for supervising paid clinicians, Speech Pathology Assistants, Clinical Fellows and fully certified clinicians. Individuals who supervisor Chapman University CSD students are required to obtain continuing education units in the field of supervision every three years for ASHA, and for the state of California every two years.

The Supervisory Process

Student clinicians are assigned one or more supervisors during each trimester of practicum. A supervisor who holds the Certificate of Clinical Competence (CCC) supervises 100% of evaluation sessions, including screening and identification. At least 25% of the student's total treatment time with each client is observed by the supervisor. More or less intensive supervision may be provided, depending on the clinician's and client's needs per the discretion of the supervisor.

Supervision Conferences

Initial supervisor/student clinician conferences are used to define responsibilities for lesson plans, evaluations, videotaping, observations, reports, and other clinical matters. Generally, each supervisor and student clinician will schedule a periodic conference. These meetings allow for the evaluation of past therapy sessions to identify areas of strengths and weaknesses, to discuss proposed plans, to communicate upcoming responsibilities or jointly work on personal goals established by the student clinician. Some flexibility is offered for periodic meetings due to off-campus responsibilities.

In order to aid in transitioning the student clinician from being a dependent clinician to a more

independent clinician, the Anderson's Continuum of Supervision is suggested:

Adapted from The Supervisory Process in Speech-Language Pathology and Audiology (p.82) by J.L. Anderson, 1988, Boston: College-Hill Press/Little Brown and Company
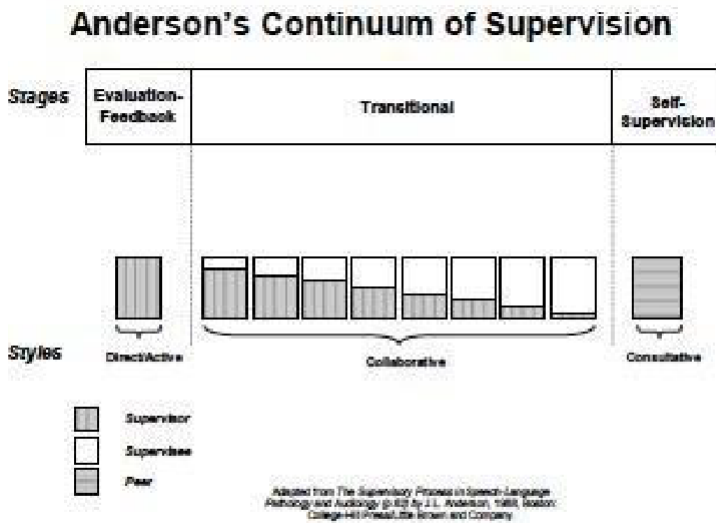
Each student and supervisor may adjust as needed based on the level of clinical experience and severity of case load.

Supervisory Approaches

Supervisors may use one or more of these approaches with student clinicians depending on the student's need for therapeutic instruction:

1. Joint Planning The supervisor and student clinician may write a lesson plan and/or objectives together. They may formulate step-by-step strategies for conducting the therapy activities.
2. Role Playing The supervisor and student clinician may role play therapy procedures as each one assumes the client or clinician stance.
3. Demonstration Therapy The supervisor models part of, or an entire, therapy session while the student clinician observes.
4. Structured Observations The student clinician may arrange to observe another clinician who demonstrates strong clinical skills in specific areas, particularly those in which he/she is experiencing some difficulty. During the observation, the student clinician should gather ideas and strategies that could be implemented in his/her therapy sessions. Data collection may be practiced as well.
5. Video recording and/or Audiotape Reviewing of DVD and audio-taped sessions may be completed by the clinician and/or the supervisor in order to identify the strengths and weaknesses of the session. In addition, the supervisor and the clinician can view tapes together. Together, they jointly find concrete solutions and strategies for the identified areas of weakness.
6. Script Taping The supervisor and/or clinician may transcribe the student clinician's directions and models given during the therapy session to be further analyzed and evaluated. The supervisor should provide specific feedback regarding alternatives to the clinician's choices or implementation of strategies.
7. Observation of the Student Clinician's Therapy by Other Supervisors Other supervisors may observe the student clinician in order to provide additional specific feedback based on the data collected during

observation.
8. <u>Joint Evaluations</u> The supervisor and student clinician may evaluate the student clinician's session through written analysis. These evaluations would be shared and compared to obtain supervisor-clinician accuracy and agreement.

Student Evaluations of Supervisors

At the close of each trimester, student clinicians are required to evaluate their on-site supervisor for that trimester. Students complete these evaluations using the survey questionnaire on Calipso. The first survey is titled "Supervisor Feedback" and the second survey is "Student Evaluation of Off-Campus placement." Student feedback is anonymous. The DCE compiles the results, and clinical supervisors are given feedback to assist in increasing the quality of instruction which students receive in subsequent trimesters. This activity is mandatory and guides the CSD Program in making decisions related to clinical supervision. Feedback results are shared with the on-site supervisors at a later point in time in order to maintain student confidentiality, typically the following year. The feedback is given to the supervisor with the student's name removed.

Professional Relationships with Clients

Graduate students in the CSD program should not engage in social media communications via social media sites such as Facebook, Twitter, Snapchat, Tumblr, Instagram, etc. <u>with their clients and/or client families</u>, whether current or prior, unless part of the treatment program. Students should exercise caution and follow all professional and ethical guidelines of the profession including maintaining HIPPA and FERPA standards, relative to the use of social media. A position paper published in 2013 in the Annals of Internal Medicine (https://www.acpjournals.org/doi/10.7326/0003-4819-158-8-201304160-00100) describes the position that the CSD faculty endorse where 'physician' is replaced with 'clinician':

"Use of online media can bring significant educational benefits to patients and physicians [clinicians] but may also pose ethical challenges. Maintaining trust in the profession and in patient–physician [-clinician] relationships requires that physicians [clinicians] consistently apply ethical principles for preserving the relationship, confidentiality, privacy, and respect for persons to online settings and communications." Graduate students must abide by the same rules as health care and educational professionals that require them to maintain professionalism at all times. As educators and health care professionals, we are forbidden to engage in sexual or romantic relationships with clients who are receiving services from us. This same rule applies to graduate students in CSD programs. The ASHA Code of Ethics (IV Rule H) states:

"Individuals shall not engage in sexual activities with individuals (other than a spouse or other individual with whom a prior consensual relationship exists) over whom they exercise professional authority or power, including persons receiving services, assistants, students, or research participants" (see Appendix B).

Identification

Students must clearly display their current Chapman University identification while on campus. During clinical experiences students must clearly display their identification badge as a Chapman CSD graduate student.

At no time should a student either by virtue of his/her skills or knowledge attained while progressing through the CSD program, misrepresent him or herself as being other than a CSD graduate student.

When engaging in remote learning, students will maintain their camera in the 'on' mode to verify engagement

in online activities and participation.

Immunizations

The CSD graduate program requires that all students indicate that their immunizations are up to date, including the following:

- Measles, Mumps, and Rubella (MMR) – all placements
- Hepatitis B – required for hospital placement.
- Polio – required at Children's Hospitals only
- Two Step PPD (documentation of two negative PPDs in a 21-day period)
- Meningitis (a University requirement)
- Tdap (Adecel or Boostrix are acceptable) with 5 years.
- Influenza (required on a yearly basis)
- Pneumonia (optional) – required for hospital placements.
- COVID-19 vaccinations – required for some placements, e.g., CU-ALL, hospitals, private practices.

Some clinical practicum sites have additional requirements, which students must meet before attending that practicum location. Expenses associated with additional requirements are the student's responsibility. For example, there may be additional personal protective equipment (PPE) requirements of student clinicians. If a student is unable to receive a vaccination and a practicum site requires it, the student will not be able to participate at that practicum site.

If a health condition arises during the course of study that would in any way alter students' ability to perform in a clinical setting or in a classroom, it is students' responsibility to notify the Department Chair/Program Director of CSD program immediately.

Incidents Reports

Occasionally, accidents will occur on a clinical site. Should a student, patient, client, or other staff member be injured as a result of an accident involving a student, the student must first comply with all accident and injury protocols established at the institution. This might include the Risk Management Department (or equivalent) of the individual institution as well as any other offices deemed appropriate by the preceptor or sponsoring institution.

Student must notify the CSD program by telephone (CSD Main Office: 714-516-4598) of any such incident immediately or as soon as physically possible.

Subsequently, the student must file an Incident Report within 24 hours following the incident with the DCE.

Student Performance

To complete the Master of Science in CSD, students must fulfill the following requirements:

1. Passing grades of "B" or higher in all courses, academic and practicum, or successful remediation of courses receiving lower than a "B".
2. Maintaining a 3.0 GPA.
3. Completion of a minimum of 400 clinical clock hours of supervised practicum across the lifespan.
4. Successfully passing the comprehensive exams.
5. Completion of the Capstone course (CSD 698), which includes an approved project or thesis and a total of 10 volunteer/community service hours.

Evaluating Student Performance

CSD students are evaluated by various methods to ensure that they meet the knowledge and skill requirements for entry level performance in speech-language pathology. The following instruments and processes are used in this effort:

- Didactic assignments and tests, summative and formative
- Student's ability to evaluate the research evidence using formative and summative evaluation procedures.
- Comprehensive exams (summative)
- Case Studies
- Observation by faculty in class, lab, small groups, clinical experiences, and clinical rotations
- Performance of Clinical Skills and Procedures by supervisors, practicum instructors, and others
- Clinical Experiences
- Faculty Advising sessions
- Summative Examinations
- Research Projects
- All other assigned materials

Facilitating Critical Thinking through Problem-based Learning:

Formative and Summative Assessment

The CSD faculty are committed to facilitating critical and thinking and learning by using case-based, problem-based learning. This is done in several ways:

- Formative learning – experiences and assessment are provided throughout the curriculum where students draft assessment and treatment plans and receive feedback from peers and instructors prior to finalizing the plans.
- Case-based learning is used throughout the curriculum, in the form of in-class case scenarios, take home assignments, making evidence-based decisions as they apply to client scenarios, etc.

- Students are assigned to study groups and encouraged to work in teams where discussion and case-based problem solving occurs.
- Required journal entries and questions/comments about readings and lectures that are then discussed in class.
- <u>Summative assessment</u> is considered finalized grades in assignments, final course grades, and passing the comprehensive examination.

Comprehensive Examinations

Summative comprehensive examinations are conducted in the 5th or 6th trimester of students' program. Students are examined on their knowledge and skills in four of the seven areas (Neuroanatomy/Adult Language disorders, Articulation and Phonological disorders, Child Language disorders, Autism Spectrum Disorders/Augmentative and Alternative Communication, Acquired Cognitive-Communication Disorders, Dysphagia, and Motor Speech and Voice Disorders) across the life span in which aspects of cultural and/or linguistic differences are integrated (see below); students select the four areas they will be tested in. Students are presented with cases and required to answer specific questions about the foundation and nature of the disorder, its prevention, assessment, and/or treatment recommendations. Citations of evidence-based research are required.

Students will have access to their notes, lectures, and other resources during the exam, typically organized in a resource binder. Access to electronic devices is not allowed during the exam.

Answers are graded using a 5-point Likert scale (5=exceeds expectation; 4=meets expectations; 3=sufficient; 2= insufficient; 1=unacceptable). Students are required to retake areas for which they received a '1' or '2' rating. Should a student receive a rating lower than '3' on the retake, they are required to meet with the faculty member who authored/graded the question, and the Department Chair/Program Director to determine if a remediation project would be acceptable. If it is, the faculty member and Department Chair/Program Director describe the project, write it up as a Remediation Plan (RP, described in the following section, Appendix F) with clear expectations and deadlines. If the student's RP project remains unacceptable, the student will be required to retake the entire course.

Student Performance in Clinical Practicum

Students are evaluated twice by the University Practicum Instructor via an onsite observation.
The students are given a midterm and final review on Calipso. The student's grade is a combination of the onsite Speech Language Pathologist's and the University Practicum Supervisor's scores plus any additional work completed in the practicum course. The feedback is shared with the student during the scheduled review, and students have an opportunity to ask questions and provide feedback to their University Practicum Supervisor.

Remediation of Academic Courses

Students who earn a final course grade of lower than a 'B' in academic courses are required to remediate the course with the instructor of record after the end of that trimester. Academic courses are all those listed in the above section with the exception of the practicum courses. The following steps are required:

1. The instructor devises a Remediation Plan (RP, Appendix F) that is outlined in Part A.
2. The instructor notifies the Department Chair/Program Director that a remediation plan is required.
3. The student meets with the instructor to discuss the areas of deficiency with the student. At this

meeting, the RP-Part A is discussed, which includes specific steps, readings, assignments, deadlines, etc. that the instructor has deemed necessary to remediate the student's knowledge and/or skills in related to the student's deficiency(ies). The deadlines or dates that these will be completed are agreed upon by the student and the instructor. Both the student and the instructor will sign Part A.

4. Part B is completed when the student has successfully completed Part A. The actual work is described in detail, with the date accomplished, and both the instructor and the student sign Part B. This document is sent to the Department Chair/Program Director which notifies to the Registrar, alerting them to the student's successful completion of a Remediation Plan. It is important to be aware that the grade is not changed. That is, the grade is "accepted" by the Registrar. Be aware that the student must still maintain have an overall GPA of 3.0 or higher to be granted a master's degree. A copy of the RP is provided to the student, and the original is placed in the student's department and clinical record.

5. Students have a single opportunity to remediate an academic course. If they are unsuccessful in remediating their deficiencies as deemed by the instructor, the student can appeal the instructor's decision to the CSD Academic Performance Committee (APC, which consists of the Department Chair/Program Director, DCE, and one other full-time faculty member but not the instructor of record). After careful review of the documentation (RP) and required assignments, the APC will make its decision and inform the student and instructor. Should the decision be that the student did not remediate the course successfully, the student is required to retake the course to meet the requirements for graduation.

CSD graduate students can remediate a total of two academic courses during their time in the program. These remediations must be passed and completed by the end of the following trimester. The Academic Performance Committee (APC) will review any special circumstance that may occur. If the student is unable to pass and complete the remediation, they will meet with the APC to counsel them on their options.

Remediation of Clinical Practicum Courses

Students who are experiencing difficulty acquiring and/or demonstrating satisfactory clinical skills will have the opportunity to have a structured and personalized clinical remediation plan with directed input from clinical faculty. This could occur during CSD 620, CSD 630, CSD 640, CSD 650 and/or CSD 660. When this occurs, the clinical supervisor (i.e., the site supervisor) documents the concerns on the Session Feedback sheet and discusses the concerns with the student during their meeting time. Should the student's skill not improve after feedback, it is possible that the student will receive a grade lower than a 'B' in the practicum course. If the final grade in the practicum course is lower than a 'B', the DCE discusses this with the clinical supervisor and the student, and a Remediation Plan (RP) is put into place (Appendix D).

