

UNIVERSITY OF NEBRASKA KEARNEY™



**UNK**<sup>®</sup>  
COMMUNICATION  
DISORDERS  
**Clinic Handbook**



**Academic Year 2024-2025**

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## **GRADUATE & UNDERGRADUATE HANDBOOK**

### **Introduction**

The purpose of this handbook is to help orient you to the profession involved with communication disorders, to provide some insight into the requirements of the American Speech-Language-Hearing Association, and generally to inform you about undergraduate and graduate course work and clinical practicum.

Philosophically, the Speech-Language and Hearing Clinic of the University of Nebraska Kearney has two objectives: the first is to provide superior instruction for speech-language pathologists and the second is to provide competent clinical services for clients with speech, language and/or hearing problems. It is the view of the faculty in the Department of Communication Disorders at the University of Nebraska Kearney that these two objectives are mutually compatible and attainable. In an effort to provide students with superior education that will enable them to assume professional responsibilities, students must be educated in a clinical setting in which exemplary standards and procedures are maintained. Consequently, the student and client both receive the best that the profession has to offer.

### **Clinic Contacts:**

Mailing Address: UNK Communication Disorders Department  
College of Education, A103  
1615 W. 24<sup>th</sup> St.  
Kearney, NE 68849-5553

Phone: 308-865-8300

Fax: 308-865-8397



AMERICAN  
SPEECH-LANGUAGE-  
HEARING  
ASSOCIATION

The Communication Disorders Program at the University of Nebraska Kearney is accredited by the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA) of the American Speech-Language-Hearing Association (ASHA).

If you have complaints or concerns about the program, please feel free to contact:  
Council on Accreditation in Audiology and Speech-Language Pathology (CAA)

### **Written Complaints/Concerns**

ASHA National Office  
2200 Research Blvd.  
Rockville, MD 20850

**Telephone Complaints/Concerns: (301) 897-5700**

**E-Mail Complaints/Concerns: <http://www.asha.org>**

The Master of Science in Education (MSEd) education program in speech-language pathology {residential, distance education} at the University of Nebraska Kearney 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.

The University of Nebraska at Kearney declares and affirms a policy of equal educational and employment opportunities, affirmative action in employment, and nondiscrimination in providing its services to the public. Therefore, the University of Nebraska Kearney shall not discriminate against anyone based on race, age, color, disability, religion, sex (including sexual harassment), sexual orientation, national or ethnic origin, marital status or veteran status.

**PLEASE NOTE: Individuals who wish to file a formal complaint should contact the Accreditation Office to obtain a copy of the complaint procedures.**

<http://www.asha.org/academic/accreditation/>

Chair, **Council on Academic Accreditation  
in Audiology and Speech-Language Pathology (CAA)**

American Speech-Language-Hearing Association  
2200 Research Boulevard, #310  
Rockville, MD 20850

## **FACULTY AND STAFF**

### **Department Chair**

The department chair provides academic leadership for the department, and is responsible for the relationship between the department and the university administration. In addition, the chair will teach undergraduate and/or graduate courses in communication disorders, provide supervision of student practicum, conduct research and develop grants in areas of interest, serve on departmental and university committees, and advise students.

### **Coordinator of Speech/Language Pathology & Audiology Clinical Services**

The clinic coordinator coordinates all clinic activities, schedules therapy, and assigns clients.

### **Academic Faculty**

The academic faculty is responsible for providing the academic training in the area of communication disorders. Academic faculty will also be assigned to part-time diagnostic or clinical educator duties. They will also be the major advisors for undergraduate and graduate students who are majoring in Speech-Language Pathology. Other duties may also be assigned, such as administrative functions, when they do not interfere with the primary purpose of providing academic education for the students.

### **Clinical Educators of Clinical Services and Training**

Clinical Educators are members of the faculty and carry full authority and responsibility regarding all matters pertaining to clinical function and academic education. They are directly responsible to the Department Chair. For students in training in the clinic, the Clinical Educator and/or appropriate faculty is/are the final authority in all matters of clinical procedures, such as interviewing and counseling of parents, initial evaluations, planning of therapy, and all therapy performed in all clinics. Students are encouraged to use all the resources of this institution, such as faculty members and professional literature, to obtain additional information and insight regarding the clients with whom they will be working. The Clinical Educator and/or appropriate faculty member(s), however, is/are the final authority regarding the performance of clinical service and training.

### **Clinic Office Associate**

The clinic office associate is responsible for the administrative procedures of initial intake of clients, maintaining all clinical records and files, photocopying and distributing diagnostic reports, and other duties assigned by the department chair, clinic coordinator and faculty.

### **Administrative Procedures Relative to Client Contacts**

Usually clients telephone or write to the clinic requesting appointments or information. Regardless of the media used, our client's first contact with the clinic is usually through our office associate. It is the office associate's responsibility to gather all vital information, such as name of client, names of parents/spouse/partner/guardian, address, birthdate, school, referral source, and statement of the problem. The office associate will assist with the intake paperwork including an authorization to obtain information, a permission to test and treat form, privacy policy information, and a case history form that are mailed to the family. When the case history has been completed and returned to the clinic, an appointment for the evaluation is scheduled. The office associate assists with entering all relevant information and scanned documents in the clinic electronic medical record system (EMR).

## **DEPARTMENT OF COMMUNICATION DISORDERS MISSION STATEMENT**

Consistent with the Mission of the University of Nebraska Kearney, the primary purpose of the Department of Communication Disorders is to provide a high quality instructional program in speech-language pathology. The Department engages students in research and professional activities that promote lifelong learning. The goal of the Department is to educate and prepare students to be responsive, reflective, and collaborative decision makers who have the requisite knowledge, skills, and technological expertise to earn appropriate credentials, licenses and/or certifications to practice ethically and successfully.

### **ASHA STANDARDS FOR CERTIFICATION OF CLINICAL COMPETENCY**

The Department of Communication Disorders at UNK utilizes the [ASHA Standards and Implementation Procedures for the Certificate of Clinical Competence in Speech-Language Pathology](#) to educate and train undergraduate and graduate students for the field of speech-language pathology. To view these standards and implementation procedures, please visit the ASHA website:

<https://www.asha.org/certification/2020-slp-certification-standards/>

### **ASHA CODE OF ETHICS**

The Department of Communication Disorders at UNK adheres to the ASHA Code of Ethics and trains students to follow the ASHA Code of Ethics throughout their academic, pre-professional and professional careers. To view the full code of ethics, visit:

<http://www.asha.org/Code-of-Ethics/>

### **UNK STUDENT HANDBOOK**

For current information about registration, tuition, and admission requirements go to UNK home page, click on Admissions tab and then Undergraduate or Graduate.

<http://www.unk.edu/admissions/index.php>

To view UNK's overall student code of conduct, please access this information on the UNK website link for Student Affairs, and the right hand side lists the Student Handbook:

[https://www.unk.edu/offices/reslife/\\_documents/university-of-nebraska-at-kearney-student-code-of-conduct.pdf](https://www.unk.edu/offices/reslife/_documents/university-of-nebraska-at-kearney-student-code-of-conduct.pdf)

To view UNK's academic integrity policy followed by the Communication Disorders Department, please access this information on the UNK website link for the Graduate Catalog, then Academics, and finally Academic Integrity Policy:

<https://catalog.unk.edu/graduate/academics/academic-regulations/expectations-in-the-classroom/academic-integrity-policy/>

### **COE Acceptable Use of Technology Agreement:**

As part of the College of Education's accreditation plan, online education students are required to read and respond to the Acceptable Use of Technology (AUT) agreement for 2024. Please do so by clicking on the following link: [https://unk.co1.qualtrics.com/jfe/form/SV\\_2cmZ7B5tDgbkFdY](https://unk.co1.qualtrics.com/jfe/form/SV_2cmZ7B5tDgbkFdY)

## Youth Activities Safety Guidelines

For current information about the UNK Youth Activities Safety Guidelines, visit:

<https://www.unk.edu/offices/reslife/youth-activity-safety-policy.php>

## UNK NON-DISCRIMINATION POLICY STATEMENT

The University of Nebraska at Kearney declares and affirms a policy of equal educational and employment opportunities, affirmative action in employment, and nondiscrimination in providing its services to the public. Therefore, the University of Nebraska at Kearney shall not discriminate against anyone based on race, age, color, disability, religion, sex (including sexual harassment), sexual orientation, national or ethnic origin, marital status, or veteran status.

<https://www.unk.edu/about/compliance/discrimination-and-harassment/index.php>

<https://www.unk.edu/about/files/harassment-and-discrimination-policy.pdf>

## STUDENTS WITH DISABILITIES

It is the policy of the University of Nebraska at Kearney to provide flexible and individualized reasonable accommodation to students with documented disabilities. To receive accommodation services for a disability, students must be registered with the UNK Disabilities Services for Students (DSS) office, 175 Memorial Student Affairs Building, 308-865-8214 or by email [unkdso@unk.edu](mailto:unkdso@unk.edu)

## STUDENTS WHO ARE PREGNANT

It is the policy of the University of Nebraska at Kearney to provide flexible and individualized reasonable accommodation to students who are pregnant. To receive accommodation services due to pregnancy, students must contact the Student Health office at 308.865.8218. The following links provide information for students and faculty regarding pregnancy

rights. <https://thepregnantscholar.org/title-ix-basics/>

<https://nwlc.org/resource/faq-pregnant-and-parenting-college-graduate-students-rights/>

## UNK POLICY FOR INCLUSIVE EXCELLENCE

**At UNK, inclusive excellence is rooted in our values.**

- **People matter.** The diversity of our students, faculty and staff is essential to our educational mission. Our backgrounds, identities, and lived experiences enrich our learning community.
- **The learning environment matters.** We are committed to an inclusive and equitable student-centered learning environment. In our classrooms we exchange ideas and opinions with respect for one another.
- **Learning matters.** Preparing students to value critical thinking, mutual respect, and open communication is essential for lifelong learning. We are building a community that protects and fosters intellectual inquiry and embraces diverse perspectives.