1. When a Remediation Plan (RP) is developed, the student and the clinical supervisor address progress towards the listed goals on a bi-weekly basis. If needed, the DCE and other supervising clinical supervisors will meet with the student to discuss alternate remediation strategies.

2. Part A of the RP is the student information, the areas of need, the information that must be learned, and 1-3 brief statements on how the required learning will be measured by the instructor. A date to complete Part A is agreed upon by both instructor and student. Part A may include one of more other faculty members or supervisors monitoring the student's progress. The student and the instructor both sign Part A, and a copy goes to the Department Chair/Program Director.

3. Part B is completed when the student has successfully completed Part A. Here, the actual work is described in detail, with the date accomplished, and both the instructor and the student sign Part B. This document is sent to the Department Chair/Program Director who sends an email to the Registrar alerting them to the student's successful completion of a Remediation Plan. It is important to be aware

that the grade is not changed. That is, the grade is "accepted" however, the student must still have an overall GPA of 3.0 or higher to be granted a master's degree. Both the supervisor and the student sign and date the RP in the area designated on the form. A copy of the RP is provided to the student and the original is placed in the student's department and clinical record.

4. If students remain unsuccessful in their remediation by the deadline, the procedure for appeal is the similar to the one for academic courses with the exception that a CSD Clinical Performance Committee (CPC, which consists of the DCE and a CSD supervisor but not the supervisor of record) reviews the clinical and RP documentation and makes the final decision. Alternatively, the student can elect a second remediation plan opportunity if and only if the trimester was short (e.g., summer). In this case, the CPC and the Department Chair/ Program Director meet with the student to discuss progress and lack of progress that requires further remediation. Once the student has remediated the clinical practicum successfully, the Department Chair/ Program Director notifies the Registrar office so that the original grade (i.e., lower than a 'B') is considered 'acceptable'.

5. Note that any remediation of a practicum course may delay student progress towards timely completion of the degree. That is the decision of the DCE, the CPC, and/or the Department Chair / Program Director.

Complaints: Specific Academic Courses

If students have concerns or complaints about a graded assignment or a grade in a course, they are advised to begin the process with the particular instructor involved if appropriate. If this avenue fails, appeals then go to the department, specifically to the Department Chair/Program Director. Following this, appeals go to the Graduate Academic Council via the submission of a completed Graduate Petition Form (https://catalog.chapman.edu) to the Office of the University Registrar.

For more information on the "grade review policy", grievance and appeals, please see the Graduate Catalog (https://catalog.chapman.edu).

Complaints: Clinical Practicum Courses

Students are advised to begin the process by discussing concerns with the clinical faculty member involved. If resolution of the concern is not achieved through this discussion, then the student should pursue assistance with resolution by meeting with the DCE. If resolution is not be obtained through discussion with the DCE , then the student should seek assistance from the Department Chair/Program Director and finally through formal University grievance or appeals procedures outlined above for academic courses.

Other Concerns or Complaints

Students are entitled to discuss matters with the Dean of Crean College of Health and Behavioral Sciences (CHBS) should they have complaints about the program leadership (the Department Chair/Program Director and/or the DCE), faculty and/or program policies and procedures that have not been resolved after discussing them with the leadership.

Furthermore, the graduate students who have concerns about campus academic policies, procedures, or other policies are encouraged to bring those concerns or complaints forward by following the Student Complaints Procedures Notice (https://www.chapman.edu/campus-services/legal-affairs/policy/student-complaint-procedures-notice-89.15.21.pdf).

Academic Probation, Appeal and Dismissal

Any student whose overall average GPA falls below a 3.00 and/or receives one failing course grade will be notified that they will be placed on academic program probation. Please see the Graduate Catalog (https://catalog.chapman.edu).

Any student who is placed on academic probation will be requested to meet with Department Chair/Program Director and the DCE.

The CSD program follows Chapman University's policies and procedures for academic probation and dismissal. These can be found in the Graduate Catalog (https://catalog.chapman.edu). The exception is that CSD students must receive a 'B' or better in each course, including practicum courses. When a grade is lower than a 'B', the student is required to remediate the course, following the procedures outlined in the prior sections.

Professional Behavior Expectation and Violations

Graduate students in CSD must behave professionally in accordance with the standards in the American Speech Hearing Association (ASHA) Code of Ethics (Appendix B). CSD Program Faculty and Staff who believe that a student has violated the ASHA standards or otherwise behaved unprofessionally shall report such conduct to the Clinical Performance Committee (CPC). The committee will investigate the allegation, and if it does violate these standards, the case will be forwarded to the Director of Clinical Education of CSD. Additionally, if the matter involves conduct that is covered by the Student Code of Conduct, it will be referred to the Office of Student Conduct for further handling.

Examples of behaviors that violate professional standards include but are not limited to:
- Violation of ASHA's Principles and of Code of Ethics (Appendix B)
- Violation of our Professional Dress at Clinical Practicum Sites
- Multiple late and unexcused assignments or deadlines in class and/or at clinical practicum sites
- Repeated unexcused tardiness or absences in class and/or at clinical practicum sites

The CPC should be notified of behaviors listed above and will proceed according to the following process:

1. The CPC notifies the student of the report and the specific behavior that is being reviewed for potential violations.
2. Within five (5) business days of the notice, the student may present evidence to the committee to clarify or refute the report.
3. The CPC will meet within ten (10) business days to review the report and evidence and make a recommendation of findings to the Director of Clinical Education.
4. The Director of Clinical Education will make the determination as to whether the student will be placed on Professional Behavior Probation within five (5) business days and will notify the student of the outcome.

Students placed on Professional Behavior Probation will be provided the terms of their probation from the Director of Clinical Education in writing.

Professional Probation Appeal Process

Within ten (10) business days of notice of probation, the student may appeal the Director of Clinical Education's decision. The appeal must be based on at least one of the following grounds – evidence of a violation of a

University policy or procedure at a prior level of review, or new evidence not previously submitted by the student during the review process. The following steps in the appeal process are as follows:

1. The appeal must be submitted in writing to the Department Chair/Program Director

2. The appeal must include the basis for the appeal and any new information or documentation not previously submitted during the process.

3. The Department Chair/Program Director will make a final determination with regards to the appeal within ten (10) business days of the submission of the appeal and notify the student of the outcome in writing.

Students placed on Professional Probation who fail to meet the terms of their probation within the designated time frame may be dismissed from the Program. Please refer to the Dismissal from the Program section of the student handbook.

Removal from Professional Probation

In order to be removed from Professional Probation, students must complete the conditions of their probation. The Clinical Performance Committee will review the student's performance and applicable records and make a recommendation to the Director of Clinical Education regarding whether the student satisfied the terms of the Probation. The Director of Clinical Education will consider the recommendation and probation conditions and will make a determination as to whether the student completed the requirements and will be removed from Probation.

Dismissal from the Program for Professional Behavior Violations

Students placed on Professional Behavior Probation who fail to meet the terms of their probation within the designated time frame may be dismissed from the CSD Program.

If, based on the student's failure to satisfy the terms of Probation or other serious misconduct, the Department Chair/Program Director determines that the student should be dismissed from the Program, the Department Chair/Program Director will meet with the student to discuss the situation and provide the student with an opportunity to respond to the concerns. Within ten (10) business days of the meeting, the Department Chair/Program Director will make the final decision on dismissal from the Program. If the Department Chair/Program Director decides that dismissal is the appropriate sanction, the Department Chair/Program Director will provide the student notice of dismissal in writing setting forth the reasons for the dismissal.

Any student dismissed from the Program for professional reasons has the right to appeal the decision to the college Dean. The appeal must be based on at least one of the following grounds – evidence of a violation of University policy or procedure at a prior level of review, or new evidence not previously submitted by the student during the review process. The appeal must be submitted to the college Dean in writing within ten (10) business days of receiving the notice of dismissal. The student shall continue in the Program until the appeal process is exhausted but may be removed from coursework and/or clinical experiences pending resolution of the appeal. If the decision for dismissal stands following their appeal, the student will be dismissed from the Program and the University. The student will be notified of the final decision and the rationale for the decision in writing. A student whose appeal is upheld may be reinstated in regular or Professional Probation status.

Student Grievance Policy

For more information regarding the University's Student Grievance Policy, please see the Chapman University Graduate Catalog (https://catalog.chapman.edu).

Programmatic Complaints

The following section can be found in the Accreditation Handbook (2022) (https://caa.asha.org/SysSiteAssets/files/accreditation-handbook.pdf), section XIII.

A complaint about any accredited program or program in candidacy status may be submitted by any individual(s).

Criteria for Complaints

Complaints about programs must meet all of the following criteria:
   a. be against an accredited graduate education program or program in candidacy status in audiology or speech-language pathology;
   b. relate to the Standards for Accreditation of Entry-Level Graduate Education Programs in Audiology and Speech-Language Pathology [PDF] (https://caa.asha.org/siteassets/files/Accreditation-Standards-for-Graduate-Programs.pdf) in effect at the time that the conductfor the complaint occurred[10], including the relationship of the complaint to the accreditation standards;
   c. be clearly described, including the specific nature of the charge and the data to support the charge;
   d. be within the timelines specified below:
      • if the complaint is being filed by a graduate or former student, or a former faculty or staff member, the complaint must be filed within one year of separation* from the program, even fthe conduct occurred more than 4 years prior to the date of filing the complaint;
      • if the complaint is being filed by a current student or faculty member, the complaint must be filed as soon as possible, but no longer than 4 years after the date the conduct occurred.
      • if the complaint is being filed by other complainants, the conduct must have occurred at least in part within 4 years prior to the date the complaint is filed.

Note: For graduates, former students, or former faculty or staff filing a complaint, the date of separation should be the date on which the individual was no longer considered a student in or employee of the graduate program (i.e., graduation, resignation, official notice of withdrawal or termination), and after any institutional grievance or other review processes have been concluded.

Complaints also must meet the following submission requirements:
   a. include verification, if the complaint is from a student or faculty/instructional staff member, that the complainant exhausted all pertinent institutional grievance and review mechanisms before submitting a complaint to the CAA;
   b. include the complainant's name, address, and telephone contact information, and the complainant's relationship to the program in order for the Accreditation Office staff to verify the source of the information;
   c. be submitted using the CAA's complaint form [DOC] (https://caa.asha.org/siteassets/files/Accreditation-Standards-for-Graduate-Programs.pdf)
   d. sign and submit a waiver of confidentiality with the complaint; Because it may be necessary to identify the complainant to the affected program or to other potential sources of relevant information, the

complainant is required to sign a waiver of confidentiality as part of the complaint submission. Failure to provide a signed waiver of confidentiality will result in dismissal of the complaint;

e. must be complete at the time of submission, including the complaint, waiver, and all appendices; If a complainant submits an amended complaint, including providing additional appendices, it will void the original submission and initiate a new process and time line;

f. append documented evidence in support of the complaint, including as appropriate relevant policies/procedures, relevant correspondence (including email), timelines of referenced events, etc. Complainants should not enclose entire documents; only the specific pages should be included that present content germane to the complaint. Page numbers to these appendices should be referenced in the complaint. Materials may be returned to the complainant if not properly organized to support the complaint.

g. must submit all complaints and supporting evidence in English, consistent with the business practices of the CAA;

h. be signed and submitted in writing via U.S. mail, overnight courier, or hand delivery—not via e-mail or as a facsimile—to:

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

The complainant's burden of proof is a preponderance, or greater weight, of the evidence. These procedures do not prevent the CAA from considering a complaint against an accredited or candidate program if the program is involved in litigation or other actions by a third party.

Additional Student Rights and Policies

Enrollment in the CSD Program provides the student with some basic rights. The student has the right to competent, knowledgeable instructors who conduct themselves in a professional manner in their interactions with students in the work setting. A student who is experiencing difficulty with an instructor should contact the Program Director so that appropriate action may be taken.

Discrimination and Harassment Policy

Chapman University CSD students have the right to an environment free of harassment and discrimination. Chapman University is committed to providing an environment which is free from harassment, and every member of the University community must recognize that harassment of any type compromises the integrity of the University and the tradition of free and open inquiry among its members. Chapman also affirms its commitment to providing an environment in which each member of the University community feels free to comment on any issue or topic.

It is the University 's policy, therefore, to insist that all members of the University community are treated at all times with dignity and respect. The University has a strict policy which prohibits harassment in any form. This includes, but is not limited to, harassment because of age, disability, race, religion, color, creed, ancestry, national origin, marital status, sex, or sexual orientation. For the complete policy see Chapman University Harassment, Discrimination and Sexual Harassment Policy (https://www.chapman.edu/faculty-staff/human-resources/_files/harassment-and-discrimination-policy.pdf).

The University will not tolerate any conduct which has either the purpose or the effect of interfering with the work or scholastic performance of any member of the University community or creating an intimidating or hostile living, learning, or working environment. The University will also not tolerate any conduct which has the purpose or effect of singling out any specific group within the University community in a manner which leads to harassment or which creates an offensive working or learning environment for that group.

It is a violation of University policy for anyone to engage in any form of harassment or to retaliate against a person who has initiated an inquiry or complaint.

The right of confidentiality for any party involved in an alleged harassment incident, including the complainant and the accused, will be respected as it does not interfere with the University's obligation to investigate allegations of misconduct and to take corrective action where appropriate.

In keeping with its policies, Chapman University not only fully complies with all local, state, and federal laws concerning harassment, but also provides a means to assure fair treatment to any student or employee who believes the policy prohibiting harassment has been violated. It is the policy of the University that all charges of harassment be reviewed in a confidential, sensitive, and expeditious manner. For further information, please contact the Equal Opportunity Officer at 714-997-6847.

Any student who believes he or she has been or is being sexually harassed should report this incident to the University's Title IX Coordinators who are listed in Chapman University Harassment, Discrimination and Sexual Harassment Policy (https://www.chapman.edu/faculty-staff/human-resources/_files/harassment-and-discrimination-policy.pdf) and the Sexual Misconduct (https://www.chapman.edu/students/health-and-safety/title-ix/_files/Student-Sexual-Misconduct-Policy.pdf) section of the Student Conduct Code. The

University provides support services for student victims of sexual assault. For further information please see Creating a Rape-free Environment for Students (C.A.R.E.S) (https://www.chapman.edu/students/health-and-safety/peer/cares/cares-information.aspx) . The CSD program faculty can assist the student through the appropriate channels if requested. No student will be placed in a didactic or clinical experience that jeopardizes his or her educational or personal welfare.

For more information, please visit the Interim Policy on Sexual Harassment Prohibited by Title IX (https://www.chapman.edu/students/health-and-safety/title-ix/student-policy-on-sexual-harassment-prohibited-by-title-ix.pdf).

Reporting Options for Students

All University employees (faculty, staff, administrators, and student employees) are required to report any gender- or sex-based discrimination or harassment (this is inclusive of all alleged incidents of sexual violence) to a Title IX Coordinator. However, students may also contact the on-campus individuals directly who have no affiliation with the CSD program. These reporting options are available under student concerns on the Sexual Misconduct, Sex-Based/Gender Discrimination, and Title IX(https://www.chapman.edu/students/health-and-safety/title-ix/index.aspx).