The following link provides information for students regarding UNK's commitment to inclusive excellence and procedures for improving classroom experience with inclusion and belonging: <https://www.unk.edu/about/dei/inclusive-excellence-in-the-classroom.php>.

## GRIEVANCE POLICY FOR DISCRIMINATION

[http://www.unk.edu/about/compliance/discrimination-and-harassment/sexual\\_grievance.php](http://www.unk.edu/about/compliance/discrimination-and-harassment/sexual_grievance.php)



## SEXUAL HARASSMENT

The University of Nebraska at Kearney reaffirms that all women and men -- students, staff, faculty and administrators -- are to be treated fairly and equally with dignity and respect. Any form of discrimination, including sexual harassment, is prohibited. For information about sexual harassment and reporting incidents, please visit:

<https://www.unk.edu/about/compliance/title-ix-resources/sexual-misconduct-policies--procedures.php>

### Reporting Student Sexual Harassment, Sexual Violence or Sexual Assault

Reporting allegations of rape, domestic violence, dating violence, sexual assault, sexual harassment, and stalking enables the University to promptly provide support to the impacted student(s), and to take appropriate action to prevent a recurrence of such sexual misconduct and protect the campus community. Confidentiality will be respected to the greatest degree possible. Any student who believes they may be the victim of sexual misconduct is encouraged to report to one or more of the following resources:

- **Local Domestic Violence, Sexual Assault Advocacy Agency** 308-237-2599
- **Campus Police (or Security)** 308-865-8911
- **Title IX Coordinator** 308-865-8655

Retaliation against the student making the report, whether by students or University employees, will not be tolerated.

## GRADUATE STUDENT APPEAL POLICY

### Appeal Of Grades In Graduate-Level Courses

- I. Appeal of grades in graduate-level courses shall be made through the graduate student grade appeal procedures of the campus through which the grade was awarded. Graduate students holding admission with Non-degree status in the Graduate College, admission with a Master's objective, or a Specialist's objective should appeal as follows:
  - a. Students who believe their evaluation in a course has been prejudiced or capricious must first attempt to resolve the matter with the course instructor.
  - b. If denied, the student should then appeal to the Graduate Program Chair or Director through which the course was offered. The appropriate Graduate Program Committee will meet to consider the student's appeal.
  - c. If denied, the appeal may be made to the UNK Graduate Council. The appeal should be filed with the UNK Dean of Graduate Studies and Research. The Dean will forward the appeal to the Faculty/Student Affairs Committee of the Graduate Council. Since awarding grades in courses occurs at the individual campus level, the decision of the Faculty/Student Affairs Committee of the Graduate Council on behalf of the campus Graduate Faculty shall be final and is not subject to further appeal.
- II. If a student feels the grade he/she received in a class is incorrect, he/she must contact the instructor of record or in the absence of the instructor, the appropriate Graduate Program Chair or Director, within 30 days of the end of the term for which the grade was assigned. Failure to notify the instructor/department of record within the allotted time will render the initial grade final and no changes will be permitted. If the grade appeal cannot be resolved with the instructor, a formal, written appeal must be filed with the Graduate Program Chair or Director within 60 days of the end of the term for which the grade was assigned. If the

instructor of record is also the Graduate Program Chair or Director, the formal appeal should be made to the UNK Dean of Graduate Studies and Research.

- III. The appeal must be the student's written statement specifying what the appeal is, the reason(s) for the appeal, and what outcome he/she is requesting. The student must also include documentation of course work pertinent to the course under appeal.

## Appeal Of General Academic Matters Related To Student Programs (Other Than Grade Appeals)

- I. Graduate students holding admission with Non-degree status in the Graduate College, admission with a Master's objective, or a Specialist's objective should appeal as follows:
- II. Initially, the appeal may be submitted to the student's advisor.
- III. If denied, the appeal may be submitted to the UNK departmental Graduate Program Chair or Director responsible for the student's graduate program. The Student's Graduate Program Committee will meet to consider the appeal.
- IV. If denied, the appeal may be made to the UNK Graduate Council. The appeal should be filed with the UNK Dean of Graduate Studies and Research. Normally, this will be the final appeals body (for exceptions, see section IV).
- V. When a student's graduate program consists of registrations essentially or entirely on the UNK campus, the UNK Graduate Council will constitute the appeal board. When a student's graduate program includes substantial registrations on a campus other than the one administratively responsible for the program, three members of the Graduate Council for the other campus will be designated by the Dean for Graduate Studies on that campus to augment the Graduate Council on the campus administratively responsible for the program. In this case, the augmented Council will constitute the appeal board. The decision concerning augmentation of a campus Graduate Council for a specific appeal involving registrations on a campus other than the one administratively responsible for the student's program will be made by the Deans for Graduate Studies on the campuses involved.
- VI. In all cases, appeals should be made in writing to the appropriate advisor, committee or council. In those cases where the appeal concerns graduate-level qualifying exams, comprehensive exams or final oral exams, the following deadlines must be observed. It is the responsibility of the student to make reasonable efforts to ascertain the results of the examination within 30 days after its completion.

The initiation of the appeal, in writing, by the student must be filed within 30 days following the student's receipt of notification of the evaluation. In those cases involving an appeal of termination of program, initiation of the appeal, in writing, by the student must be filed within 30 days following the student's receipt of the official written notification by the campus Office for Graduate Studies.

- VII. There is no absolute right of appeal to the University of Nebraska Executive Graduate Council. The Executive Graduate Council will accept appeals only in those cases where in the exercise of its sole discretion it shall first find that one or more of the following grounds for accepting the appeal exist:
  - < >That the campus Graduate Council has violated some element of fair procedure (example: has failed to allow the parties concerned to present their cases fully to their campus Graduate Council);
  - That the campus Graduate Council has failed to examine or give adequate weight to important evidence relevant to one party's position;
  - That the campus Graduate Council has given undue weight to evidence not pertinent to the case; or
  - That some gross miscarriage of justice would be perpetrated if the decision of the campus Graduate Council is allowed to stand.
 Appeals to the Executive

Graduate Council must be made in writing to the University of Nebraska Office of the Executive Vice President and Provost and must specifically outline the grounds for the appeal. Such appeal must be made within 20 working days of the day the decision of the campus Graduate Council is received (working days shall not include those days the University is not in session.)

- VIII. The Executive Council must make a decision to hear the appeal or not to hear the appeal within 30 working days after receipt of the appeal. Acceptance or denial of jurisdiction over the appeal will be made in writing.
- IX. The decision of the Executive Graduate Council on the merits of the case will be made and transmitted to the concerned parties within 40 working days after the decision to hear the appeal.
- X. No person who was a member of the department or campus Graduate Council involved in the case will be eligible to participate in the decisions of the Executive Graduate Council either to decide whether the case should be heard or to decide the merits of the case. However, the Dean for Graduate Studies may replace members of the Executive Graduate Council not eligible for participation in the decision to hear the appeal or in the appeal itself.

## **ENGLISH PROFICIENCY STANDARD**

International students must submit an official TOEFL score sent directly from the Educational Testing Service to the Office of Graduate Studies & Research. This aligns with the policy stated in the Graduate Course Catalog for International Student admission.

Minimum TOEFL score of 550 on paper-based test or 79 on the internet based test (scores over 2 years old cannot be reported or validated)

Minimum IELTS score of 6.5

<http://catalog.unk.edu/graduate/admissions/international-students/>

**Non-General American English Speakers** CDIS graduate students identified as presenting with language differences that may interfere with successful completion of clinical training will be counseled by their Academic Advisor and the Clinic Director. Strategies to improve their oral and/or written proficiency will be provided to the student via documented consultation with the Academic Advisor and/or the Clinic Director, and via feedback received from clinical faculty/instructors. Documented consultation may be drafted as a clinical action plan. If documented consultation does not meet the student's needs, attempts will be made to provide resources for individualized intervention, including, at the student's request, the program's Speech-Language-Hearing Clinic. The student will not be required to participate as a client in therapy; however, the student will be held responsible for development of communication skills sufficient to achieve effective clinical and professional interaction with clients and relevant others.

**Students with Communication Disorders** Students with communication disorders that may interfere with successful completion of clinical training will be counseled by their Academic Advisor and/or the Clinic Director. Students will be provided with information on assessment and intervention services available in the community, including the program's Speech, Language, and Hearing Clinic. The student will not be required to participate as a client in therapy; however, the student will be held responsible for development of communication skills sufficient to achieve effective clinical and professional interaction with clients and relevant others

## **CORE FUNCTIONS**

This document is intended as a guide for educational programs in speech-language pathology or audiology and individuals seeking a career in these professions. It identifies the core functions that individuals of such programs typically are expected to employ in didactic and clinical experiences to acquire the knowledge and demonstrate the competencies that will lead to graduation and successful entry into professional practice. This document replaces the Essential Functions document created by the Council of Academic Programs in Communication Sciences and Disorders (CAPCSD) in 2008. The document was updated to differentiate core functions from individual program requirements and to be inclusive of differences in behavioral and learning preferences associated with race, ethnicity, culture, sexual orientation, gender identity, language, and sensory, physical, or neurological status.