For more information, please visit the Reporting Misconduct Policy (https://www.chapman.edu/campus-services/institutional-compliance-and-internal-audit/institutional-compliance/policies/reporting-misconduct-policy.aspx).

Students Rights to Privacy

Student records are protected from unauthorized access and release by the Family Educational Rights and Privacy Act (FERPA). For more information, please see Chapman University's FERPA Guidelines (https://www.chapman.edu/students/academic-resources/registrar/student-services/privacy-rights-ferpa/index.aspx).

Students are granted access to their own files after completion of a Student Request for File Access form. Students may inspect and review files in the CSD program office during regular office hours. At no time will information be removed from a student's permanent file. Students will also not be allowed to photocopy, or otherwise duplicate information found in their file. All remediation plans, evaluations, and minutes of meetings such as from the Academic Performance Committee (APC) and the Clinical Performance Committee (CPC), become part of the student's official Program record that is maintained by the CSD Program as required by the Council on Academic Accreditation (CAA). Students who wish to challenge the content of records may do so in one of two ways:
1. A letter may be placed in the student record indicating the student's objections to a given entry.
2. Students may request a review with the Academic Performance Committee and the Clinical Performance Committee to correct records which they believe to be inaccurate or misleading.

Release of student records by the program to for example, potential employers, is granted only upon the completion of the Release and Waiver of Student Information form for Recommendations and References (https://www.chapman.edu/students/academic-resources/registrar/_files/forms/ferpa-release-and-waiver.pdf).

For more information regarding records retention, please visit Records Retention and Destruction Policy (https://www.chapman.edu/campus-services/institutional-compliance-and-internal-audit/institutional-compliance/policies/record-retention-policy-and-matrix.aspx).

For more information regarding personal information data, please visit Privacy Policy (https://www.chapman.edu/campus-services/information-systems/policies-and-procedures/privacy-policy.aspx),

Program Evaluation

The CSD Program engages in program evaluations on a continual basis. The Program faculty are constantly engaged in activities that provide evaluation data on the performance. Student input is a vital part of the evaluation process. Feedback from student evaluations can identify strengths and areas for improvement for the CSD Program and may guide necessary changes in the curricula or clinical components. During the program, students are continuously evaluating many aspects of the program, including but not limited to: courses, clinical practicum experiences, textbooks, instructional methods, and advising meetings.

Methods of Program evaluation that rely on student input may include:

- Didactic Course Evaluation Admission Process
- Evaluation
- Student Self-Assessments & Reflections Class Meetings with Faculty

- Supervisor Evaluations Faculty/student advising sessions.

- Student Class Representatives Graduating student exit interviews & feedback
- Student performance on exams

Additional methods of program evaluation require that the CSD program establish program goals and outcomes, and student learning goals and outcomes. Overall program outcomes include graduation rates, employment rates, and the passing rates of the national PRAXIS examination; these are posted on the CSD website. Goals and student learning outcomes are tracked on a regular basis and used as feedback in which to make programmatic changes.

Contact the CSD Department Chair/ Program Director for further details about the Program evaluation plan.

Additional Resources and Information

Canvas

Canvas is the primary learning management system at Chapman University. Canvas is a highly customizable and integrated system with tools for hosting online courses, sorting, and managing course material, collaborating on documents and projects, conducting live synchronous online classes, and accessing the success of students and courses. Individual lecture materials including PowerPoint presentations will be posted 48-72 hours prior to scheduled start time of classes.

Classrooms

All courses are taught at:

> Crean College of Health & Behavioral Science
> Harry and Diane Rinker Health Science Campus
> 9401 and 9501 Jeronimo Rd. Irvine CA 92618-1908

The majority of the clinical practicum sites are located in Southern California and are within driving distances of the Rinker Health Science Campus, however, depending on the availability of clinical practicum sites students may be required to be placed outside of Southern California.

Copyright Policy

For more information about ownership of intellectual property, please refer to the Copyrighted Works Policy (https://www.chapman.edu/campus-services/legal-affairs/policy/copyrighted-works-policy.pdf).

Counseling Services

The Chapman University Student Psychological Counseling Center (SPCC) provides telehealth counseling and psychotherapy to Chapman University students.

Student Psychological Counseling Services (RINKER)	Student Psychological Counseling Services (ORANGE)
Monday – Friday: 8:30am – 5:00pm Location: 9401 Jeronimo Rd. Rm 128, Irvine Email: spcs@chapman.edu Phone: 714-744-7002 Fax: 714-744-7940 Website: https://www.chapman.edu/students/health-and-safety/psychological-counseling/rinker-services/index.aspx	Monday – Friday: 8:30am – 5:00pm Location: 410 N. Glassell St., Orange Email: spcs@chapman.edu Phone: 714-997-6778 Fax:714-744-7940 Website:https://www.chapman.edu/students/health-and-safety/psychological-counseling/about-us/index.aspx

SPCS After Hours (Consultation and Crisis Services): 714-997-6778

Members of the CSD Faculty will work closely with the Office of the Dean of Students to support students who may be experiencing a psychological or physical emergency.

Email

Chapman University email is the preferred mode of communication between the CSD Program Faculty/Staff and students. Students should check their email accounts daily for posts from CSD Faculty/Staff. "Not checking an account" is not a permissible excuse for missing a CSD event or notification.

Emergency Numbers

Emergency: 911

Office of Public Safety	Phone: (714) 997–6763
	Location: 418 North Glassell St. Orange CA 92866
	Website: www.chapman.edu/publicsafety/

Safety Officer, Rinker Campus, Dr. Charles Sohaskey		
	Phone: 714-516-7199	Fax: 714-464-4522
	Location: 9401 Jeronimo Rd. Office 118 Irvine, CA 92618	
	Email: sohaskey@chapman.edu	

Dean of Students Office	Phone: 714-997-6721

Crisis Intervention
- Hospital (closest): Hoag Hospital Irvine, 16200 Sand Canyon Ave, Irvine, CA: (949) 791- 3101
- Suicide and Crisis Intervention Center (24 hrs.): 1-800-273-TALK (8255)
- Orange County Rape Crisis Center (OCRCC): 1-866-935-4783
- Poison Information: California Poison Control 1-800-222-1222

For more information regarding the Chapman University's Office of Public Safety (https://www.chapman.edu/campus-services/public-safety/index.aspx).

Graduate Student Handbook

The Office of the Vice Provost for Graduate Education provides a handbook (https://catalog.chapman.edu/index.php) for all graduate and professional students which includes helpful

information and is structured to be used as a resource guide.

Graduate Student Health Insurance

For more information regarding student health insurance for Rinker Health Science students, please refer to the Student Health Insurance page (https://www.chapman.edu/students/tuition-and-aid/SBS/tuition-and-services/student-insurance.aspx).

Guidelines for On-line Surveys

For more information on Guidelines for Administering On-line Survey Involving Students, Faculty and Staff (https://www.chapman.edu/campus-services/legal-affairs/_files/documents/Guidelines-for-Conducting-Survey-Research-Involving-Students-and-Employees-at-Chapman-University_2018-1.pdf).

Inventions and Patents Policy

For more information about Inventions and Patents Policy (https://www.chapman.edu/campus-services/legal-affairs/policy/inventions-and-patents-policy1.pdf).

Leave of Absence, Withdrawals, Resumption of Studies

For more information regarding leaves of absence, withdrawals, or re-admission, please see the Chapman University Graduate Catalog (https://catalog.chapman.edu/index.php).

Library, Texts, and Additional Clinical Materials

Having access to library services is an important part of a University education. Leatherby Libraries is located on the main Chapman University campus in Orange, CA. The library holds many supplemental texts and periodicals. The library provides students with access to a wide spectrum of electronic information resources, online information retrieval systems, and the internet. Copiers and printers are available on the premises. The service desk can provide information detailing library hours and circulation policies.

For more information, please visit the Leatherby Libraries website (https://www.chapman.edu/library/index.aspx).

Orientation to the Leatherby Library will take place during Graduate student orientation (the week before the beginning of fall classes). These orientations will not only encompass the physical holdings of the library but will also include an overview of the electronic and online search capabilities. Various courses in the curriculum will require students to find references outside of required and supplemental texts. Electronic searching of the library holdings (physical and online) occurs CSD 500, Research Methods, during the fall trimester.

CSD department has some clinical materials (tests and therapy materials, protocols) that students have access to during normal office hours. A limited number of texts are also available. Please inquire of the CSD staff about the location and procedures for borrowing any materials or texts.

All required texts will be available through the online Chapman University Campus Stores (https://www.chapman.edu/campus-services/bookstores/index.aspx).

Smoking Policy

For more information regarding the University's Smoking Policy, please refer to the following website: (https://www.chapman.edu/campus-services/legal-affairs/policy/smoking-policy.pdf).

Student Mentoring Program

The Mentor Program is a student-run organization that utilizes second year student to establish a relationship with incoming first year CSD students. The goal of this program is to orient new students to the rigors and demands of CSD education. This mentor relationship may help acclimate new students to appropriate study methods, helpful resources, information pertaining to professional organizations such as ASHA, CSHA and student organizations, such as NSSLHA.

Transportation

Throughout the professional phase of the CSD Program, students are required to attend various clinical conferences and participate in clinical experiences in community practicum settings. Students are required to provide their own transportation to hospitals and clinical sites. Transportation to various hospitals, clinical experiences, and other events is the student's responsibility. Students in the Clinical Practicum will be responsible for transportation to all clinical rotation sites.

Tuition, Fees, and Other Expenses

For more information regarding tuition, fees, and other expenses, please refer to the Graduate Financial Aid office (https://www.chapman.edu/students/tuition-and-aid/financial-aid/graduate/index.aspx).

Website and Other Electronic Resources Accessibility Policy

For more information on how the University ensures that their resources are available to everyone (https://www.chapman.edu/campus-services/information-systems/policies-and-procedures/accessibility-policy.aspx).

Appendices

APPENDIX A

2020 ASHA Standards for the Certificate of Clinical Competence in Speech- Language Pathology

(https://www.asha.org/certification/2020-slp-certification-standards/)

2020 Standards and Implementation Procedures for the Certificate of Clinical Competence in Speech-Language Pathology

Effective Date: January 1, 2020

Introduction

The Council for Clinical Certification in Audiology and Speech-Language Pathology (CFCC) is a semi-autonomous credentialing body of the American Speech-Language-Hearing Association (ASHA). The charges to the CFCC are to define the standards for clinical certification; to apply those standards in granting certification to individuals; to have final authority to withdraw certification in cases where certification has been granted on the basis of inaccurate information; and to administer the certification maintenance program.

A Practice and Curriculum Analysis of the Profession of Speech-Language Pathology was conducted in 2017 under the auspices of the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA) and the CFCC. The survey analysis was reviewed by the CFCC, and the following standards were developed to better fit current practice models.

The 2020 Standards and Implementation Procedures for the Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP) go into effect on January 1, 2020. View the SLP Standards Crosswalk [PDF] and consult Changes to Speech-Language Pathology Standards for more specific information on how the standards will change.

Terminology

Clinical educator: Refers to and may be used interchangeably with supervisor, clinical instructor, and preceptor

Individual: Denotes clients, patients, students, and other recipients of services provided by the speech-language pathologist.

Citation

Cite as: Council for Clinical Certification in Audiology and Speech-Language Pathology of the American Speech-Language-Hearing Association. (2018). *2020 Standards for the Certificate of Clinical Competence in Speech-Language Pathology.* Retrieved from https://www.asha.org/certification/2020-SLP-Certification-Standards.

The Standards for the CCC-SLP are shown in bold. The CFCC implementation procedures follow each standard.

- Standard I—Degree
- Standard II—Education Program
- Standard III—Program of Study
- Standard IV—Knowledge Outcomes
- Standard V—Skills Outcomes
- Standard VI—Assessment
- Standard VII—Speech-Language Pathology Clinical Fellowship
- Standard VIII—Maintenance of Certification

Standard I: Degree

The applicant for certification (hereafter, "applicant") must have a master's, doctoral, or other recognized post-baccalaureate degree.

Standard II: Education Program

All graduate coursework and graduate clinical experience required in speech-language pathology must have been initiated and completed in a CAA-accredited program or in a program with CAA candidacy status.

Implementation: The applicant's program director or official designee must complete and submit a program director verification form. Applicants must submit an official graduate transcript or a letter from the registrar that verifies the date on which the graduate degree was awarded. The official graduate transcript or letter from the registrar must be received by the ASHA National Office no later than one (1) year from the date on which the application was received. Verification of the applicant's graduate degree is required before the CCC-SLP can be awarded.

Applicants educated outside the United States or its territories must submit documentation that coursework was completed in an institution of higher education that is regionally accredited or recognized by the appropriate regulatory authority for that country. In addition, applicants outside the United States or its territories must meet each of the standards that follow.

Standard III: Program of Study

The applicant must have completed a program of study (a minimum of 36 semester credit hours at the graduate level) that includes academic coursework and supervised clinical experience sufficient in depth and breadth to achieve the specified knowledge and skills outcomes stipulated in Standards IV-A through IV-G and Standards V-A through V-C.

Implementation: The minimum of 36 graduate semester credit hours must have been earned in a program that addresses the knowledge and skills pertinent to the ASHA *Scope of Practice in Speech-Language Pathology* .

Standard IV: Knowledge Outcomes

Standard IV-A

The applicant must have demonstrated knowledge of statistics as well as the biological, physical, and social/behavioral sciences.

Implementation: Coursework in statistics as well as in biological, physical, and social/behavioral sciences that is specifically related to communication sciences and disorders (CSD) may not be applied for certification purposes to this category unless the course fulfills a general the university requirement in the statistics, biology, physical science, or chemistry areas.

Acceptable courses in biological sciences should emphasize a content area related to human or animal sciences (e.g., biology, human anatomy and physiology, neuroanatomy and neurophysiology, human genetics, veterinary science). Chemistry and physics are important for the foundational understanding of the profession of speech-language pathology. For all applicants who apply beginning January 1, 2020, courses that meet the physical science requirement must be in physics or chemistry. Program directors must evaluate the course descriptions or syllabi of any courses completed prior to students entering their programs to determine if the content provides foundational knowledge in physics or chemistry. Acceptable courses in social/behavioral sciences should include psychology, sociology, anthropology, or public health. A stand-alone course in statistics is required. Coursework in research methodology in the absence of basic statistics cannot be used to fulfill this requirement.

Standard IV-B

The applicant must have demonstrated knowledge of basic human communication and swallowing processes, including the appropriate biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases. The applicant must have demonstrated the ability to integrate information pertaining to normal and abnormal human development across the life span.

Standard IV-C

The applicant must have demonstrated knowledge of communication and swallowing disorders and differences, including the appropriate etiologies, characteristics, and anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates in the following areas:

- **Speech sound production, to encompass articulation, motor planning and execution, phonology, and accent modification**
- **Fluency and fluency disorders**
- **Voice and resonance, including respiration and phonation**
- **Receptive and expressive language, including phonology, morphology, syntax, semantics, pragmatics (language use and social aspects of communication), prelinguistic communication, paralinguistic communication (e.g., gestures, signs, body language), and literacy in speaking, listening, reading, and writing**
- **Hearing, including the impact on speech and language**
- **Swallowing/feeding, including (a) structure and function of orofacial myology and (b) oral, pharyngeal, laryngeal, pulmonary, esophageal, gastrointestinal, and related functions across the life span**
- **Cognitive aspects of communication, including attention, memory, sequencing, problem solving, and executive functioning**
- **Social aspects of communication, including challenging behavior, ineffective social skills, and lack of communication opportunities**
- **Augmentative and alternative communication modalities**

Implementation: It is expected that coursework addressing the professional knowledge specified in this standard will occur primarily at the graduate level.

Standard IV-D

For each of the areas specified in Standard IV-C, the applicant must have demonstrated current knowledge of the principles and methods of prevention, assessment, and intervention for persons with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates.

Standard IV-E

The applicant must have demonstrated knowledge of standards of ethical conduct.

Implementation: The applicant must have demonstrated knowledge of the principles and rules of the current ASHA *Code of Ethics* .

Standard IV-F

The applicant must have demonstrated knowledge of processes used in research and of the integration of research principles into evidence-based clinical practice.

Implementation: The applicant must have demonstrated knowledge of the principles of basic and applied research and research design. In addition, the applicant must have demonstrated knowledge of how to access sources of research information and must have demonstrated the ability to relate research to clinical practice.

Standard IV-G

The applicant must have demonstrated knowledge of contemporary professional issues.

Implementation: The applicant must have demonstrated knowledge of professional issues that affect speech-language pathology. Issues include trends in professional practice, academic program accreditation standards, ASHA practice policies and guidelines, educational legal requirements or policies, and reimbursement procedures.

Standard IV-H

The applicant must have demonstrated knowledge of entry level and advanced certifications, licensure, and other relevant professional credentials, as well as local, state, and national regulations and policies relevant to professional practice.

Standard V: Skills Outcomes

Standard V-A

The applicant must have demonstrated skills in oral and written or other forms of communication sufficient for entry into professional practice.

Implementation: Applicants are eligible to apply for certification once they have completed all graduate-level academic coursework and clinical practicum and have been judged by the graduate program as having acquired all of the knowledge and skills mandated by the current standards.

The applicant must have demonstrated communication skills sufficient to achieve effective clinical and professional interaction with persons receiving services and relevant others. For oral communication, the applicant must have demonstrated speech and language skills in English, which, at a minimum, are consistent with ASHA's current position statement on students and professionals who speak English with accents and nonstandard dialects. In addition, the applicant must have demonstrated the ability to write and comprehend technical reports, diagnostic and treatment reports, treatment plans, and professional correspondence in English.

Standard V-B

The applicant must have completed a program of study that included experiences sufficient in breadth and depth to achieve the following skills outcomes:

1. Evaluation

a. Conduct screening and prevention procedures, including prevention activities.

b. Collect case history information and integrate information from clients/patients, family, caregivers, teachers, and relevant others, including other professionals.

c. Select and administer appropriate evaluation procedures, such as behavioral observations, nonstandardized and standardized tests, and instrumental procedures.

d. Adapt evaluation procedures to meet the needs of individuals receiving services.

e. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention.

f. Complete administrative and reporting functions necessary to support evaluation.

g. Refer clients/patients for appropriate services.

2. Intervention

a. Develop setting-appropriate intervention plans with measurable and achievable goals that meet clients'/patients' needs. Collaborate with clients/patients and relevant others in the planning process.

b. Implement intervention plans that involve clients/patients and relevant others in the intervention process.

c. Select or develop and use appropriate materials and instrumentation for prevention and intervention.

d. Measure and evaluate clients'/patients' performance and progress.

e. Modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients.

f. Complete administrative and reporting functions necessary to support intervention.

g. Identify and refer clients/patients for services, as appropriate.

3. Interaction and Personal Qualities

a. Communicate effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the individual(s) receiving services, family, caregivers, and relevant others.

b. Manage the care of individuals receiving services to ensure an interprofessional, team-based collaborative practice.

c. Provide counseling regarding communication and swallowing disorders to clients/patients, family, caregivers, and relevant others.

d. Adhere to the ASHA *Code of Ethics*, and behave professionally.

Implementation: The applicant must have acquired the skills listed in this standard and must have applied them across the nine major areas listed in Standard IV-C. These skills may be developed and demonstrated through direct clinical contact with individuals receiving services in clinical experiences, academic coursework, labs, simulations, and examinations, as well as through the completion of independent projects.

The applicant must have obtained a sufficient variety of supervised clinical experiences in different work settings and with different populations so that the applicant can demonstrate skills across the ASHA *Scope of Practice in Speech-Language Pathology*. *Supervised clinical experience* is defined as clinical services (i.e., assessment/diagnosis/evaluation, screening, treatment, report writing, family/client consultation, and/or counseling) related to the management of populations that fit within the ASHA *Scope of Practice in Speech-Language Pathology* .

These experiences allow students to:

- interpret, integrate, and synthesize core concepts and knowledge;
- demonstrate appropriate professional and clinical skills; and
- incorporate critical thinking and decision-making skills while engaged in prevention, identification, evaluation, diagnosis, planning, implementation, and/or intervention.

Supervised clinical experiences should include interprofessional education and interprofessional collaborative practice, and should include experiences with related professionals that enhance the student's knowledge and skills in an interdisciplinary, team-based, comprehensive service delivery model.

Clinical simulations (CS) may include the use of standardized patients and simulation technologies (e.g., standardized patients, virtual patients, digitized mannequins, immersive reality, task trainers, computer-based interactive).These supervised experiences can be synchronous simulations (real-time) or asynchronous (not concurrent in time) simulations.

Clinical educators of clinical experiences must hold current ASHA certification in the appropriate area of practice during the time of supervision. The supervised activities must be within the ASHA *Scope of Practice in Speech-Language Pathology* in order to count toward the student's ASHA certification requirements.

Standard V-C

The applicant must complete a minimum of 400 clock hours of supervised clinical experience in the practice of speech-language pathology. Twenty-five hours must be spent in guided clinical observation, and 375 hours must be spent in direct client/patient contact.

Implementation: Guided clinical observation hours generally precede direct contact with clients/patients. Examples of guided observations may include but are not limited to the following activities: debriefing of a video recording with a clinical educator who holds the CCC-SLP, discussion of therapy or evaluation procedures that had been observed, debriefings of observations that meet course requirements, or written records of the observations. It is important to confirm that there was communication between the clinical educator and observer, rather than passive experiences where the student views sessions and/or videos. It is encouraged that the student observes live and recorded sessions across settings with individuals receiving services with a variety of disorders and completes debriefing activities as described above.

The observation and direct client/patient contact hours must be within the ASHA *Scope of Practice in Speech-Language Pathology* and must be under the supervision of a qualified professional who holds a current ASHA certification in the appropriate practice area. Guided clinical supervision may occur simultaneously during the student's observation or afterwards through review and approval of the student's written reports or summaries. Students may use video recordings of client services for observation purposes.

Applicants should be assigned practicum only after they have acquired a base of knowledge sufficient to qualify for such experience. Only direct contact (e.g., the individual receiving services must be present) with the individual or the individual's family in assessment, intervention, and/or counseling can be counted toward practicum. When counting clinical practicum hours for purposes of ASHA certification, only the actual time spent in sessions can be counted, and the time spent cannot be rounded up to the nearest 15-minute interval.

Up to 20% (i.e., 75 hours) of direct contact hours may be obtained through CS methods. Only the time spent in active engagement with CS may be counted. CS may include the use of standardized patients and simulation technologies (e.g., standardized patients, virtual patients, digitized mannequins, immersive reality, task trainers, computer-based interactive). Debriefing activities may not be included as clinical clock hours.

Although several students may observe a clinical session at one time, clinical practicum hours should be assigned only to the student who provides direct services to the individual receiving services or the individual's family. Typically, only one student at a time should be working with a client in order to count the practicum hours. Several students working as a team may receive credit for the same session, depending on the specific responsibilities that each student is assigned when working directly with the individual receiving services. The applicant must maintain documentation of their time spent in supervised practicum, and this documentation must be verified by the program in accordance with Standards III and IV.

Standard V-D

At least 325 of the 400 clock hours of supervised clinical experience must be completed while the applicant is enrolled in graduate study in a program accredited in speech-language pathology by the CAA.

Implementation: A minimum of 325 clock hours of supervised clinical practicum must be completed while the student is enrolled in the graduate program. At the discretion of the graduate program, hours obtained at the undergraduate level may be used to satisfy the remainder of the requirement.

Standard V-E

Supervision of students must be provided by a clinical educator who holds ASHA certification in the appropriate profession, who has the equivalent of a minimum of 9 months of full-time clinical experience, and who has completed a minimum of 2 hours of professional development in clinical instruction/supervision after being awarded ASHA certification.

The amount of direct supervision must be commensurate with the student's knowledge, skills, and experience; must not be less than 25% of the student's total contact with each client/patient; and must take place periodically throughout the practicum. Supervision must be sufficient to ensure the welfare of the individual receiving services.

Implementation: Effective January 1, 2020, supervisors for ASHA certification must complete 2 hours of professional development/continuing education in clinical instruction/supervision. The professional development/continuing education must be completed after being awarded ASHA certification and prior to the supervision of a student. Direct supervision must be in real time. A clinical educator must be available and on site to consult with a student who is providing clinical services to the clinical educator's client. Supervision of clinical practicum is intended to provide guidance and feedback and to facilitate the student's acquisition of essential clinical skills.

In the case of CS, asynchronous supervision must include debriefing activities that are commensurate with a minimum of 25% of the clock hours earned for each simulated individual receiving services.

Standard V-F

Supervised practicum must include experience with individuals across the life span and from culturally/linguistically diverse backgrounds. Practicum must include experience with individuals with various types and severities of communication and/or related disorders, differences, and disabilities.

Implementation: The applicant must demonstrate direct clinical experiences with individuals in both assessment and intervention across the lifespan from the range of disorders and differences named in Standard IV-C.

Standard VI: Assessment

The applicant must have passed the national examination adopted by ASHA for purposes of certification in speech-language pathology.

Implementation: Results of the Praxis® Examination in Speech-Language Pathology must be submitted directly to ASHA from the Educational Testing Service (ETS). The certification standards require that a passing exam score be earned no earlier than 5 years prior to the submission of the application and no later than 2 years following receipt of the application. If the exam is not successfully passed and reported within the 2-year application period, the applicant's certification file will be closed. If the exam is passed or reported at a later date, then the applicant will be required to reapply for certification under the standards in effect at that time.

Standard VII: Speech-Language Pathology Clinical Fellowship

The applicant must successfully complete a Speech-Language Pathology Clinical Fellowship (CF).

Implementation: The CF experience may be initiated only after completion of all graduate credit hours, academic coursework, and clinical experiences required to meet the knowledge and skills delineated in Standards IV and V. The CF experience must be initiated within 24 months of the date on which the application for certification is received. Once the CF has been initiated, it must be completed within 48 months of the initiation date. For applicants completing multiple CFs, all CF experiences related to the application must be completed within 48 months of the date on which the first CF was initiated. Applications will be closed for CFs that are not completed within the 48-month timeframe or that are not submitted to ASHA within 90 days after the 48-month timeframe. The Clinical Fellow will be required to reapply for certification and must meet the standards in effect at the time of re-application. CF experiences more than 5 years old at the time of application will not be accepted.

The CF must be completed under the mentorship of a clinician who held the CCC-SLP throughout the duration of the fellowship and must meet the qualifications described in Standard VII-B. It is the Clinical Fellow's responsibility to identify a CF mentor who meets ASHA's certification standards. Should the certification status of the mentoring SLP change during the CF experience, the Clinical Fellow will be awarded credit only for that portion of time during which the mentoring SLP held certification. It is incumbent upon the Clinical Fellow to verify the mentoring SLP's status periodically throughout the CF experience. Family members or individuals related in any way to the Clinical Fellow may not serve as mentoring SLPs to that Clinical Fellow.

Standard VII-A: Clinical Fellowship Experience

The CF must consist of clinical service activities that foster the continued growth and integration of knowledge, skills, and tasks of clinical practice in speech-language pathology consistent with ASHA's current *Scope of Practice in Speech-Language Pathology*. **The CF must consist of no less than 36 weeks of full-time professional experience or its part-time equivalent.**

Implementation: At least 80% of the Clinical Fellow's major responsibilities during the CF experience must be in direct, in-person client/patient contact (e.g., assessment, diagnosis, evaluation, screening, treatment, clinical research activities, family/client consultations, recordkeeping, report writing, and/or counseling) related to the management process for individuals who exhibit communication and/or swallowing disabilities.

Full-time professional experience is defined as 35 hours per week, culminating in a minimum of 1,260 hours. Part-time experience should be at least 5 hours per week; anything less than that will not meet the CF requirement and may not be counted toward completion of the experience. Similarly, work in excess of 35 hours per week cannot be used to shorten the CF to less than 36 weeks.

Standard VII-B: Clinical Fellowship Mentorship

The Clinical Fellow must receive ongoing mentoring and formal evaluations by the CF mentor. Mentorship must be provided by a clinician who holds the CCC-SLP, who has the equivalent of a minimum of 9 months of full-time clinical experience, and who has completed a minimum of 2 hours of professional development/continuing education in clinical instruction/supervision after being awarded the CCC-SLP.

Implementation: Effective January 1, 2020, CF mentors for ASHA certification must complete 2 hours of professional development/continuing education in clinical instruction/supervision after being awarded the CCC-SLP and prior to mentoring the Clinical Fellow.

Direct observation must be in real time. A mentor must be available to consult with the Clinical Fellow who is providing clinical services. Direct observation of clinical practicum is intended to provide guidance and feedback and to facilitate the Clinical Fellow's independent use of essential clinical skills

Mentoring must include on-site, in-person observations and other monitoring activities, which may be executed by correspondence, review of video and/or audio recordings, evaluation of written reports, telephone conferences with the Clinical Fellow, or evaluations by professional colleagues with whom the Clinical Fellow works. The CF mentor and the Clinical Fellow must participate in regularly scheduled formal evaluations of the Clinical Fellow's progress during the CF experience. The Clinical Fellow must receive ongoing mentoring and formal evaluations by the CF mentor.

The amount of direct supervision provided by the CF mentor must be commensurate with the Clinical Fellow's knowledge, skills, and experience, and must not be less than the minimum required direct contact hours. Supervision must be sufficient to ensure the welfare of the individual(s) receiving

services.