### **Communication**

Statements in this section acknowledge that audiologists and speech-language pathologists must communicate in a way that is understood by their clients/patients and others. It is recognized that linguistic, paralinguistic, stylistic, and pragmatic variations are part of every culture, and accent, dialects, idiolects, and communication styles can differ from general American English expectations. Communication may occur in different modalities depending on the joint needs of involved parties and may be supported through various accommodations as deemed reasonable and appropriate to client/patient needs. Some examples of these accommodations include augmentative and alternative communication (AAC) devices, written displays, voice amplification, attendant-supported communication, oral translators, assistive listening devices, sign interpreters, and other non-verbal communication modes.

- Employ oral, written, auditory, and non-verbal communication at a level sufficient to meet academic and clinical competencies
- Adapt communication style to effectively interact with colleagues, clients, patients, caregivers, and invested parties of diverse backgrounds in various modes such as in person, over the phone, and in electronic format.

### **Motor**

Statements in this section acknowledge that clinical practice by audiologists and speech-language pathologists involves a variety of tasks that require manipulation of items and environments. It is recognized that this may be accomplished through a variety of means, including, but not limited to, independent motor movement, assistive technology, attendant support, or other accommodations/modifications as deemed reasonable to offer and appropriate to client/patient needs.

- Engage in physical activities at a level required to accurately implement classroom and clinical responsibilities (e.g., manipulating testing and therapeutic equipment and technology, client/patient equipment, and practice management technology) while retaining the integrity of the process
- Respond in a manner that ensures the safety of clients and others

### **Sensory**

Statements in this section acknowledge that audiologists and speech-language pathologists use auditory, visual, tactile, and olfactory information to guide clinical practice. It is recognized that such information may be accessed through a variety of means, including direct sensory perception and /or adaptive strategies. Some examples of these strategies include visual translation displays, text readers, assistive listening devices, and perceptual descriptions by clinical assistants.

- Access sensory information to differentiate functional and disordered auditory, oral, written, and visual communication

- Access sensory information to correctly differentiate anatomical structures and diagnostic imaging findings
- Access sensory information to correctly differentiate and discriminate text, numbers, tables, and graphs associated with diagnostic instruments and tests

### **Intellectual/Cognitive**

Statements in this section acknowledge that audiologists and speech-language pathologists must engage in critical thinking, reasoning, and comprehension and retention of information required in clinical practice. It is recognized that such skills may be fostered through a variety of means, including assistive technology and /or accommodations/modifications as deemed reasonable and appropriate to client/patient needs.

- Retain, analyze, synthesize, evaluate, and apply auditory, written, and oral information at a level sufficient to meet curricular and clinical competencies
- Employ informed critical thinking and ethical reasoning to formulate a differential diagnosis and create, implement, and adjust evaluation and treatment plans as appropriate for the client/patient's needs
- Engage in ongoing self-reflection and evaluation of one's existing knowledge and skills
- Critically examine and apply evidence-based judgment in keeping with best practices for client/patient care

### **Interpersonal**

Statements in this section acknowledge that audiologists and speech-language pathologists must interact with a diverse community of individuals in a manner that is safe, ethical, and supportive. It is recognized that personal interaction styles may vary by individuals and cultures and that good clinical practice honors such diversity while meeting this obligation.

- Display compassion, respect, and concern for others during all academic and clinical interactions
- Adhere to all aspects of relevant professional codes of ethics, privacy, and information management policies
- Take personal responsibility for maintaining physical and mental health at a level that ensures safe, respectful, and successful participation in didactic and clinical activities

### **Cultural Responsiveness**

Statements in this section acknowledge that audiologists and speech-language pathologists have an obligation to practice in a manner responsive to individuals from different cultures, linguistic communities, social identities, beliefs, values, and worldviews. This includes people representing a variety of abilities, ages, cultures, dialects, disabilities, ethnicities, genders, gender identities or expressions, languages, national/regional origins, races, religions, sexes, sexual orientations, socioeconomic statuses, and lived experiences.

- Engage in ongoing learning about cultures and belief systems different from one's own and the impacts of these on healthcare and educational disparities to foster effective provision of services.
- Demonstrate the application of culturally responsive evidence-based decisions to guide clinical practice

This document should be considered a living document and therefore reviewed by CAPCSD at regular intervals to ensure that current terminology, practice, and ideas are reflected.

### Glossary

- **Cultural responsivity** involves “understanding and respecting the unique cultural and linguistic differences that clients bring to the clinical interaction” (ASHA, 2017) and includes “incorporating knowledge of and sensitivity to cultural and linguistic differences into clinical and educational practices”.
- **Evidence-based practice** involves “integrating the best available research with clinical expertise in the context of patient characteristics, culture, and preferences” (*Evidence- Based Practice in Psychology*, n.d.).

American Speech-Language-Hearing Association. (n.d.). *Cultural responsiveness* [Practice Portal <https://www.asha.org/Practice-Portal/Professional-Issues/Cultural-Responsiveness/>]

*Evidence-Based Practice in Psychology*. (n.d.). <https://www.apa.org>. Retrieved March 3, 2023, from <https://www.apa.org/practice/resources/evidence>

This Document should be cited as: Council of Academic Programs in Communication Sciences and Disorders (2023). *A guide for future practitioners in audiology and speech-language pathology: Core functions*. <https://www.capcsd.org/academic-and-clinical-resources/>

Approved by the CAPCSD Board of Directors

April 3, 2023

Reference update April 25, 2023

## CLINICAL PRACTICUM EXPERIENCE CDIS 861, 862, 863, 864

Graduate students will be assigned to clinical practicum and receive training and experience in counseling, interviewing, evaluation, staffing, and therapy, provided that at least 25 hours of guided observation by an ASHA-approved SLP have been completed and verified by the Clinic Coordinator.

### Procedures for Completing Clinical Practicum

- I. Practicum Requirements Graduate students are required to register for four semesters of speech pathology practicum (CDIS 861, 862, 863, 864) on the graduate level. Once enrolled in clinical practicum, it is expected that the student will continue to enroll in practicum each semester.
  - A. Background Check – completed annually, beginning at the first semester of graduate school.
 

Graduate clinician will be responsible for:

    - i. Completing the online process required to initiate the background check for [University of Nebraska Kearney Communication Disorders Department](#). The direct link is: [https://secure.onesourcebackground.com/c/p/unsolicited\\_portal?guid=GUceQAYHjnogyqHrUroUzXgp742vZ4e0](https://secure.onesourcebackground.com/c/p/unsolicited_portal?guid=GUceQAYHjnogyqHrUroUzXgp742vZ4e0)
    - ii. Paying the \$28.00+tax (subject to change) background check fee. Payments will be made directly to the vendor (OneSource) via PayPal with debit or credit card. The link above give the option to contact OneSource to make other payment arrangements.

- B. HIPAA Training – each graduate student will complete a HIPAA training module in the Canvas Clinic course and complete a quiz to demonstrate competency each semester.
- C. Compliance/Immunization Records – Graduate students will demonstrate proof of vaccines in Calipso.

Log into Calipso [www.calipsoclient.com/unk](http://www.calipsoclient.com/unk), select *Student Information*, select *Compliance/Immunizations*, select *Files*, upload electronic files to demonstrate proof of:

- i. Medical Insurance
- ii. Current CPR Training, American Heart Association Basic Life Support (with skills testing)
- iii. Drug Screening, 10-panel, annually
- iv. Criminal Background Check, annually
- v. TB skin test, annually (within 364 days of previous test)
- vi. Current Vaccines

Vaccine	Frequency	Acceptable Documentation				
MMR (measles, mumps, rubella)	Once	2 vaccines	OR	Positive (+) antibody titer for each disease		
Hepatitis B	Once	3 vaccines	OR	Positive (+) antibody titer		
Varicella (chicken pox)	Once	2 vaccines	OR	Positive (+) antibody titer	OR	Medical documentation of having chicken pox
Tetanus	Every 10 years	1 vaccine				

- vii. Flu Vaccine, annually (Oct-May)

Clinic Coordinator/Office Associate will confirm evidence and compliances in Calipso.

- II. Assignments The clinical practicum experience will be divided among children and adult clients in accordance with the caseload of the clinic, the observed needs of the student clinician, and the current requirements for ASHA certification. The student clinician is expected to translate their academic knowledge into clinical skills.
  - A. On Campus – At the beginning of each semester, the clinic coordinator will assign clients to student clinicians.
  - B. Off Campus – An off-campus placement may be available after a student’s second semester of clinical practicum per Clinic Coordinator discretion.
- III. Responsibilities The clinician is **responsible** for all notices either posted on Canvas or through UNK e-mail.
- IV. Clinic Grading All grading will be completed in Calipso through midterm and final evaluations. The following grading system recognizes that students new to clinical practice need more guidance and do not perform as well as students about to leave the program. Students are expected to move toward increased initiative and improved clinical performance. Therefore, as a student moves through practicum assignments, they are expected to achieve higher ratings on the scale in order to maintain an acceptable grade.

<b>Practicum 1</b>	<b>Practicum 2</b>	<b>Practicum 3</b>	<b>Practicum 4</b>
<b>Mean rating</b>	<b>Mean rating</b>	<b>Mean rating</b>	<b>Mean rating</b>
3.00 or better =A	3.50 or better =A	4.00 or better =A	4.50 or better =A
2.75 – 2.99 =A-	3.25 – 3.49 =A-	3.75 – 3.99 =A-	4.25 – 4.49 =A-
2.50 – 2.74 =B+	3.00 – 3.24 =B+	3.50 – 3.74 =B+	4.00 – 4.24 =B+
2.25 – 2.49 =B	2.75 – 2.99 =B	3.25 – 3.49 =B	3.75 – 3.99 =B
2.00 – 2.24 =B-	2.50 – 2.74 =B-	3.00 – 3.24 =B-	3.50 – 3.74 =B-
1.75 – 1.99 =C+	2.25 – 2.49 =C+	2.75 – 2.99 =C+	3.25 – 3.49 =C+

1.50 – 1.74	=C	2.00 – 2.24	=C	2.50 – 2.74	=C	3.00 – 3.24	=C
1.25 – 1.49	=C-	1.75 – 1.99	=C-	2.25 – 2.49	=C-	2.75 – 2.99	=C-

**\*\*If the student clinician receives a grade of B- or lower, they will not receive the ASHA hours for that placement.**

### Rating Scale

**1 - Not evident:** skill not evident most of the time. Student requires direct instruction to modify behavior and is unaware of need to change. Clinical Educator must model behavior and implement the skill required for client to receive optimal care. Clinical Educator provides numerous instructions and frequent modeling. (skill is present <25% of the time).