The mentoring SLP must engage in no fewer than 36 supervisory activities during the CF experience and must include 18 on-site observations of direct client contact at the Clinical Fellow's work site (1 hour = 1 on-site observation; a maximum of six on-site observations may be accrued in 1 day). At least six on-site observations must be conducted during each third of the CF experience. On-site observations must consist of the Clinical Fellow engaging in screening, evaluation, assessment, and/or habilitation/rehabilitation activities. Mentoring must include on-site, in-person observations; however, the use of real-time, interactive video and audio conferencing technology may be permitted as a form of observation, for which pre-approval must be obtained

Additionally, supervision must include 18 other monitoring activities. *Other monitoring activities* are defined as the evaluation of reports written by the Clinical Fellow, conferences between the CF mentor and the Clinical Fellow, discussions with professional colleagues of the Clinical Fellow, and so forth, and may be executed by correspondence, telephone, or reviewing of video and/or audio tapes. At least six other monitoring activities must be conducted during each third of the CF experience.

If the Clinical Fellow and their CF mentor want to use supervisory mechanisms other than those outlined above, they may submit a written request to the CFCC prior to initiating the CF. Written requests may be emailed to cfcc@asha.org or mailed to: CFCC, c/o ASHA Certification, 2200 Research Blvd. #313, Rockville, MD 20850. Requests must include the reason for the alternative supervision and a detailed description of the supervision that would be provided (i.e., type, length, frequency, etc.), and the request must be co-signed by both the Clinical Fellow and the CF mentor. On a case-by-case basis, the CFCC will review the circumstances and may or may not approve the supervisory process to be conducted in other ways. Additional information may be requested by the CFCC prior to approving any request.

Standard VII-C: Clinical Fellowship Outcomes

The Clinical Fellow must demonstrate knowledge and skills consistent with the ability to practice independently.

Implementation: At the completion of the CF experience, the applicant must have acquired and demonstrated the ability to:

- integrate and apply theoretical knowledge;
- evaluate their strengths and identify their limitations;
- refine clinical skills within the *Scope of Practice in Speech-Language Pathology*; and
- apply the ASHA *Code of Ethics* to independent professional practice.

In addition, upon completion of the CF, the applicant must demonstrate the ability to perform clinical activities accurately, consistently, and independently and to seek guidance as necessary.

The CF mentor must document and verify a Clinical Fellow's clinical skills using the *Clinical Fellowship Report and Rating Form*, which includes the *Clinical Fellowship Skills Inventory* (CFSI), as soon as the Clinical Fellow successfully completes the CF experience. This report must be signed by both the Clinical Fellow and CF mentor.

Standard VIII: Maintenance of Certification

Certificate holders must demonstrate continued professional development for maintenance of the CCC-SLP.

Implementation: Clinicians who hold the CCC-SLP must accumulate and report 30 Certification Maintenance Hours (CMHs) (or 3.0 ASHA continuing education units [CEUs]) of professional development, which must include a minimum of 1 CMH (or 0.1 ASHA CEU) in ethics during every 3-year certification maintenance interval beginning with the 2020–2022 maintenance interval.

Intervals are continuous and begin January 1 of the year following the initial awarding of certification or the reinstatement of certification. Random audits of compliance are conducted.

Accrual of professional development hours, adherence to the ASHA *Code of Ethics* , submission of certification maintenance compliance documentation, and payment of annual membership dues and/or certification fees are required for maintenance of certification.

If maintenance of certification is not accomplished within the 3-year interval, then certification will expire. Those who wish to regain certification must submit a reinstatement application and meet the standards in effect at the time the reinstatement application is submitted.

APPENDIX B

ASHA Code of Ethics

CODE OF ETHICS

PREAMBLE

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

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

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

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

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

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

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

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

TERMINOLOGY

ASHA Standards and Ethics – The mailing address for self-reporting in writing is American Speech–Language–Hearing Association, Standards and Ethics, 2200 Research Blvd., #313, Rockville, MD 20850.

advertising – Any form of communication with the public about services, therapies, products, or publications.

conflict of interest – An opposition between the private interests and the official or professional responsibilities of a person in a position of trust, power, and/or authority.

crime – Any felony; or any misdemeanor involving dishonesty, physical harm to the person or property of another, or a threat of physical harm to the person or property of another. For more details, see the "Disclosure Information" section of applications for ASHA certification found on www.asha.org/certification/AudCertification/ and www.asha.org/certification/SLPCertification/.

diminished decision-making ability – Any condition that renders a person unable to form the specific intent necessary to determine a reasonable course of action.

fraud – Any act, expression, omission, or concealment—the intent of which is either actual or constructive—calculated to deceive others to their disadvantage.

impaired practitioner – An individual whose professional practice is adversely affected by addiction, substance abuse, or health–related and/or mental health–related conditions.

individuals – Members and/or certificate holders, including applicants for certification.

informed consent – May be verbal, unless written consent is required; constitutes consent by persons served, research participants engaged, or parents and/or guardians of persons served to a proposed course of action after the communication of adequate information regarding expected outcomes and potential risks.

jurisdiction – The "personal jurisdiction" and authority of the ASHA Board of Ethics over an individual holding ASHA certification and/or membership, regardless of the individual's geographic location.

know, known, or knowingly – Having or reflecting knowledge.

may vs. shall – May denotes an allowance for discretion; shall denotes no discretion.

misrepresentation – Any statement by words or other conduct that, under the circumstances, amounts to an assertion that is false or erroneous (i.e., not in accordance with the facts); any statement made with conscious ignorance or a reckless disregard for the truth.

negligence – Breaching of a duty owed to another, which occurs because of a failure to conform to a requirement, and this failure has caused harm to another individual, which led to damages to this person(s);

failure to exercise the care toward others that a reasonable or prudent person would take in the circumstances, or taking actions that such a reasonable person would not.

nolo contendere – No contest.

plagiarism – False representation of another person's idea, research, presentation, result, or product as one's own through irresponsible citation, attribution, or paraphrasing; ethical misconduct does not include honest error or differences of opinion.

publicly sanctioned – A formal disciplinary action of public record, excluding actions due to insufficient continuing education, checks returned for insufficient funds, or late payment of fees not resulting in unlicensed practice.

reasonable or reasonably – Supported or justified by fact or circumstance and being in accordance with reason, fairness, duty, or prudence.

self-report – A professional obligation of self-disclosure that requires (a) notifying ASHA Standards and Ethics and (b) mailing a hard copy of a certified document to ASHA Standards and Ethics (see term above). All self-reports are subject to a separate ASHA Certification review process, which, depending on the seriousness of the self-reported information, takes additional processing time.

shall vs. may – Shall denotes no discretion; may denotes an allowance for discretion.

support personnel – Those providing support to audiologists, speech-language pathologists, or speech, language, and hearing scientists (e.g., technician, paraprofessional, aide, or assistant in audiology, speech-language pathology, or communication sciences and disorders).

telepractice, teletherapy – Application of telecommunications technology to the delivery of audiology and speech-language pathology professional services at a distance by linking clinician to client/patient or clinician to clinician for assessment, intervention, and/or consultation. The quality of the service should be equivalent to in-person service.

written – Encompasses both electronic and hard-copy writings or communications.

PRINCIPLE OF ETHICS I

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

RULES OF ETHICS

A. Individuals shall provide all clinical services and scientific activities competently.
B. Individuals shall use every resource, including referral and/or interprofessional collaboration when appropriate, to ensure that quality service is provided.

C. Individuals shall not discriminate in the delivery of professional services or in the conduct of research and scholarly activities on the basis of race, ethnicity, sex, gender identity/gender expression, sexual orientation, age, religion, national origin, disability, culture, language, or dialect.

D. Individuals shall not misrepresent the credentials of aides, assistants, technicians, support personnel, students, research interns, Clinical Fellows, or any others under their supervision, and they shall inform those they serve professionally of the name, role, and professional credentials of persons providing services.

E. Individuals who hold the Certificate of Clinical Competence may delegate tasks related to the provision of clinical services to aides, assistants, technicians, support personnel, or any other persons only if those persons are adequately prepared and are appropriately supervised. The responsibility for the welfare of those being served remains with the certified individual.

F. Individuals who hold the Certificate of Clinical Competence shall not delegate tasks that require the unique skills, knowledge, judgment, or credentials that are within the scope of their profession to aides, assistants, technicians, support personnel, or any nonprofessionals over whom they have supervisory responsibility.

G. Individuals who hold the Certificate of Clinical Competence may delegate to students tasks related to the provision of clinical services that require the unique skills, knowledge, and judgment that are within the scope of practice of their profession only if those students are adequately prepared and are appropriately supervised. The responsibility for the welfare of those being served remains with the certified individual.

H. Individuals shall obtain informed consent from the persons they serve about the nature and possible risks and effects of services provided, technology employed, and products dispensed. This obligation also includes informing persons served about possible effects of not engaging in treatment or not following clinical recommendations. If diminished decision-making ability of persons served is suspected, individuals should seek appropriate authorization for services, such as authorization from a spouse, other family member, or legally authorized/appointed representative.

I. Individuals shall enroll and include persons as participants in research or teaching demonstrations only if participation is voluntary, without coercion, and with informed consent.

J. Individuals shall accurately represent the intended purpose of a service, product, or research endeavor and shall abide by established guidelines for clinical practice and the responsible conduct of research.

K. Individuals who hold the Certificate of Clinical Competence shall evaluate the effectiveness of services provided, technology employed, and products dispensed, and they shall provide services or dispense products only when benefit can reasonably be expected.

L. Individuals may make a reasonable statement of prognosis, but they shall not guarantee—directly or by implication—the results of any treatment or procedure.

M. Individuals who hold the Certificate of Clinical Competence shall use independent and evidence-based clinical judgment, keeping paramount the best interests of those being served.

N. Individuals who hold the Certificate of Clinical Competence shall not provide clinical services solely by correspondence, but may provide services via telepractice consistent with professional standards and state and federal regulations.

O. Individuals shall protect the confidentiality and security of records of professional services provided, research and scholarly activities conducted, and products dispensed. Access to these records shall be

allowed only when doing so is necessary to protect the welfare of the person or of the community, is legally authorized, or is otherwise required by law.

P.   Individuals shall protect the confidentiality of any professional or personal information about persons served professionally or participants involved in research and scholarly activities and may disclose confidential information only when doing so is necessary to protect the welfare of the person or of the community, is legally authorized, or is otherwise required by law.

Q.   Individuals shall maintain timely records and accurately record and bill for services provided and products dispensed and shall not misrepresent services provided, products dispensed, or research and scholarly activities conducted.

R.   Individuals whose professional practice is adversely affected by substance abuse, addiction, or other health-related conditions are impaired practitioners and shall seek professional assistance and, where appropriate, withdraw from the affected areas of practice.

S.   Individuals who have knowledge that a colleague is unable to provide professional services with reasonable skill and safety shall report this information to the appropriate authority, internally if a mechanism exists and, otherwise, externally.

T.   Individuals shall provide reasonable notice and information about alternatives for obtaining care in the event that they can no longer provide professional services.

PRINCIPLE OF ETHICS II

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

RULES OF ETHICS

A.   Individuals who hold the Certificate of Clinical Competence shall engage in only those aspects of the professions that are within the scope of their professional practice and competence, considering their certification status, education, training, and experience.

B.   Members who do not hold the Certificate of Clinical Competence may not engage in the provision of clinical services; however, individuals who are in the certification application process may engage in the provision of clinical services consistent with current local and state laws and regulations and with ASHA certification requirements.

C.   Individuals who engage in research shall comply with all institutional, state, and federal regulations that address any aspects of research, including those that involve human participants and animals.

D.   Individuals shall enhance and refine their professional competence and expertise through engagement in lifelong learning applicable to their professional activities and skills.

E.   Individuals in administrative or supervisory roles shall not require or permit their professional staff to provide services or conduct research activities that exceed the staff member's certification status, competence, education, training, and experience.

F.   Individuals in administrative or supervisory roles shall not require or permit their professional staff to provide services or conduct clinical activities that compromise the staff member's independent and objective professional judgment.

    G.   Individuals shall make use of technology and instrumentation consistent with accepted professional guidelines in their areas of practice. When such technology is not available, an appropriate referral may be made.

    H.   Individuals shall ensure that all technology and instrumentation used to provide services or to conduct research and scholarly activities are in proper working order and are properly calibrated.

PRINCIPLE OF ETHICS III

Individuals shall honor their responsibility to the public when advocating for the unmet communication and swallowing needs of the public and shall provide accurate information involving any aspect of the professions.

RULES OF ETHICS

    A.   Individuals shall not misrepresent their credentials, competence, education, training, experience, and scholarly contributions.

    B.   Individuals shall avoid engaging in conflicts of interest whereby personal, financial, or other considerations have the potential to influence or compromise professional judgment and objectivity.

    C.   Individuals shall not misrepresent research and scholarly activities, diagnostic information, services provided, results of services provided, products dispensed, or the effects of products dispensed.

    D.   Individuals shall not defraud through intent, ignorance, or negligence or engage in any scheme to defraud in connection with obtaining payment, reimbursement, or grants and contracts for services provided, research conducted, or products dispensed.

    E.   Individuals' statements to the public shall provide accurate and complete information about the nature and management of communication disorders, about the professions, about professional services, about products for sale, and about research and scholarly activities.

    F.   Individuals' statements to the public shall adhere to prevailing professional norms and shall not contain misrepresentations when advertising, announcing, and promoting their professional services and products and when reporting research results.

    G.   Individuals shall not knowingly make false financial or nonfinancial statements and shall complete all materials honestly and without omission.

PRINCIPLE OF ETHICS IV

Individuals shall uphold the dignity and autonomy of the professions, maintain collaborative and harmonious interprofessional and intraprofessional relationships, and accept the professions' self-imposed standards.

RULES OF ETHICS

    A.   Individuals shall work collaboratively, when appropriate, with members of one's own profession and/or members of other professions to deliver the highest quality of care.

    B.   Individuals shall exercise independent professional judgment in recommending and providing professional services when an administrative mandate, referral source, or prescription prevents keeping the welfare of persons served paramount.

C. Individuals' statements to colleagues about professional services, research results, and products shall adhere to prevailing professional standards and shall contain no misrepresentations.

D. Individuals shall not engage in any form of conduct that adversely reflects on the professions or on the individual's fitness to serve persons professionally.

E. Individuals shall not engage in dishonesty, negligence, fraud, deceit, or misrepresentation.

F. Applicants for certification or membership, and individuals making disclosures, shall not knowingly make false statements and shall complete all application and disclosure materials honestly and without omission.

G. Individuals shall not engage in any form of harassment, power abuse, or sexual harassment.

H. Individuals shall not engage in sexual activities with individuals (other than a spouse or other individual with whom a prior consensual relationship exists) over whom they exercise professional authority or power, including persons receiving services, assistants, students, or research participants.

I. Individuals shall not knowingly allow anyone under their supervision to engage in any practice that violates the Code of Ethics.