**2 - Emerging:** Skill is emerging, but is inconsistent or inadequate. Student shows awareness of need to change behavior with Clinical Educator input. Clinical Educator frequently provides instructions and support for all aspects of case management and services. (skill is present 26-50% of the time).

**3 - Present:** Skill is present and needs further development, refinement or consistency. Student is aware of need to modify behavior, but does not do this independently. Clinical Educator provides on-going monitoring and feedback; focuses on increasing student's critical thinking on how/when to improve skill. (skill is present 51-75% of the time).

**4 - Adequate:** Skill is developed/implemented most of the time and needs continued refinement or consistency. Student is aware and can modify behavior in-session, and can self-evaluate. Problem-solving is independent. Clinical Educator acts as a collaborator to plan and suggest possible alternatives (skill is present 76-90% of the time).

**5 - Consistent:** Skill is consistent and well developed. Student can modify own behavior as needed and is an independent problem-solver. Student can maintain skills with other clients, and in other settings, when appropriate. Clinical Educator serves as consultant in areas where student has less experience; Provides guidance on ideas initiated by student (skill is present >90% of the time).

- V. Clockhours The first 50 hours accrued at the graduate level must be completed at the UNK Speech, Language, and Hearing Clinic or RiteCare Clinic at UNK. Clinicians should complete a minimum of 100 clock hours (including observation, diagnostic, and intervention time) prior to beginning any internship.
- A. Calipso – Students are required to maintain accurate documentation of their clinical clock hours in Calipso. Calipso will maintain these hours for 8 years following graduation, after which they will be deleted per Calipso standards. Students are responsible for downloading final copies of all hours for their personal records.
  - B. Counting hours – Only direct contact with the client or the client's family for assessment, intervention, and/or counseling can be counted toward practicum (ASHA, 2014, V-C). When more than one student is involved with a session, clock hours should be assigned to the student(s) who are actively engaged in providing direct services to the client or caregivers/families. For example, during a 60-minute intervention session, if one student provides treatment for 25 minutes, and the second student provides treatment for 35 minutes, each receives credit for the time he/she/they actually provided services (25 and 35 minutes respectively), not for 60 minutes. If the client requires active engagement for evaluation/intervention from clinicians simultaneously, both students may be allowed to count overlapping time. Clinical Educator discretion will be used to determine clockhours accrued by each clinician. Students may not count time spent in conferences with clinical educators, preparation, chart review, test scoring, report writing, or other documentation activities as clock hours.
- VI. Clinical Educators To assist the graduate clinician with application of academic knowledge, the Clinical Educators will guide the clinician's clinical performance through observations and conferences and assist them in achieving clinical competencies. The student clinician is directly responsible to their Clinical Educator. In the absence of the primary Clinical Educator, other faculty members will be available for consultation.



- A. Qualifications – The Cooperating SLP will have appropriate national and state credentials for clinical practice and supervision of student clinicians. ASHA requires supervising SLPs to hold ASHA CCC-SLP, have 9-month's experience post certifications, and obtain 2 hours of continuing education in the area of supervision.
- B. Observation – The Clinical Educator will observe a minimum of 25% of overall services provided in each semester, in accordance with ASHA guidelines. Observation time will be consistent with the amount of feedback and guidance the student needs based on their clinical performance and competencies. Clinical Educators are responsible for adjusting the amount of supervision to meet each students' individual needs. Time observed will be recorded in Calipso when approving clinicians' clock hours.
  - i. In-person session: in accordance with ASHA standards, a Clinical Educator (qualified CCC-SLP) must be on-site and available to consult with a graduate clinician during 100% of sessions providing speech-language services for ASHA clockhours. The Clinical Educator must be observing live for at least 25% of overall clockhours with that student.
  - ii. Telepractice session: in accordance with ASHA standards, a Clinical Educator (qualified CCC-SLP) must be available to log into 100% of all telepractice sessions to consult with a graduate clinician providing speech-language services for ASHA clockhours. The Clinical Educator must be actively logged into telepractice sessions for at least 25% of the overall telepractice clockhours with that student.
- C. Session Feedback – When a Clinical Educator observes a therapy or diagnostic session, they may complete a clinical supervision feedback sheet and/or provide verbal comments relative to areas of strengths and weaknesses.
- D. Weekly Conference – Regular weekly conferences are held between the student clinician and their Clinical Educator(s) throughout the semester to discuss progress, intervention strategies, and difficulties with clients.
- E. Video Review – Each semester, the clinician may be requested to record at least one therapy session for self-evaluation purposes. Frequently, students are asked to complete a self-evaluation with each client they are seeing. This is at the discretion of the individual Clinical Educators. Although a student may request help in setting up the recording equipment, it is the student's responsibility to see that the required self-evaluations are completed. \*See Videotape Review form
- F. Midterm Conference – Clinical Educator(s) will complete a midterm evaluation in Calipso for each student they supervise with a weekly, ongoing client/group. Clinicians will meet with each of their Clinical Educator(s) to discuss the midterm evaluation, including strengths and areas to grow. The score at midterm is a benchmark and does not numerically factor into the end of semester grade.
- G. Midterm Faculty Review – Faculty meet at midterm each fall and spring semester to review all graduate students' progress regarding both academic and clinical performance. Students will be notified of their progress via email following these meetings. Recommendations from this review may include:
  - i. On-track: moving toward independence appropriately
  - ii. Consultation: having been identified as a developing clinician with a few key areas to target
  - iii. Action Needed: at-risk, develop action plan to support growth in identified areas\*See VII. Action Plan below
- H. Final Conference – At the end of the semester, each clinician schedules a final conference with the appropriate Clinical Educator(s). Strengths and weaknesses and overall performance levels are discussed with the student clinician. Recommended clinic grades are discussed with each student clinician at this time.

- I. End of Semester Faculty Review – Faculty meet at the end of each semester to review all graduate students’ progress regarding both academic and clinical performance. The Core Functions and CALIPSO Student Performance Evaluation will be used to guide these reviews. You will be notified of your progress via email following these meetings. Recommendations from this review may include:
  - i. On-track: moving toward independence appropriately
  - ii. Consultation: having been identified as a developing student with a few key areas to target
  - iii. Action Needed: at-risk, develop action plan to support growth in identified areas  
\*See VII. Action Plan below
- VII. Action Plan Student who experience difficulty acquiring and/or demonstrating satisfactory academic performance and/or clinical skills may be required to develop an action plan. These plans are individualized for the student. The goals and objectives of the plan are determined based on specific feedback from the faculty. The action plan process is as follows:
  - A. Faculty identify need for an Action Plan at midterm or end-of-semester review of students in faculty meeting.
  - B. Department Chair, Graduate Program Chair, Clinic Coordinator, and relevant faculty members develop Action Plan to address goals and objectives to facilitate growth during specified time period.
  - C. Student is notified to meet with appropriate personnel [Dept. Chair, Grad. Program Chair, Clinic Coord., and/or Instructor(s)/Clinical Educator(s)].
  - D. Concerns are discussed, student provides input into plan, and plan is modified and agreed upon.
  - E. Final Action Plan signed by student and relevant parties.
  - F. Distribute signed plan to student and all involved parties to facilitate support and achievement of goals.
  - G. Action Plan reviewed with student and relevant individuals on a designated schedule for the individual plan with documentation of meeting outcomes.
- VIII. Bereavement Policy Up to five days of funeral leave may be granted to clinicians for each funeral in the immediate family. For each funeral of persons not in the immediate family, one day of leave may be granted at the discretion of the immediate Clinical Educator. Make-up sessions for these absences must be offered to clients. Immediate family includes wife, husband, partner, children, parents, grandparents, grandchildren, guardian, ward, foster child, brother, sister, daughter-in-law, son-in-law, stepfather, stepmother, stepdaughter, stepson, or persons being in the same relationship to the spouse.

## **INTERNSHIP EXPERIENCE**

### **CDIS 894P, 895P, 897**

Graduate students are required to enroll in two graduate internships. The student is required to obtain a minimum of 50 clinical clock hours within each internship. An internship will be completed in one medical and one school setting at the successful completion of course work. It is expected that student clinicians have access to transportation for such off-campus practice.

#### **Procedures for Completing Internship Experiences**

- I. Indicating Preferences Students will indicate their preferences for location and work setting for their internship placements during the second semester of their graduate program. Please see *Appendix A.* for more information about requests for reasonable accommodations in field placement.

- II. Admission to Teacher Education All students must be admitted to The College of Education-Teacher Education before applying for your school internship placement. Requirements for admission can be found at <http://www.unk.edu/academics/certification/> and include:
- i. Complete education coursework: check with an advisor that you have all necessary courses/substitutions
  - ii. GPA: undergraduate GPA of 2.75 or higher
  - iii. Obtain an application from the UNK Educator Certification Office located in COE Building.
- III. Prerequisites
- A. Clinicians should accrue **100 clock hours** (including observation, diagnostic, and intervention time) prior to beginning any internship.
- IV. Application The SLP On-Campus Cohort Canvas Organization has an Internship Module with all the application materials. Students must complete their Internship applications by the **FIRST TUESDAY of SEPTEMBER in the FALL SEMESTER** prior to the spring/summer internships.
- A. **School Placement-**  
Go to SLP Online Cohort Canvas Organization Internship Module.
    - i. Complete the *Student Teaching Application Form* and submit via Canvas assignment
      - o Endorsement: Speech-Language Pathology
      - o Grade Level: K-12
      - o Assignment Preference: <skip this section>
      - o Advisor: The Clinic Coordinator will sign as your advisor *after* you submit your application for my review
    - ii. Complete the *Personal Data Form* and submit via Canvas assignment
  - B. **Clinical Placement**  
Go to SLP Online Cohort Canvas Organization Internship Module.
    - i. Complete the *Application for Student Internship* and submit via Canvas assignment
      - o For the question, *List prior clinical experiences that would relate to this position*, please don't forget to include class activities that are related like: Simucase, MBSImP, and relevant case studies
- V. Placement The Internship Coordinator arranges placements and assigns students to each placement available. Students are notified in October prior to the spring semester of their placement. At that time, cooperating SLPs and matched students receive internship packets with information outlining the internship experience, expectations, and procedures.
- VI. Site Visits In keeping with Rule 20, a CDIS internship supervisor will provide three formal, on-site observations of each graduate student at their internship site. The visits will include observing the student and meeting with the on-site, certified SLP supervisor, who oversees the student on a regular basis.
- VII. Clock Hours
- A. Clinicians must accrue a minimum of 50 practicum clock hours in three different settings across their graduate program. Students must accrue a minimum total of 400 clock hours (required by ASHA; 25 guided observation hours; 375 clinical clock hours) prior to graduation. Most students will obtain more than the minimum of 400 clock hours.
  - B. Remember that clinical clock hours obtained during internship are counted as regular clock hours; therefore, the student must continue to maintain their Calipso clock hour documentation.

## VIII. Preparing for Graduation

- A. Students must complete all contracted dates for their internship placements and fulfill their ASHA-required clockhours before their final grade will be entered in MyBlue. Once the final grade is entered, then the registrar's office will confer the degree and mail the diploma to graduates. This may occur after graduation day if a student's placement dates extend beyond graduation day.
- B. All students must apply for graduation using the following timeline in MyBlue for the semester they intend to graduate:
  - i. Winter: July 15 – September 15
  - ii. Spring: December 1 – February 1
  - iii. Summer: April 15 – June 15
- C. Students are **REQUIRED to TAKE** the Praxis Subject Assessment in Speech-Language Pathology prior graduation. Students are not required to pass the Praxis Subject Assessment in Speech-Language Pathology to graduate, but must take it. Students who do not take the Praxis Subject Assessment will not graduate and will need to reapply for graduation the following term.
- D. Nebraska Licensure All who intend to become licensed with the state of Nebraska must register with 1) ASHA and 2) the licensing board BEFORE beginning the Clinical Fellowship. For forms, contact:
 

Nebraska Health and Human Services  
Regulations and Licensure  
Credentialing Division  
P.O. Box 94986  
Lincoln, NE 68509-4986  
Phone: (402) 471-2299  
<https://dhhs.ne.gov/licensure/Pages/Audiology-and-Speech-Language-Pathology.aspx>
- E. Nebraska Teaching Certificate All who intend to work in a school setting in the state of Nebraska must apply for a Teaching Initial Certificate with the Nebraska Department of Education (NDE). Go to [www.unk.edu/academics/certification](http://www.unk.edu/academics/certification) (and click on +Certification) to learn more about the process and find the appropriate forms from the UNK Education Certification Office.
  - i. Submit an application to the NDE for your Initial Teaching Certificate. <http://www.education.ne.gov/tcert/> >Teaching Certificates & Permits under Section A > Teaching Initial Certificate
  - ii. Submit an Institutional Verification Consent form to the UNK Educational Certification Office so they can release your records to NDE.
  - iii. Request your transcripts from UNK to be sent to NDE.
- F. ASHA Certification All who intend to become ASHA certified must follow the steps outlined on the ASHA website (<https://www.asha.org/certification/slpcertification/>).
  - i. Take the Praxis Subject Assessment in the area of Speech-Language Pathology.
  - ii. Complete acceptable master's degree program in Speech-Language Pathology.
  - iii. Complete Clinical Fellowship under an individual holding CCC in Speech-Language Pathology in paid or volunteer employment setting.

## **OBSERVER OVERVIEW**

These are the guidelines for on-campus observations in the UNK Speech, Language, and Hearing Clinic and RiteCare Clinic.

### **Procedures for Completing Observations**

- I. Professionalism
  - A. Confidentiality - Client confidentiality must be maintained. Written documentation will NOT be photocopied or shared.
  - B. Dress Code – All students must dress in a clean, professional manner for all therapy interactions.
    - i. INAPPROPRIATE clothing – hats, gang-affiliated attire or anything that would imply such, low-cut shirts, exposed skin between shirt bottom and pant top, jeans, sweatpants, shorts, or open toe shoes.
    - ii. Chewing gum is not allowed during therapy out of respect for the client.
    - iii. Purses and other valuables should be kept in safe and inconspicuous places. It is recommended that observers do not leave items unattended.
- II. Observation Procedures at the UNK Speech, Language, and Hearing Clinic and RiteCare Clinic
  - A. Background Check – All observers in the clinics must sign the Sex Offender Background Permission form and pass a search of the Nebraska and National sex offender registries before completing any observations. The office associate will complete the search and notify the student, course instructor, and clinic coordinator if they are unable to observe within the clinic.
  - B. Arrangements – Observers must notify student clinicians of their intent to observe prior to the observation time. The observer must notify the clinician if they cannot make the scheduled observation time.
  - C. Cancellations – Giving phone and e-mail contact information to the clinic office associate, student clinician, and Clinical Educator allows any of these people the ability to let the observer know if a client cancels a scheduled session.
- III. Responsibilities
  - A. Observers will observe therapy practice. Observers will have no therapy responsibility, and student clinicians will not permit an observer to conduct any of the therapy. Permitting an inexperienced person to work with a client violates the philosophy and professional standards of the Communication Disorders Department and the professional ethics of the American Speech-Language-Hearing Association.
  - B. The Observer is responsible for keeping accurate records of their observations including: amount of time, type of session, age of client, and disorder addressed during the sessions.

The observation experience should be exciting and educationally rewarding. It is an important preparation for the day when the student himself assumes responsibility for therapy.

## CLINIC PROCEDURES

The University of Nebraska Kearney houses an on-campus, outpatient clinic in the College of Education building at 1615 W 24<sup>th</sup> Street, Kearney, NE 68849. The clinic includes two branches – the UNK Speech, Language, and Hearing Clinic as well as the UNK RiteCare Clinic.

### Procedures for Student Clinicians

- I. Prerequisites for Providing Services
  - A. Clinical Methods Course and Field Experience – Successful completion of a clinical methods course and twenty-five hours of guided observation with an ASHA-approved SLP are required to be completed before students will be allowed to initiate the practicum experience, CDIS 861. Guided observation hours will be accepted from ASHA-accredited universities.
- II. HIPAA Procedures State law and ASHA Code of Ethics require that all client information be kept strictly confidential. In order to ensure that this policy is adhered to, the following procedures will be enforced. HIPAA training will be required for each graduate clinician and competency will be assessed prior to seeing any clients each semester.
  - A. Confidentiality – Remember all client information is CONFIDENTIAL. You must not discuss your client or the family background outside the clinic or with anyone who is not directly involved with the case! Also, please be careful not to talk in the clinic about information, which might in turn be picked up by a parent or others passing by. Penalties for breaches of confidentiality may range from a lowered clinic grade to loss of clock hours to expulsion from the program.
  - B. Physical Security – Files must be kept in the Secure Lab (A111). No photocopies of confidential client information. ABSOLUTELY NO FILES LEAVE THE COLLEGE OF EDUCATION BUILDING!!!!
  - C. Recording Sessions – Electronic records must use clinic devices (computers, web cameras, and/or tablet devices). No personal devices are to be used to record client interactions including personal computers, tablets, or phones.
- III. Secure Computer Lab (A111) The Secure Lab has a lock on the door that can be opened using individual 4-digit codes assigned to students and faculty. The Clinic Coordinator will assign these codes and keep record of the assignments. Faculty and students will use only their code to access the Secure Lab.
- IV. Uniform & Dress Code Requirements All students must dress in a clean, professional manner for all therapy interactions.
  - A. Students are required to dress within UNK Clinic guidelines for community events or off-campus placements unless otherwise specified.
  - B. Clothing – For all clinic activities completed in the COE clinic area, Plambeck Early Childhood Education Center, and community screenings, the two uniform options for acceptable clinic attire include:
    - 1) UNK Clinic polo (blue, grey, or black) worn with pants (non-denim) or ankle-length skirt and closed-toe shoes with socks.  
OR
    - 2) Scrub shirt (Cherokee colors Pewter or Black; or comparable colors in another brand) worn with scrub pants (matching shirt color) and closed-toe shoes with socks. Scrub pants in the Jogger style is acceptable.
  - C. Layers – workspaces are often cold. Clinicians can wear UNK SLP Program pullover, scrub jacket, or any cardigan over uniforms or layer long-sleeved shirt under scrub shirt.
  - D. Shoes – attire may include: dress shoes (slip-on or tie) or tennis shoes in clean condition.