J. Individuals shall assign credit only to those who have contributed to a publication, presentation, process, or product. Credit shall be assigned in proportion to the contribution and only with the contributor's consent.

K. Individuals shall reference the source when using other persons' ideas, research, presentations, results, or products in written, oral, or any other media presentation or summary. To do otherwise constitutes plagiarism.

L. Individuals shall not discriminate in their relationships with colleagues, assistants, students, support personnel, and members of other professions and disciplines on the basis of race, ethnicity, sex, gender identity/gender expression, sexual orientation, age, religion, national origin, disability, culture, language, dialect, or socioeconomic status.

M. Individuals with evidence that the Code of Ethics may have been violated have the responsibility to work collaboratively to resolve the situation where possible or to inform the Board of Ethics through its established procedures.

N. Individuals shall report members of other professions who they know have violated standards of care to the appropriate professional licensing authority or board, other professional regulatory body, or professional association when such violation compromises the welfare of persons served and/or research participants.

O. Individuals shall not file or encourage others to file complaints that disregard or ignore facts that would disprove the allegation; the Code of Ethics shall not be used for personal reprisal, as a means of addressing personal animosity, or as a vehicle for retaliation.

P. Individuals making and responding to complaints shall comply fully with the policies of the Board of Ethics in its consideration, adjudication, and resolution of complaints of alleged violations of the Code of Ethics.

Q. Individuals involved in ethics complaints shall not knowingly make false statements of fact or withhold relevant facts necessary to fairly adjudicate the complaints.

R. Individuals shall comply with local, state, and federal laws and regulations applicable to professional practice, research ethics, and the responsible conduct of research.

S. Individuals who have been convicted; been found guilty; or entered a plea of guilty or nolo contendere to (1) any misdemeanor involving dishonesty, physical harm—or the threat of physical

harm—to the person or property of another, or (2) any felony, shall self-report by notifying ASHA Standards and Ethics (see Terminology for mailing address) in writing within 30 days of the conviction, plea, or finding of guilt. Individuals shall also provide a certified copy of the conviction, plea, nolo contendere record, or docket entry to ASHA Standards and Ethics within 30 days of self-reporting.

T. Individuals who have been publicly sanctioned or denied a license or a professional credential by any professional association, professional licensing authority or board, or other professional regulatory body shall self-report by notifying ASHA Standards and Ethics (see Terminology for mailing address) in writing within 30 days of the final action or disposition. Individuals shall also provide a certified copy of the final action, sanction, or disposition to ASHA Standards and Ethics within 30 days of self-reporting.

APPENDIX C

ASHA Scope of Practice in Speech Language
Pathology

SCOPE OF PRACTICE IN SPEECH-LANGUAGE PATHOLOGY

AD HOC COMMITTEE ON THE SCOPE OF PRACTICE IN SPEECH-LANGUAGE PATHOLOGY

Reference this material as: American Speech-Language-Hearing Association. (2016). Scope of Practice in Speech-Language Pathology [Scope of Practice]. Available from www.asha.org/policy.

Disclaimer: The American Speech-Language-Hearing Association disclaims any liability to any party for the accuracy, completeness, or availability of these documents, or for any damages arising out of the use of the documents and any information they contain.

ABOUT THIS DOCUMENT

This scope of practice document is an official policy of the American Speech-Language-Hearing Association (ASHA) defining the breadth of practice within the profession of speech-language pathology. This document was developed by the ASHA Ad Hoc Committee on the Scope of Practice in Speech- Language Pathology. Committee members were Mark DeRuiter (chair), Michael Campbell, Craig Coleman, Charlette Green, Diane Kendall, Judith Montgomery, Bernard Rousseau, Nancy Swigert, Sandra Gillam (board liaison), and Lemmietta McNeilly (ex officio). This document was approved by the ASHA Board of Directors on February 4, 2016 (BOD 01-2016). The BOD approved a revision in the prevention of hearing section of the document on May 9, 2016 (Motion 07-2016).

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INTRODUCTION

The *Scope of Practice in Speech-Language Pathology* of the American Speech-Language-Hearing Association (ASHA) includes the following: a statement of purpose, definitions of *speech-language pathologist* and *speech-language pathology*, a framework for speech-language pathology practice, a description of the domains of speech-language pathology service delivery, delineation of speech-language pathology service delivery areas, domains of professional practice, references, and resources.

The *speech-language pathologist* (*SLP*) is defined as the professional who engages in professional practice in the areas of communication and swallowing across the life span. *Communication* and *swallowing* are broad terms encompassing many facets of function. *Communication* includes speech production and fluency, language, cognition, voice, resonance, and hearing. *Swallowing* includes all aspects of swallowing, including related feeding behaviors. Throughout this document, the terms *communication* and *swallowing* are used to reflect all areas. This document is a guide for SLPs across all clinical and educational settings to promote best practice. The term *individuals* is used throughout the document to refer to students, clients, and patients who are served by the SLP.

As part of the review process for updating the *Scope of Practice in Speech-Language Pathology*, the committee revised the previous scope of practice document to reflect recent advances in knowledge and research in the discipline. One of the biggest changes to the document includes the delineation of practice areas in the context of eight domains of speech-language pathology service delivery: collaboration; counseling; prevention and wellness; screening; assessment; treatment; modalities,

technology, and instrumentation; and population and systems. In addition, five domains of professional practice are delineated: advocacy and outreach, supervision, education, research and administration/leadership.

Service delivery areas include all aspects of communication and swallowing and related areas that impact communication and swallowing: speech production, fluency, language, cognition, voice, resonance, feeding, swallowing, and hearing. The practice of speech-language pathology continually evolves. SLPs play critical roles in health literacy; screening, diagnosis, and treatment of autism spectrum disorder; and use of the *International Classification of Functioning, Disability and Health* (ICF; World Health Organization [WHO], 2014) to develop functional goals and collaborative practice. As technology and science advance, the areas of assessment and intervention related to communication and swallowing disorders grow accordingly. Clinicians should stay current with advances in speech-language pathology practice by regularly reviewing the research literature, consulting the Practice Management section of the ASHA website, including the Practice Portal, and regularly participating in continuing education to supplement advances in the profession and information in the scope of practice.

STATEMENT OF PURPOSE

The purpose of the *Scope of Practice in Speech-Language Pathology* is to

1. delineate areas of professional practice;
2. inform others (e.g., health care providers, educators, consumers, payers, regulators, and the general public) about professional roles and responsibilities of qualified providers;
3. support SLPs in the provision of high-quality, evidence-based services to individuals with communication, feeding, and/or swallowing concerns;
4. support SLPs in the conduct and dissemination of research; and
5. guide the educational preparation and professional development of SLPs to provide safe and effective services.

The scope of practice outlines the breadth of professional services offered within the profession of speech-language pathology. Levels of education, experience, skill, and proficiency in each practice area identified within this scope will vary among providers. An SLP typically does not practice in all areas of clinical service delivery across the life cycle. As the ASHA Code of Ethics specifies, professionals may practice only in areas in which they are competent, based on their education, training, and experience.

This scope of practice document describes evolving areas of practice. These include interdisciplinary work in both health care and educational settings, collaborative service delivery wherever appropriate, and telehealth/telepractice that are effective for the general public.

Speech-language pathology is a dynamic profession, and the overlapping of scopes of practice is a reality in rapidly changing health care, education, and other environments. Hence, SLPs in various settings work collaboratively with other school or health care professionals to make sound decisions for the benefit of individuals with communication and swallowing disorders. This *interprofessional collaborative practice* is defined as "members or students of two or more professions associated with health or social care, engaged in learning with, from and about each other" (Craddock, O'Halloran, Borthwick, & McPherson, 2006, p. 237. Similarly, "interprofessional education provides an ability to

share skills and knowledge between professions and allows for a better understanding, shared values, and respect for the roles of other healthcare professionals" (Bridges et al., 2011, para. 5).

This scope of practice does not supersede existing state licensure laws or affect the interpretation or implementation of such laws. However, it may serve as a model for the development or modification of licensure laws. Finally, in addition to this scope of practice document, other ASHA professional resources outline practice areas and address issues related to public protection (e.g., A guide to disability rights law and the Practice Portal). The highest standards of integrity and ethical conduct are held paramount in this profession.

DEFINITIONS OF SPEECH-LANGUAGE PATHOLOGIST AND SPEECH-LANGUAGE PATHOLOGY

Speech-language pathologists, as defined by ASHA, are professionals who hold the ASHA Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP), which requires a master's, doctoral, or other recognized postbaccalaureate degree. ASHA-certified SLPs complete a supervised postgraduate professional experience and pass a national examination as described in the ASHA certification standards, (2014). Demonstration of continued professional development is mandated for the maintenance of the CCC-SLP. SLPs hold other required credentials where applicable (e.g., state licensure, teaching certification, specialty certification).

Each practitioner evaluates his or her own experiences with preservice education, practice, mentorship and supervision, and continuing professional development. As a whole, these experiences define the scope of competence for each individual. The SLP should engage in only those aspects of the profession that are within her or his professional competence.

SLPs are autonomous professionals who are the primary care providers of speech-language pathology services. Speech-language pathology services are not prescribed or supervised by another professional. Additional requirements may dictate that speech-language pathology services are prescribed and required to meet specific eligibility criteria in certain work settings, or as required by certain payers. SLPs use professional judgment to determine if additional requirements are indicated. Individuals with communication and/or swallowing disorders benefit from services that include collaboration by SLPs with other professionals.

The profession of speech-language pathology contains a broad area of speech-language pathology practice that includes both speech-language pathology service delivery and professional practice domains. These domains are defined in subsequent sections of this document and are represented schematically in **Figure 1**.
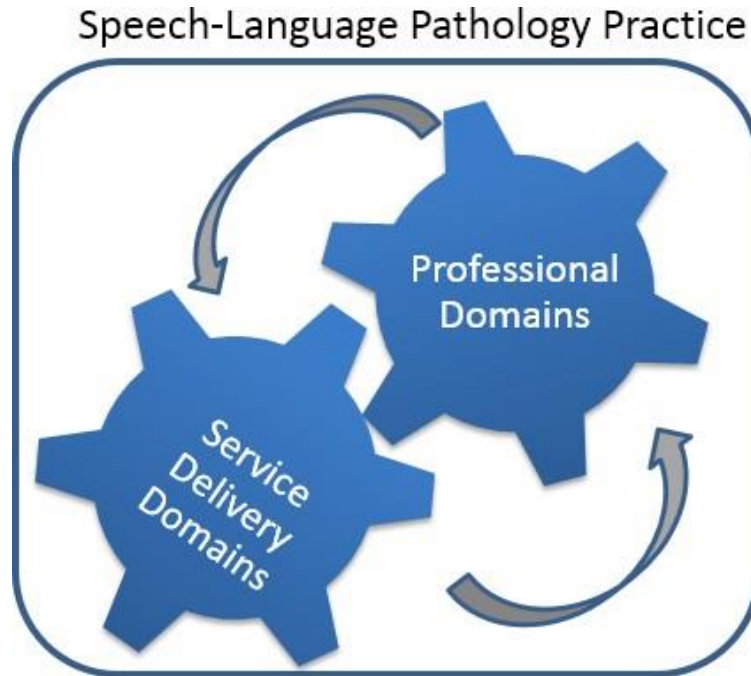
Figure 1. Schematic representation of speech-language pathology practice, including both service delivery and professional domains.

FRAMEWORK FOR SPEECH-LANGUAGE PATHOLOGY PRACTICE

The overall objective of speech-language pathology services is to optimize individuals' abilities to communicate and to swallow, thereby improving quality of life. As the population of the United States continues to become increasingly diverse, SLPs are committed to the provision of culturally and linguistically appropriate services and to the consideration of diversity in scientific investigations of human communication and swallowing.

An important characteristic of the practice of speech-language pathology is that, to the extent possible, decisions are based on best available evidence. ASHA defines evidence-based practice in speech-language pathology as an approach in which current, high-quality research evidence is integrated with practitioner expertise, along with the client's values and preferences (ASHA, 2005). A high-quality basic and applied research base in communication sciences and disorders and related disciplines is essential to providing evidence-based practice and high-quality services. Increased national and international interchange of professional knowledge, information, and education in communication sciences and disorders is a means to strengthen research collaboration and improve services. ASHA has provided a resource for evidence-based research via the Practice Portal.

The scope of practice in speech-language pathology comprises five domains of professional practice and eight domains of service delivery.

Professional practice domains:

- advocacy and outreach
- supervision

- education
- administration/leadership
- research

Service delivery domains

- Collaboration
- Counseling
- Prevention and Wellness
- Screening
- Assessment
- Treatment
- Modalities, Technology, and Instrumentation
- Population and Systems

SLPs provide services to individuals with a wide variety of speech, language, and swallowing differences and disorders within the above-mentioned domains that range in function from completely intact to completely compromised. The diagnostic categories in the speech–language pathology scope of practice are consistent with relevant diagnostic categories under the WHO's (2014) *ICF*, the American Psychiatric Association's (2013) *Diagnostic and Statistical Manual of Mental Disorders*, the categories of disability under the Individuals with Disabilities Education Act of 2004 (see also U.S. Department of Education, 2004), and those defined by two semiautonomous bodies of ASHA: the Council on Academic Accreditation in Audiology and Speech–Language Pathology and the Council for Clinical Certification in Audiology and Speech–Language Pathology.

The domains of speech–language pathology service delivery complement the *ICF*, the WHO's multipurpose health classification system ([WHO, 2014](#)). The classification system provides a standard language and framework for the description of functioning and health. The ICF framework is useful in describing the breadth of the role of the SLP in the prevention, assessment, and habilitation/rehabilitation of communication and swallowing disorders and the enhancement and scientific investigation of those functions. The framework consists of two components: health conditions and contextual factors.

HEALTH CONDITIONS

Body Functions and Structures: These involve the anatomy and physiology of the human body. Relevant examples in speech–language pathology include craniofacial anomaly, vocal fold paralysis, cerebral palsy, stuttering, and language impairment.

Activity and Participation: *Activity* refers to the execution of a task or action. Participation is the involvement in a life situation. Relevant examples in speech–language pathology include difficulties with swallowing safely for independent feeding, participating actively in class, understanding a medical prescription, and accessing the general education curriculum.

CONTEXTUAL FACTORS

Environmental Factors: These make up the physical, social, and attitudinal environments in which people live and conduct their lives. Relevant examples in speech–language pathology include the role

of the communication partner in augmentative and alternative communication (AAC), the influence of classroom acoustics on communication, and the impact of institutional dining environments on individuals' ability to safely maintain nutrition and hydration.