- E. RiteCare Clinic – when working with a RiteCare client in the RiteCare Clinic at UNK, students can wear any RiteCare branded top with scrub pants, pants (non-denim), or ankle-length skirt and closed-toe shoes with socks.
  - F. INAPPROPRIATE clothing – hats, gang-affiliated attire or anything that would imply such, low-cut shirts, exposed skin between shirt bottom and pant top, jeans, leggings, athleisure wear, sweatshirts, sweatpants, shorts, or open toe shoes.
  - G. Action – If a Clinical Educator determines that a student clinician is inappropriately dressed for a session or lacks personal hygiene, the student may be asked to leave the clinic area or cover exposed skin. This could result in missed sessions/opportunities to obtain clockhours.
  - H. Identification – Photo ID badges must be worn for all clinic sessions. ID badges should be worn on the chest, not clipped to belts.
  - I. Tattoos – visible tattoos are allowed unless the tattoo includes nudity or vulgar language.
- V. Infection Control Speech/language pathologists and audiologists are highly susceptible to contracting diseases by working in close proximity to clients (i.e., from droplet transfer of small particles of moisture, such as those expelled during speech or sneezing). Routine adoption of aseptic procedures reduces this disease transmission. Clinicians have an ethical and legal obligation to provide an atmosphere of safety for their clients, themselves, fellow clinicians, and clinic staff. Below are listed the aseptic policies and procedures of the University of Nebraska Kearney Speech-Language and Hearing and RiteCare Clinics. They are to be understood and followed by every student clinician providing clinical services in the clinic. Failure to follow these aseptic policies and procedures will result in termination of the student’s clinical practicum experience and the negation of any clock hours accrued during the semester.
- A. Hand Washing - Clinicians shall wash their hands thoroughly prior to and after each contact with clients. Clients are encouraged to wash their hands if they use the restroom, use a facial tissue, cough, or sneeze. The prescribed hand washing procedure for clients is that the hands need to be completely moistened with water and scrubbed vigorously with a liquid antibacterial soap, then dried with a paper towel. Prescribed hand washing procedure for clinicians:
    - i. Hands need to be completely moistened with water and scrubbed vigorously with a liquid antibacterial soap.
    - ii. Lather hands, wrists and forearms.
    - iii. Rub vigorously, interlacing fingers. Rinse thoroughly allowing water to drain from fingertips to forearms.
    - iv. Repeat entire process and dry hands with paper towels.
    - v. Clinicians will use a paper towel to open doorknob if possible.
 Alternative method – use of antibacterial gel on hands and rubbed until dry.
  - B. Wearing Disposable Gloves – Clinicians shall wear disposable gloves whenever contact with client body fluid/substance (i.e., saliva or cerumen) is anticipated, such as, during oral peripheral or otoscopic examinations. Disposable gloves are located in each clinic room with extra supply in the GA office and/or speech science lab (A108).
  - C. Handling Contaminated Items
    - i. Consumable items that have been in contact with blood (i.e., gloves or tongue depressors) should be disposed of by placing contaminated materials in the containers marked "biohazard" and lined with red plastic bags. The containers are located in the Audiology suite A109 and under the counter near the door in the Speech and Hearing Lab A108.
    - ii. Non-consumable items that have been in contact with body fluid/substance (i.e., ear tips or specula) should be decontaminated according to prescribed procedures posted in the audiology suite.

- iii. Clinicians shall request the clinic office associate to contact housekeeping whenever bodily fluids, such as urine, feces, or vomit, need to be removed and the area cleaned. If this condition is presented, the area in question needs to be vacated immediately.
    - iv. Clinicians shall provide tissues whenever required by the client. Clinicians shall use latex gloves if their assistance is required. Boxes of tissues are located in all therapy rooms.
  - D. Disinfecting Clinical Areas, Equipment, & Materials
    - i. Clinicians shall be responsible for disinfecting “dirty toys” and putting them away in the materials room.
    - ii. Clinicians shall disinfect tables, doorknobs, chairs, and all hard surfaces following each therapy session.
    - iii. The surface to be disinfected must be wet thoroughly with the disinfectant provided and immediately wiped using a strong rubbing action. The clinician must complete this disinfectant procedure.
    - iv. Universal precaution kits should be in every therapy room including disinfecting wipes and gloves.
    - v. Wear a rubber glove on the hand engaged in wiping down the tables, etc. Do not implement disinfectant procedures until the client has left the therapy room. Do not breathe the disinfectant directly or get it on your hands, face, or eyes.
  - E. Injuries, Illnesses, and Contagious Conditions – The first step for a true medical emergency is to call 911.
    - i. Injuries: Any injuries occurring in the clinic must be reported to the Clinic Coordinator and/or your Clinical Educator. Band-Aids, gauze bandages, and tape are available from the departmental office associate and may be used if the injury needs to be covered until proper medical attention can be provided.
    - ii. Fever: Clinicians shall not provide clinical services and clients shall not receive clinical services if they demonstrate a body temperature of 100° or greater. Determination of this elevated body temperature can be made by the clinician, at a health care facility, or by the Clinical Educator. Clinic services shall not be resumed until a body temperature below 100° has been recorded over a 24-hour period without medication. This body temperature policy also pertains to client caregivers and family members. If a body temperature is in question, the clinician needs to contact the Clinical Educator.
    - iii. Head Lice: If a clinician, client, client caregiver, or family member is suspected of having head lice or other contagious conditions, the individual will be requested to terminate their clinical experience and vacate the Speech, Language, and Hearing and RiteCare Clinics until they have provided proof of clearance from Student Health or another medical facility.
    - iv. COVID-19: Faculty, students, clients, and family members shall follow university guidelines for returning to in-person interactions following a positive diagnosis or exposure to COVID-19.
- VI. Scheduling Clients Clients will be either scheduled by the Clinic Coordinator or the clinician will be told to schedule the clients themselves. When client scheduling is to be completed by the student clinicians, the clinician must contact the client within 48 hours of receiving the assignment. If the clinician is unable to accomplish this, the coordinator of clinical services should be immediately notified.
  - \* Clinicians should arrive at least 10-15 minutes prior to the actual onset of the therapy session to "set up" materials, etc. Do not schedule a client and a class back-to-back.
    - A. Room Reservation – Clinicians will reserve a therapy room through the online event management system (<https://unkscheduling.nebraska.edu/>). Clinicians should be sure to update the online system as necessary to accommodate changing needs of the clinic or client schedule. Clinicians will notify their Clinical Educator of the



therapy room number for each client. Clinicians will also have to reserve an observation room for families and/or student observers as needed. Observation rooms for sessions after 3:00 p.m. must be reserved on a weekly basis, not for the entire semester, no earlier than the Friday before the session(s).

- B. Sessions off-campus – Clinicians are never to meet their clients away from the normal setting without first discussing plans with the Clinical Educator. Clinicians are never under any circumstances to transport a client.
- C. Client No Show – Clinicians are required to wait at least 15 minutes for a client who has not arrived for their session.
- D. Absences – Whenever a client or clinician knows ahead of time that they will be absent, the Clinical Educator should be notified **PRIOR** to canceling the session.

Clinician Absence: If the clinician becomes ill and will miss the therapy session, they must contact the Clinical Educator, client, observer (if applicable), and the clinic office associate. Clinicians are allowed a total of 2 absences per client (where the clinician cancels a session). This includes cancellations for personal reasons and illness. Missing more sessions than allotted may affect a clinician's standing in the graduate program. Extended absences due to illness may be given exception accompanied by a doctor's note and approval from the department chair & clinic coordinator.

Client Absence: If the client calls the office associate and cancels, the office associate will notify the clinician, and Clinical Educator. The clinician will need to notify the observer, if applicable. Client absences are not required to be made up.

- VII. Clinic Materials Room (A107) Graduate Clinicians have access to materials provided by the CDIS department to facilitate speech-language therapy sessions. When checking out an item, please sign the material out on the clipboard. All materials are due back the next day by 9:00 AM. Other clinicians may need the items and depend on you to return the materials on time. If you require the material for a longer period of time, please re-sign the clipboard. RESHELVE MATERIALS IN THE APPROPRIATE LOCATION.

- VIII. Client Safety The Child Protective Services (CPS) Hotline number is on the refrigerator in A129. Typically, Clinical Educators should be the ones to make any needed reports.

- A. Approved Client Pickup – Only parents or legal guardians will be allowed to pick up children from the clinic without written consent. \*See *Approved Client Pick-Up form*
- B. UNK has a policy to protect the safety of youth on our campus. Graduate clinicians are required to review the Youth Activities Safety Policy (Activity Worker Guidelines) every semester. Graduate Clinicians will sign the Activity Worker Guidelines when they begin Clinical Practicum. Graduate clinicians are required to notify the department chair/clinic coordinator immediately if they are arrested for further determination on eligibility to work with youth. \*See *Appendix B*.

## Documentation Procedures

Graduate clinicians will be responsible for weekly documentation and semester reports to demonstrate client progress.

- I. Confidential Reports All documentation containing protected health information (PHI) **must be handled in a HIPAA-compliant manner**. PHI is information that is individually identifiable related to health status. PHI includes, but is not limited to, diagnoses, treatment information, test results, and demographic information (e.g., birth date, gender, ethnicity, contact information, photographs).
- II. Client Files
  - A. Paperwork: each client receiving treatment in the on-campus clinics must have update-to-date paperwork in their electronic file as listed below:

- i. Acknowledgement of Receipt of Privacy Notice (*completed one time only*) – acknowledges that the client received a copy of the clinic privacy notice
  - ii. Approved Client Pick-Up (*update every semester*) – lists individuals allowed to pick up the client from therapy
  - iii. Attendance Agreement (*update every semester*) – acknowledges and agrees to therapy attendance policies
  - iv. Authority to Release/Obtain Information (*update yearly*) – gives UNK clinic permission to send and receive information with an outside entity
    - a. Plambeck Authority to Release/Obtain Information\* (*update yearly*) – gives UNK clinic permission to send and receive information with the UNK Plambeck Center  
 \*for Plambeck clients only
  - v. Authorization for Use and Disclosure (*completed one time only*) – gives UNK clinic permission to use and disclose protected health information to carry out treatment under HIPAA-compliant practices
  - vi. Case History (adult or child form, *completed one time only*) – collects contact information and primary concern at initial inquiry of services
  - vii. Permission to Test and Treat (*completed one time only*) – gives UNK clinic permission to provide clinical services within the scope of speech-language pathology; includes optional permissions re: photo, video, research
  - viii. Youth Safety Policy with parent signature (*completed every 2 years*) – acknowledges UNK Youth Safety Policy used within clinic
- B. Information Update Procedures:
- i. Contact Information At the beginning of each semester, clinicians will confirm the client contact information in ClinicNote is current (address & phone number) and record on the blue Information Update form. Clinicians will fill out the blue Information Update form and place it in the Office Associate's folder in the Secure Lab. The Office Associate will update contact information in ClinicNote.
  - ii. Updating Paperwork via ClinicNote Portal At the beginning of each semester, clinicians will identify what paperwork needs updated and request these documents be sent via ClinicNote on the blue Information Update form. Clinicians will fill out the blue Information Update form and place it in the Office Associate's folder in the Secure Lab. The Office Associate will push requested forms to the client's portal.
  - iii. Updating Paperwork using printed forms At the beginning of each semester, clinicians will identify what paperwork needs updated. Clients who do NOT use the ClinicNote portal will sign hard copy forms. The clinician will provide hard copy forms for the client/family to sign during the first week of therapy. The clinician will place these signed forms in the Office Associates mail file in the Secure Lab. The Office Associate will scan signed forms in the client's file in ClinicNote and shred the originals.
  - iv. Requesting Records When a clinician wants to request updated paperwork from an outside entity (i.e., IEP, Progress Note), the clinician will complete the gold Records Request form. The clinician must confirm there is a signed Authority to Release/Obtain Information form in ClinicNote for the entity where they are requesting information. After completing the gold Request Records form, the clinician will place it in the Office Associate's folder in the Secure Lab. The Office Associate will print the necessary Authority to Release/Obtain Information form and fill out a fax cover sheet requesting the records. The Office Associate will send the fax requesting the records and upload any records received into ClinicNote.

### III. Electronic Documentation Procedures:

A. All client documentation **must be completed in a private room with the door closed**. There can be no other people (outside of the CDIS department) in the room while you are accessing client files that includes private health information (PHI). Take all reasonable measures to avoid having someone accidentally view your documentation (e.g., lock the door so someone will not enter the room unknowingly). Be conscious of windows where individuals pass by and could view your computer screen. Acceptable documentation rooms in the College of Education Building include individual clinic rooms, the Secure Lab (A111), Clinical Educator offices, and the Speech-Language-AAC Lab (A108).

- ii. OneDrive: HIPAA-compliant document storage for Clinical Educators and Graduate Clinicians to exchange communication and records of clinical feedback. OneDrive is also a safe location to store client information such as therapy materials that include PHI.
  - a. Log into OneDrive through the Microsoft Office portal (<https://portal.office.com/>) using a private, password-protected internet connection and Duo 2-step verification.
  - b. Go to OneDrive → left-hand navigation bar to “Shared” to find “Restricted” folders
  - c. Folders shared with students via OneDrive will be HIPAA-protected if they have “Restricted” in the name. All subfolders in a “Restricted” folder are also HIPAA-protected. Students’ personal folders in OneDrive are **NOT** HIPAA-protected.
  - d. **DO NOT** add short cuts to My Files for *any* “Restricted” folders
  - e. **DO NOT** use public internet sources like food service locations, hotels/conference centers, airports, and other public locations providing internet.
  - f. **DO NOT** use OneDrive Client app on your personal device (computer, tablet, or phone)
  - g. **DO NOT** use any Microsoft apps other than Outlook on your phone as it will have access to HIPAA-protected documents through the recent documents feature.
  - h. **DO NOT** print any materials containing PHI outside of the Secure Lab (at home or any public location).
- iii. ClinicNote: HIPAA-compliant electronic medical record (EMR) system for retaining client files including, all relevant signed clinic forms, contact information, daily SOAP notes, evaluation reports, progress notes, and discharge summaries.
  - a. Log into ClinicNote (<https://dashboard.clinicnote.com>) using a private, password-protected internet connection and Duo 2-step verification.
  - b. **DO NOT** use public internet sources like food service locations, hotels/conference centers, airports, and other public locations providing internet.
  - c. **DO NOT** print any materials from ClinicNote outside of the Secure Lab (at home or any public location).
  - d. Office associate will scan paper documents into ClinicNote client file as needed.
    - i. Assessment Protocols: students are responsible for scoring assessment protocols and documenting results in their clinical documentation/report. Once finished with the protocol, the student gives the protocol to the office associate. The office associate scans only the summary score page of the protocol into the client’s ClinicNote file. Then the office associate will place the full protocol

in a folder in the Secure lab to be kept the rest of that semester. The office associate will shred all protocols at the end of the semester after reports have been sent to families.

- iv. ClinicNote Patient Portal: HIPAA-compliant, web-based record system where clients can sign clinic paperwork and access evaluation reports, progress notes, and discharge summaries.
  - a. Clinic Coordinator or Office Associate will set up patient portal upon intake when creating client file in ClinicNote.
  - b. Clients can opt out of the portal and complete printed paperwork. When a client does not have a patient portal, the office associate will scan all completed paperwork into the ClinicNote client file.
- B. Initial Note – This document replaces the first 2 weeks of SOAP notes, due by 11:59 P.M. on the date of the session in ClinicNote.
- C. Patient Goal List – This document outlines the proposed goals and objectives to be addressed in a given semester for approval by the clinical educator. The Patient Goal List is due by 8:00 a.m. on the Friday of the second week seeing the client, submitted via ClinicNote. Once the clinical educator approves the client goals, the graduate clinician will enter approved goals into the Goal Manager in ClinicNote and begin using SOAP notes for daily documentation.
- D. Daily Documentation – SOAP notes are due by midnight the day of the session for each client and must be submitted via ClinicNote to the appropriate Clinical Educator.
  - Subjective:** observations about mood, attitude, emotions, and behaviors; pertinent information shared by client/caregiver
  - Objective:** performance data – results for goals/objectives, skills demonstrated (or absent)
  - Assessment:** synthesis of ‘subjective’ + ‘objective’ information above; clinical judgment about any changes that need to occur in treatment; information/concepts discussed with parents/caregivers; coaching provided to support individuals (family, e-helpers, staff)
  - Plan:** objectives for next week’s sessions; home programming
- E. End of Semester Client Conference – At least one formal conference with each client (for whom it is appropriate) is required each fall and spring semester. Documentation of relevant information discussed should be noted in the Progress Note or Discharge Summary completed at the end of the semester. This must be formally conducted with specific objectives outlined regarding client progress, questions from the parents, and disposition of the client at the termination of the semester. The content of the conference must be discussed with the Clinical Educator prior to scheduling the conference with Clinical Educator approval of a handout. This conference should be conducted during the last month of therapy, and a Clinical Educator must be present at the conference.
- F. Progress Note – An end of semester report documenting progress made on goals during the semester and recommendations for moving forward. Additionally, clinicians will add **Met, Partially Met, or Not Addressed** after each objective to indicate the status at the end of the semester. The first draft of this report is due via ClinicNote by the end of the day on the first Monday of the last month of therapy for the fall and spring semesters. Clinical Educators will submit to the Office Associate once signing the official report to be copied and mailed out during finals week.
- G. Discharge Summary – An end of semester report documenting discharge from services at the clinic. Includes progress on goals during the semester and purpose for discontinuing therapy. The first draft of this report is due via ClinicNote by the end of the day on the first Monday of the last month of therapy for the fall and spring

semesters. Clinical Educators will submit to the Office Associate once signing the official report to be copied and mailed out during finals week.

- H. End of Semester documentation is to be submitted to the appropriate Clinical Educator, corrected, and returned to the student, within one calendar week. If further revision is indicated, this should be done immediately and returned again to the Clinical Educator within 48 hours of receipt. All final typed reports **MUST BE** free of typographical, grammatical, and spelling errors, and must be electronically signed by the student clinician and the Clinical Educator. End of Semester reports are a reflection on the University of Nebraska Kearney Speech, Language, and Hearing & RiteCare Clinics and the services offered therein; therefore, it must meet professional standards and be typed in legible font without errors. The clinic office associate then completes duplication, filing, and appropriate mailing. The final, Clinical Educator-approved reports (Progress Note/Discharge Summary) are kept into the client's electronic file in ClinicNote.
- IV. Archived Physical Client Files All Speech, Language, and Hearing Clinic and RiteCare Clinic at UNK client files are housed in the physical file archive file cabinets in the Secure Lab (A111).

## EVALUATION PROCEDURES

Diagnostic hours are accrued when an evaluation investigating the client's communication process has been completed, interpreted with the help of the Clinical Educator, and reported appropriately in writing and/or verbally. Assessment procedures (including baselines) at the beginning or end of a treatment period may count as evaluation clock hours in Calipso.