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

The framework in speech-language pathology encompasses these health conditions and contextual factors across individuals and populations. **Figure 2** illustrates the interaction of the various components of the ICF. The health condition component is expressed on a continuum of functioning. On one end of the continuum is intact functioning; at the opposite end of the continuum is completely compromised function. The contextual factors interact with each other and with the health conditions and may serve as facilitators or barriers to functioning. SLPs influence contextual factors through education and advocacy efforts at local, state, and national levels.
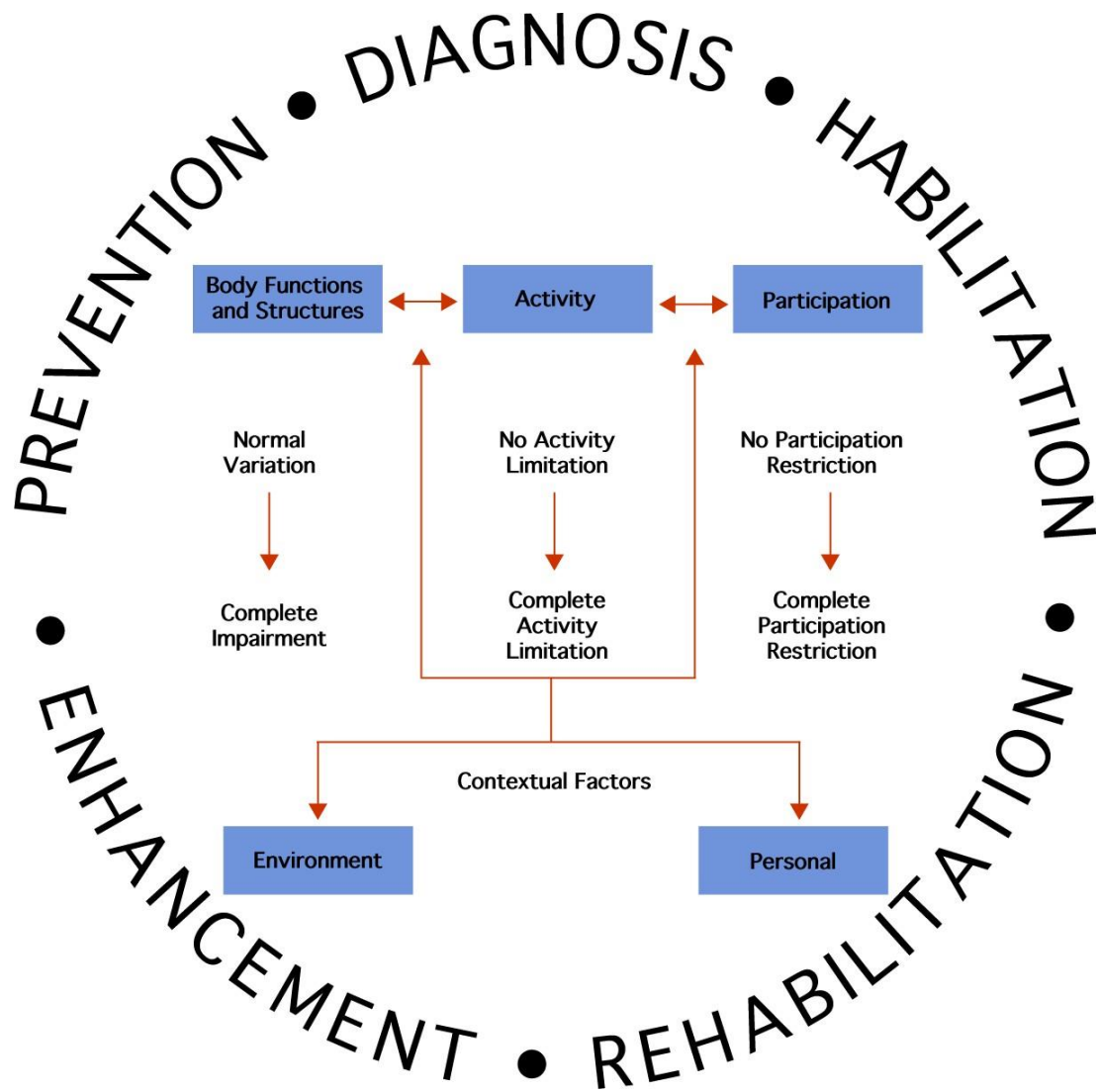
Figure 2. Interaction of the various components of the ICF model. This model applies to individuals or groups.

DOMAINS OF SPEECH-LANGUAGE PATHOLOGY SERVICE DELIVERY

The eight domains of speech-language pathology service delivery are collaboration; counseling; prevention and wellness; screening; assessment; treatment; modalities, technology, and instrumentation; and population and systems.

COLLABORATION

SLPs share responsibility with other professionals for creating a collaborative culture. Collaboration requires joint communication and shared decision making among all members of the team, including the individual and family, to accomplish improved service delivery and functional outcomes for the individuals served. When discussing specific roles of team members, professionals are ethically and

legally obligated to determine whether they have the knowledge and skills necessary to perform such services. Collaboration occurs across all speech-language pathology practice domains.

As our global society is becoming more connected, integrated, and interdependent, SLPs have access to a variety of resources, information technology, diverse perspectives and influences (see, e.g., Lipinsky, Lombardo, Dominy, & Feeney, 1997). Increased national and international interchange of professional knowledge, information, and education in communication sciences and disorders is a means to strengthen research collaboration and improve services. SLPs

- educate stakeholders regarding interprofessional education (IPE) and interprofessional practice (IPP) (ASHA, 2014) principles and competencies;
- partner with other professions/organizations to enhance the value of speech-language pathology services;
- share responsibilities to achieve functional outcomes;
- consult with other professionals to meet the needs of individuals with communication and swallowing disorders;
- serve as case managers, service delivery coordinators, members of collaborative and patient care conference teams; and
- serve on early intervention and school pre-referral and intervention teams to assist with the development and implementation of individualized family service plans (IFSPs) and individualized education programs (IEPs).

COUNSELING

SLPs counsel by providing education, guidance, and support. Individuals, their families and their caregivers are counseled regarding acceptance, adaptation, and decision making about communication, feeding and swallowing, and related disorders. The role of the SLP in the counseling process includes interactions related to emotional reactions, thoughts, feelings, and behaviors that result from living with the communication disorder, feeding and swallowing disorder, or related disorders.

SLPs engage in the following activities in counseling persons with communication and feeding and swallowing disorders and their families:

- empower the individual and family to make informed decisions related to communication or feeding and swallowing issues.
- educate the individual, family, and related community members about communication or feeding and swallowing disorders.
- provide support and/or peer-to-peer groups for individuals with disorders and their families.
- provide individuals and families with skills that enable them to become self-advocates.
- discuss, evaluate, and address negative emotions and thoughts related to communication or feeding and swallowing disorders.
- refer individuals with disorders to other professionals when counseling needs fall outside of those related to (a) communication and (b) feeding and swallowing.

PREVENTION AND WELLNESS

SLPs are involved in prevention and wellness activities that are geared toward reducing the incidence of a new disorder or disease, identifying disorders at an early stage, and decreasing the severity or impact of a disability associated with an existing disorder or disease. Involvement is directed toward individuals who are vulnerable or at risk for limited participation in communication, hearing, feeding and swallowing, and related abilities. Activities are directed toward enhancing or improving general well-being and quality of life. Education efforts focus on identifying and increasing awareness of risk behaviors that lead to communication disorders and feeding and swallowing problems. SLPs promote programs to increase public awareness, which are aimed at positively changing behaviors or attitudes.

Effective prevention programs are often community based and enable the SLP to help reduce the incidence of spoken and written communication and swallowing disorders as a public health and public education concern.

Examples of prevention and wellness programs include, but are not limited to, the following:

- **Language impairment:** Educate parents, teachers and other school-based professionals about the clinical markers of language impairment and the ways in which these impairments can impact a student's reading and writing skills to facilitate early referral for evaluation and assessment services.
- **Language-based literacy disorders:** Educate parents, school personnel, and health care providers about the SLP's role in addressing the semantic, syntactic, morphological, and phonological aspects of literacy disorders across the lifespan.
- **Feeding:** Educate parents of infants at risk for feeding problems about techniques to minimize long-term feeding challenges.
- **Stroke prevention:** Educate individuals about risk factors associated with stroke
- **Serve on teams:** Participate on multitiered systems of support (MTSS)/response to intervention (RTI) teams to help students successfully communicate within academic, classroom, and social settings.
- **Fluency:** Educate parents about risk factors associated with early stuttering.
- **Early childhood:** Encourage parents to participate in early screening and to collaborate with physicians, educators, child care providers, and others to recognize warning signs of developmental disorders during routine wellness checks and to promote healthy communication development practices.
- **Prenatal care:** Educate parents to decrease the incidence of speech, hearing, feeding and swallowing, and related disorders due to problems during pregnancy.
- **Genetic counseling:** Refer individuals to appropriate professionals and professional services if there is a concern or need for genetic counseling.
- **Environmental change:** Modify environments to decrease the risk of occurrence (e.g., decrease noise exposure).
- **Vocal hygiene:** Target prevention of voice disorders (e.g., encourage activities that minimize phonotrauma and the development of benign vocal fold pathology and that curb the use of smoking and smokeless tobacco products).
- **Hearing:** Educate individuals about risk factors associated with noise-induced hearing loss and preventive measures that may help to decrease the risk.
- **Concussion/traumatic brain injury awareness:** Educate parents of children involved in contact sports about the risk of concussion.

- **Accent/dialect modification:** Address sound pronunciation, stress, rhythm, and intonation of speech to enhance effective communication.
- **Transgender (TG) and transsexual (TS) voice and communication:** Educate and treat individuals about appropriate verbal, nonverbal, and voice characteristics (feminization or masculinization) that are congruent with their targeted gender identity.
- **Business communication:** Educate individuals about the importance of effective business communication, including oral, written, and interpersonal communication.
- **Swallowing:** Educate individuals who are at risk for aspiration about oral hygiene techniques.

SCREENING

SLPs are experts at screening individuals for possible communication, hearing, and/or feeding and swallowing disorders. SLPs have the knowledge of—and skills to treat—these disorders; they can design and implement effective screening programs and make appropriate referrals. These screenings facilitate referral for appropriate follow-up in a timely and cost-effective manner. SLPs

- select and use appropriate screening instrumentation;
- develop screening procedures and tools based on existing evidence;
- coordinate and conduct screening programs in a wide variety of educational, community, and health care settings;
- participate in public school MTSS/RTI team meetings to review data and recommend interventions to satisfy federal and state requirements (e.g., Individuals with Disabilities Education Improvement Act of 2004 [IDEIA] and Section 504 of the Rehabilitation Act of 1973);
- review and analyze records (e.g., educational, medical);
- review, analyze, and make appropriate referrals based on results of screenings;
- consult with others about the results of screenings conducted by other professionals; and
- utilize data to inform decisions about the health of populations.

ASSESSMENT

Speech–language pathologists have expertise in the differential diagnosis of disorders of communication and swallowing. Communication, speech, language, and swallowing disorders can occur developmentally, as part of a medical condition, or in isolation, without an apparent underlying medical condition. Competent SLPs can diagnose communication and swallowing disorders but do not differentially diagnose medical conditions. The assessment process utilizes the ICF framework, which includes evaluation of body function, structure, activity and participation, within the context of environmental and personal factors. The assessment process can include, but is not limited to, culturally and linguistically appropriate behavioral observation and standardized and/or criterion-referenced tools; use of instrumentation; review of records, case history, and prior test results; and interview of the individual and/or family to guide decision making. The assessment process can be carried out in collaboration with other professionals. SLPs

- administer standardized and/or criterion-referenced tools to compare individuals with their peers;

- review medical records to determine relevant health, medical, and pharmacological information;
- interview individuals and/or family to obtain case history to determine specific concerns;
- utilize culturally and linguistically appropriate assessment protocols;
- engage in behavioral observation to determine the individual's skills in a naturalistic setting/context;
- diagnose communication and swallowing disorders;
- use endoscopy, videofluoroscopy, and other instrumentation to assess aspects of voice, resonance, velopharyngeal function and swallowing;
- document assessment and trial results for selecting AAC interventions and technology, including speech-generating devices (SGDs);
- participate in meetings adhering to required federal and state laws and regulations (e.g., IDEIA [2004] and Section 504 of the Rehabilitation Act of 1973).
- document assessment results, including discharge planning;
- formulate impressions to develop a plan of treatment and recommendations; and
- discuss eligibility and criteria for dismissal from early intervention and school-based services.

TREATMENT

Speech-language services are designed to optimize individuals' ability to communicate and swallow, thereby improving quality of life. SLPs develop and implement treatment to address the presenting symptoms or concerns of a communication or swallowing problem or related functional issue. Treatment establishes a new skill or ability or remediates or restores an impaired skill or ability. The ultimate goal of therapy is to improve an individual's functional outcomes. To this end, SLPs

- design, implement, and document delivery of service in accordance with best available practice appropriate to the practice setting;
- provide culturally and linguistically appropriate services;
- integrate the highest quality available research evidence with practitioner expertise and individual preferences and values in establishing treatment goals;
- utilize treatment data to guide decisions and determine effectiveness of services;
- integrate academic materials and goals into treatment;
- deliver the appropriate frequency and intensity of treatment utilizing best available practice;
- engage in treatment activities that are within the scope of the professional's competence;
- utilize AAC performance data to guide clinical decisions and determine the effectiveness of treatment; and
- collaborate with other professionals in the delivery of services.

MODALITIES, TECHNOLOGY, AND INSTRUMENTATION

SLPs use advanced instrumentation and technologies in the evaluation, management, and care of individuals with communication, feeding and swallowing, and related disorders. SLPs are also involved in the research and development of emerging technologies and apply their knowledge in the use of advanced instrumentation and technologies to enhance the quality of the services provided. Some examples of services that SLPs offer in this domain include, but are not limited to, the use of

- the full range of AAC technologies to help individuals who have impaired ability to communicate verbally on a consistent basis—AAC devices make it possible for many individuals to successfully communicate within their environment and community;
- endoscopy, videofluoroscopy, fiber-optic evaluation of swallowing (voice, velopharyngeal function, swallowing) and other instrumentation to assess aspects of voice, resonance, and swallowing;
- telehealth/telepractice to provide individuals with access to services or to provide access to a specialist;
- ultrasound and other biofeedback systems for individuals with speech sound production, voice, or swallowing disorders; and
- other modalities (e.g., American Sign Language), where appropriate.

POPULATION AND SYSTEMS

In addition to direct care responsibilities, SLPs have a role in (a) managing populations to improve overall health and education, (b) improving the experience of the individuals served, and, in some circumstances, (c) reducing the cost of care. SLPs also have a role in improving the efficiency and effectiveness of service delivery. SLPs serve in roles designed to meet the demands and expectations of a changing work environment. SLPs

- use plain language to facilitate clear communication for improved health and educationally relevant outcomes;
- collaborate with other professionals about improving communication with individuals who have communication challenges;
- improve the experience of care by analyzing and improving communication environments;
- reduce the cost of care by designing and implementing case management strategies that focus on function and by helping individuals reach their goals through a combination of direct intervention, supervision of and collaboration with other service providers, and engagement of the individual and family in self-management strategies;
- serve in roles designed to meet the demands and expectations of a changing work environment;
- contribute to the management of specific populations by enhancing communication between professionals and individuals served;
- coach families and early intervention providers about strategies and supports for facilitating prelinguistic and linguistic communication skills of infants and toddlers; and
- support and collaborate with classroom teachers to implement strategies for supporting student access to the curriculum.

SPEECH-LANGUAGE PATHOLOGY SERVICE DELIVERY AREAS

This list of practice areas and the bulleted examples are not comprehensive. Current areas of practice, such as literacy, have continued to evolve, whereas other new areas of practice are emerging. Please refer to the ASHA Practice Portal for a more extensive list of practice areas.

1. **Fluency**
   - Stuttering
   - Cluttering

2. **Speech Production**
   - Motor planning and execution
   - Articulation
   - Phonological
3. **Language**—Spoken and written language (listening, processing, speaking, reading, writing, pragmatics)
   - Phonology
   - Morphology
   - Syntax
   - Semantics
   - Pragmatics (language use and social aspects of communication)
   - Prelinguistic communication (e.g., joint attention, intentionality, communicative signaling)
   - Paralinguistic communication (e.g., gestures, signs, body language)
   - Literacy (reading, writing, spelling)
4. **Cognition**
   - Attention
   - Memory
   - Problem solving
   - Executive functioning
5. **Voice**
   - Phonation quality
   - Pitch
   - Loudness
   - Alaryngeal voice
6. **Resonance**
   - Hypernasality
   - Hyponasality
   - Cul-de-sac resonance
   - Forward focus
7. **Feeding and Swallowing**
   - Oral phase
   - Pharyngeal phase
   - Esophageal phase
   - Atypical eating (e.g., food selectivity/refusal, negative physiologic response)
8. **Auditory Habilitation/Rehabilitation**
   - Speech, language, communication, and listening skills impacted by hearing loss, deafness
   - Auditory processing

Potential etiologies of communication and swallowing disorders include

- neonatal problems (e.g., prematurity, low birth weight, substance exposure);
- developmental disabilities (e.g., specific language impairment, autism spectrum disorder, dyslexia, learning disabilities, attention-deficit disorder, intellectual disabilities, unspecified neurodevelopmental disorders);
- disorders of aerodigestive tract function (e.g., irritable larynx, chronic cough, abnormal respiratory patterns or airway protection, paradoxical vocal fold motion, tracheostomy);

- oral anomalies (e.g., cleft lip/palate, dental malocclusion, macroglossia, oral motor dysfunction);
- respiratory patterns and compromise (e.g., bronchopulmonary dysplasia, chronic obstructive pulmonary disease);
- pharyngeal anomalies (e.g., upper airway obstruction, velopharyngeal insufficiency/incompetence);
- laryngeal anomalies (e.g., vocal fold pathology, tracheal stenosis);
- neurological disease/dysfunction (e.g., traumatic brain injury, cerebral palsy, cerebrovascular accident, dementia, Parkinson's disease, and amyotrophic lateral sclerosis);
- psychiatric disorder (e.g., psychosis, schizophrenia);
- genetic disorders (e.g., Down syndrome, fragile X syndrome, Rett syndrome, velocardiofacial syndrome); and
- Orofacial myofunctional disorders (e.g., habitual open-mouth posture/nasal breathing, orofacial habits, tethered oral tissues, chewing and chewing muscles, lips and tongue resting position).

This list of etiologies is not comprehensive.

Elective services include

- Transgender communication (e.g., voice, verbal and nonverbal communication);
- Preventive vocal hygiene;
- Business communication;
- Accent/dialect modification; and
- Professional voice use.

This list of elective services is not comprehensive.

DOMAINS OF PROFESSIONAL PRACTICE

This section delineates the domains of professional practice—that is, a set of skills and knowledge that goes beyond clinical practice. The domains of professional practice include advocacy and outreach, supervision, education, research, and administration and leadership.

ADVOCACY AND OUTREACH

SLPs advocate for the discipline and for individuals through a variety of mechanisms, including community awareness, prevention activities, health literacy, academic literacy, education, political action, and training programs. Advocacy promotes and facilitates access to communication, including the reduction of societal, cultural, and linguistic barriers. SLPs perform a variety of activities, including the following:

- Advise regulatory and legislative agencies about the continuum of care. Examples of service delivery options across the continuum of care include telehealth/telepractice, the use of technology, the use of support personnel, and practicing at the top of the license.
- Engage decision makers at the local, state, and national levels for improved administrative and governmental policies affecting access to services and funding for communication and swallowing issues.

- Advocate at the local, state, and national levels for funding for services, education, and research.
- Participate in associations and organizations to advance the speech-language pathology profession.
- Promote and market professional services.
- Help to recruit and retain SLPs with diverse backgrounds and interests.
- Collaborate on advocacy objectives with other professionals/colleagues regarding mutual goals.
- Serve as expert witnesses, when appropriate.
- Educate consumers about communication disorders and speech-language pathology services.
- Advocate for fair and equitable services for all individuals, especially the most vulnerable.
- Inform state education agencies and local school districts about the various roles and responsibilities of school-based SLPs, including direct service, IEP development, Medicaid billing, planning and delivery of assessment and therapy, consultation with other team members, and attendance at required meetings.

SUPERVISION

Supervision is a distinct area of practice; is the responsibility of SLPs; and crosses clinical, administrative, and technical spheres. SLPs are responsible for supervising Clinical Fellows, graduate externs, trainees, speech-language pathology assistants, and other personnel (e.g., clerical, technical, and other administrative support staff). SLPs may also supervise colleagues and peers. SLPs acknowledge that supervision is integral in the delivery of communication and swallowing services and advances the discipline. Supervision involves education, mentorship, encouragement, counseling, and support across all supervisory roles. SLPs

- possess service delivery and professional practice skills necessary to guide the supervisee;
- apply the art and science of supervision to all stakeholders (i.e., those supervising and being supervised), recognizing that supervision contributes to efficiency in the workplace;
- seek advanced knowledge in the practice of effective supervision;
- establish supervisory relationships that are collegial in nature;
- support supervisees as they learn to handle emotional reactions that may affect the therapeutic process; and
- establish a supervisory relationship that promotes growth and independence while providing support and guidance.

EDUCATION

SLPs serve as educators, teaching students in academic institutions and teaching professionals through continuing education in professional development formats. This more formal teaching is in addition to the education that SLPs provide to individuals, families, caregivers, decision makers, and policy makers, which is described in other domains. SLPs

- serve as faculty at institutions of higher education, teaching courses at the undergraduate, graduate, and postgraduate levels;
- mentor students who are completing academic programs at all levels;

- provide academic training to students in related disciplines and students who are training to become speech–language pathology assistants; and
- provide continuing professional education to SLPs and to professionals in related disciplines.

RESEARCH

SLPs conduct and participate in basic and applied/translational research related to cognition, verbal and nonverbal communication, pragmatics, literacy (reading, writing and spelling), and feeding and swallowing. This research may be undertaken as a facility–specific effort or may be coordinated across multiple settings. SLPs engage in activities to ensure compliance with Institutional Review Boards and international laws pertaining to research. SLPs also collaborate with other researchers and may pursue research funding through grants.

ADMINISTRATION AND LEADERSHIP

SLPs administer programs in education, higher education, schools, health care, private practice, and other settings. In this capacity, they are responsible for making administrative decisions related to fiscal and personnel management; leadership; program design; program growth and innovation; professional development; compliance with laws and regulations; and cooperation with outside agencies in education and healthcare. Their administrative roles are not limited to speech–language pathology, as they may administer programs across departments and at different levels within an institution. In addition, SLPs promote effective and manageable workloads in school settings, provide appropriate services under IDEIA (2004), and engage in program design and development.

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APPENDIX D

Department of Communication Sciences and Disorders
Four Square Reflection Tool

Name: **Date:**

What happened?	How do I feel?
Ideas?	**Questions?**

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7322; *www.freespirit.com.* This page may be photocopied or printed for
individual, classroom, or small group work.

APPENDIX E

DEPARTMENT OF COMMUNICATION SCIENCES AND DISORDERS
Faculty/Supervisor Reflection Tool

Graduate Student Name: _____

CU Faculty/Supervisor: _____

Date of Observation: _____

Date of Conference: _____

Trimester/Year: _____

Location: _____

What happened?	I think the goals/objectives were:
Positive Feedback	**Questions for Discussion**

APPENDIX F

DEPARTMENT OF COMMUNICATION SCIENCES AND DISORDERS
Program Plan for Graduate Student Remediation

Section A – Plan

Student Name: Trimester:

Course/Clinic Title:

Reason for Remediation:

Remediation Objectives:

Remediation Activities:

Time Frame for Completion:

Acknowledgement of Program Plan for Remediation	
Course/Clinic Instructor Signature:	Date:
Student Signature:	Date:

DEPARTMENT OF COMMUNICATION SCIENCES AND DISORDERS
Program Plan for Graduate Student Remediation

Section B – Completion

Student Name: Trimester:

Course/Clinic Title:

Outcomes:

Remediation Plan Completion Date:

Acknowledgement of Program Plan for Remediation	
Course/Clinic Instructor Signature:	Date:
Student Signature:	Date:

APPENDIX G

DEPARTMENT OF COMMUNICATION SCIENCES AND DISORDERS

CSD GRADUATE STUDENT PERFORMANCE AGREEMENT

I have received a copy of the Chapman University Master of Science in Communication Sciences and Disorders Student Handbook. I have read the enclosed policies and procedures concerning the CSD program. I understand my obligation to fulfill all requirements of the CSD program in the outlined time frame. I fully understand the information, have had an opportunity to have any questions answered, and hereby agree to abide by the information concerning the CSD policies and procedures contained within these documents. I fully recognize that the CSD website (https://www.chapman.edu/csd) is the definitive place for up to date information in relation to the CSD Program. Additionally, I agree to abide by the Chapman University rules and regulations as set forth in the Chapman University Graduate Catalog.

Student Name (PRINT)	Student Signature Date

Faculty Advisor   Date

Appendix H
Information Regarding the Student Sexual Misconduct Policy

Chapman University is committed to creating and sustaining an educational, work, and living environment that is conducive to learning and scholarship and supportive of students and employees. Part of this commitment is fostering a campus free of sexual misconduct in all its forms. Sexual misconduct and gender/sex-based harassment or discrimination can take many forms, including but not limited to sexual battery, sexual assault, intimate partner violence and abuse, stalking, and sexual exploitation. These types of conduct are prohibited under the Student Sexual Misconduct Policy, Chapman University's Harassment and Discrimination Policy, and the Student Conduct Code.

The University's goal is an open and safe community where these behaviors are deemed unacceptable, where those who are affected are provided support, and where a fair and impartial review process is provided to all parties. The University's response to allegations of prohibited conduct is grounded in the fair application of policy and procedure. Please see the Chapman University Title IX website at www.chapman.edu/consent.

Reporting Options:

DeAnn Yocum Gaffney, *Associate Vice President for Student Affairs and Senior Associate Dean of Students & Lead Title IX Coordinator*
Argyros Forum 101
gaffney@chapman.edu | (714) 997-6721

Lauren Lockwood, *Program Coordinator for Student Affairs*
Argyros Forum 302D
llockwood@chapman.edu | (714) 532-6056

Ezra Omar, *Program Coordinator for Student Affairs*
Argyros Forum 302
eomar@chapman.edu | (714) 532-6039

Dean of Students Office: (714) 997-6721

Public Safety: (714) 997-6763

Office of Human Resources: (714) 997-6686
Available Monday – Friday 8 am - 5 pm

Privileged and Confidential Resources:

The University has identified individuals on campus who have a professional requirement to maintain confidentiality* of a conversation with a complainant, respondent, or witness who wants someone to talk to but does not want to report the incident to the University. The following are individuals on campus who are privileged and confidential resources when working in the following roles:

Student Psychological Counseling Services
(714) 997-6778

Dani Smith, Ed.D., Chapman University Sexual Assault/ Rape Crisis Counselor
dasmith@chapman.edu | (714) 744-7080

Rev. Gail Stearns, Ph.D., Dean of Chapel
(714) 628-7289

Rev. Nancy Brink, Director of Church Relations
(714) 997-6760

While the individuals listed above have professionally required confidentiality, there are certain, specific situations in which they are not able to maintain information confidentially. Those situations are: (1) if someone may be a danger to themselves or others, (2) information about any minor or elder currently being subjected to abuse or neglect – including intentional access to unlawful sexual images, or (3) if the information is subpoenaed for court proceedings.

Prohibited Behaviors – Sexual Misconduct

Sexual misconduct is any sex- or gender-based behavior, attempted or completed, that goes beyond the boundaries of consent.

Consent is defined as an affirmative, conscious, voluntary agreement by all participants to engage in sexual activity, communicated through mutually understandable words and/or actions. Affirmative consent must be continuously present throughout an interaction, for all sexual activities, and may be modified, withdrawn, or revoked at any time. It is the responsibility of each person involved in the activity to ensure that affirmative consent has been obtained from the other or others before engaging in any sexual activity. Existence of a dating relationship between the persons involved, or the fact of past sexual relations between them, can never by itself be assumed to be an indicator of consent.

The following sex- or gender-based behaviors are prohibited:
- Sexual assault
- Sexual battery
- Intimate partner violence and abuse
- Sexual exploitation
- Stalking
- Sexual harassment
- Discrimination
- Retaliation
- Bad faith complaint of sexual misconduct

For full definitions of these policies, please read the Student Sexual Misconduct Policy at www.chapman.edu/student-sexual-misconduct-policy.

Interim and Supportive Measures

Supportive measures are available to students who may have experienced the above behaviors regardless of whether or not they make a formal report to the University or law enforcement.

Supportive measures shall be confidential, to the extent that maintaining confidentiality does not impair the University's ability to provide such measures. When a student or employee reports to the University that they have experienced intimate partner violence, sexual assault, sexual battery, sexual exploitation, stalking, harassment, or discrimination, whether the incident(s) occurred on or off campus, the University shall provide the individual with written information about resources and options. The University shall also provide the individual with written notification of health and mental health resources as well as other referrals as requested and available.

For more information about available interim and supportive measures and how to request support, please visit the Chapman University Title IX website (https://www.chapman.edu/students/health-and-safety/title-ix/title-ix-resources.aspx).

University Process

The University is committed to conducting investigations into the above listed prohibited behaviors in a prompt, fair, and impartial manner, generally within 60 days. University holidays and breaks will likely impact the time needed to conclude an investigation. Cases that are particularly complex or involve unusual circumstances may require more than 60 days. Students participating in a process as complainants and respondents are permitted

to have a support person of their choice in any meeting related to the process.

Further, the University is committed to the access and inclusion of students with disabilities in its processes. Disability Services assists with the coordination of reasonable and appropriate accommodations for students with documented disabilities.