### Procedures for Completing an Evaluation

- I. Process
  - A. Assignment – The Clinic Coordinator will assign a clinician or team of clinicians to complete the evaluation assignment with an assigned Clinical Educator.
  - B. Plan – Clinician(s) will use the File Review Form to complete a comprehensive file review to develop their initial evaluation plan. Clinicians will present their plan (either verbally or in written form) for discussion and approval with their assigned Clinical Educator.
  - C. Scheduling – The Clinic Coordinator will schedule the evaluation with the client/parent/guardian. Once scheduled, the Clinic Coordinator will post the assignment on the master schedule located within the Restricted folders in OneDrive/Sharepoint. The Clinic Coordinator will notify the clinicians and the Clinical Educator of their assignment via email to look at the assignment in OneDrive/Sharepoint and client information in ClinicNote.
  - D. Completing Evaluation – Clinicians will execute their evaluation plan as a team when applicable. When more than one student is involved with a session, clock hours should be assigned to the student(s) who are actively engaged in providing direct services to the client or caregivers/families. If the client requires active engagement for evaluation/intervention from clinicians simultaneously, both students may be allowed to count overlapping time. Clinical Educator discretion will be used to determine clockhours accrued by each clinician. Students may not count time spent in conferences with clinical educators, preparation, chart review, test scoring, report writing, or other documentation activities as clock hours.
  - E. Evaluation Report – All diagnostic reports **must be completed in a HIPAA-compliant manner as outlined in the above section on Documentation**. Clinicians are to turn in a first draft of their evaluation report to their Clinical Educator via ClinicNote within two business days of the last day of testing. Clinical Educators have five business

days to return the first draft. All subsequent revisions are to be returned to the Clinical Educator within one business day. The overall goal is to have all diagnostic evaluation paperwork and a finalized report completed within two weeks of the first evaluation date.

- i. Assessment Protocols: students are responsible for scoring assessment protocols and documenting results in their clinical documentation/report. Once finished with the protocol, the student gives the protocol to the office associate. The office associate scans only the summary score page of the protocol into the client's ClinicNote file. Then the office associate will place the full protocol in a folder in the Secure lab to be kept the rest of that semester. The office associate will shred all protocols at the end of the semester after reports have been sent to families.
- II. Supervisions A Clinical Educator must observe at least 25% of the evaluation for diagnostic hours to be credited to the clinician.
  - A. Feedback – Input and feedback will be provided in verbal and/or written form from the Clinical Educator throughout the evaluation process.
  - B. Evaluation – The clinical educator will complete a performance evaluation in Calipso under the Evaluation Type “final” and Course “Diagnostics” to document the student's competencies completing a comprehensive evaluation.
  - C. Clockhours – Diagnostic evaluation clock hours will be documented in Calipso.
- III. Assessment Materials Assessment materials are available for checkout in the GA office (B131) and the Calvin T. Ryan library. The graduate assistants **MUST** check out all tests in the GA office. (These are the only people allowed to check out assessment materials. **DO NOT** help yourself.) Tests checked out in the morning must be returned by the end of the day (5:00 pm). Tests checked out after 4:00 pm are due back **PROMPTLY** at 9:00 AM the next morning. Other clinicians may need these testing materials and depend on you to return them on time.
  - A. Reserving a test – You may reserve a test. Please let the GAs know when you require the material, and they will assist you in reserving the test.
  - B. Returning materials – When returning tests please place them on the cart in the GA office, and the GAs will check them back in.

NOTE: The Curriculum Collection downstairs in the Calvin T. Ryan Library on campus offers a rich source of materials. Books may be checked out for one month. Non-books (e.g., videos, DVDs, games, kits, and charts) may be checked out for two weeks.

## FILE REVIEW FORM

**What I know (both in terms of strengths & needs)**

Hearing	Other Sensory & Motor-incl. swallowing
Medical History & Diagnosis	Cognitive & Play or Academic Achievement
Expressive Language	Receptive Language
Pragmatics of Language	Parental or Partner Interaction
Speech Sound Disorder	Fluency, Voice & Resonance

**Plan to Obtain Needed Information (include formal & informal measures)**

Also include how data will be analyzed.

<i>Hearing</i>	<i>Other Sensory &amp; Motor-incl. swallowing</i>
<i>Medical History &amp; Diagnosis</i>	<i>Cognitive &amp; Play or Academic Achievement</i>
<i>Expressive Language</i>	<i>Receptive Language</i>
<i>Pragmatics of Language</i>	<i>Parental or Partner Interaction</i>
<i>Speech Sound Disorder</i>	<i>Fluency, Voice &amp; Resonance</i>



## EVALUATION REPORT

NAME: XX	DATE OF EVALUATION: XX
PARENTS: XX	BIRTHDATE: XX
ADDRESS: XX	CLINICIANS: XX
PHONE: (xxx) xxx-xxxx (home)	CLINIC FILE NO.: XX
(xxx) xxx-xxxx (cell)	

COMPLAINT AND REFERRAL

In the first sentence, indicate the age (year and month for children birth through 5) and referral source. E.g. "John Doe, a six year, nine month old boy, was referred to the University of Nebraska Kearney Speech, Language, and Hearing Clinic by his mother, Mrs. Jean Doe." E.g. "Steven Green, a 69 year old man, was referred to the University of Nebraska Kearney Speech, Language, and Hearing Clinic by Carol Brown, M.D. at Kearney Clinic." In the second sentence (or more), state the reason for referral. "Mrs. Doe reported she is concerned about John's speech development. She commented that John does not talk as well as his older brother did at that age, and he is hard to understand." Another example, "According to Dr. Brown, Mr. Green suffered a stroke in January 2005, resulting in Broca's aphasia."

HISTORY

Give pertinent history information. This includes all pertinent facts from other reports (medical, psychological, developmental, and educational) and all other pertinent information obtained from the case history or parents/relatives during the interview. Do not include history information in the examination part of the report! In most cases, the source of information should be clearly indicated: "Mrs. Doe reported..." Use past tense. Avoid commenting on the parent's manner during the interview: "Mrs. Doe seemed tense and ill at ease." Include all "hard" information; information that can be verified to some extent. Include only pertinent information.

EXAMINATION

The format of this section will depend to some extent on the age of the client and the nature of the problem. A typical format for a child with suspected language problems follows.

- A. Language: Include how the language sample was obtained (materials, strategies, time) and what the analysis indicated. If standardized tests were used, report appropriate scores. For example: "The Peabody Picture Vocabulary Test – Revised, a test of single word receptive vocabulary, was administered with the following results. Discuss strengths and weaknesses revealed in the tests.
- B. Speech: Include description of articulation, intelligibility, voice, and fluency.
- C. Hearing: Indicate whether the test was screening only or was a threshold test. Report results and reliability of results. Report tympanometry information here.
- D. Speech Mechanism: E.g., "An examination of John's speech mechanism revealed no structural or functional abnormalities which significantly interfered with speech production." E.g., "Examination of John's speech mechanism revealed a limited range and speed of motion in his tongue. Other structures appeared normal."

- E. Other Significant Factors: Use this section only if needed. This might include general physical appearance and movement if, for example, the client has cerebral palsy or Parkinson's disease.

### EVALUATION SUMMARY

Summarize the communication problems found in the evaluation. Include strengths as well as challenges regarding communication skills. Make a diagnostic statement (presence/absence of communication disorder) and indicate the severity of your findings. This is your chance to synthesize your results in a meaningful conclusion. Do not state other diagnoses such as cognitive impairment, emotional maladjustment, or brain damage. State the probable cause if you can confidently determine the etiology. Do not give new information here that you have not previously cited. Do include a statement of what was normal. E.g. "John's voice quality and fluency were normal for his age." Highlight the major problems that may be the targets for immediate intervention.

### RECOMMENDATIONS

Is therapy recommended? What is the prognosis? What are some of the priority treatment targets? Must include recommendation for frequency/duration of sessions.

If there is only one recommendation, do not number it! Otherwise: (example to follow)

It is recommended that:

1. John be seen by his family physician for...
2. John be enrolled in a treatment program to improve the intelligibility of his speech. A phonological process approach is suggested
3. John be enrolled in a treatment program to stimulate language development in the areas of semantics and pragmatics.
4. John's parents provide language stimulation activities at home. A list of suggested activities is attached to this report.

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Full Name, Ph.D. or M.A. or M.S., CCC-SLP  
Clinical Supervisor

---

Full Name, B.S.E  
Graduate Clinician

Cc:

*add the name/address of any entity the family wishes to have this report sent to; must have current, signed release in file before sending; you do not need to put the family name/address here that is listed at the top of the report*

### Additional Instructions

1. We will always send a copy to the client, parent, or primary caregiver. If the family wants us to send the report to another entity, be sure that we have a current Authorization to Release/Obtain Information form signed. Give full name and address of persons to whom copies should be sent. Be sure signed release forms for all of these recipients are on file, except for client and parents.
2. After writing the report, give it to your supervisor for approval. When the report has been approved, the supervisor will sign. Then, it should be placed in the basket labeled "Evaluation & End of Semester Reports" in the Secure Lab so that it will be mailed out.

**UNIVERSITY OF NEBRASKA KEARNEY  
SPEECH, LANGUAGE, AND HEARING CLINIC  
DIAGNOSTIC OBSERVATION FEEDBACK SHEET**

Students \_\_\_\_\_

Client \_\_\_\_\_

Date of Observation \_\_\_\_\_

Site \_\_\_\_\_

SKILL	COMMENTS
1. Conducts screening and prevention procedures (std IV-D, std V-B, 1a)	
2. Collects case history information and integrates information from clients/patients and/or relevant others (std V-B, 1b) and swallowing disorder (std IV-C)	
3. Selects appropriate evaluation instruments/procedures (std V-B, 1c)	
4. Administers and scores diagnostic tests correctly (std V-B, 1c)	
5. Adapts evaluation procedures to meet client/patient needs (std V-B, 1d)	
6. Possesses knowledge of etiologies and characteristics for each communication	
7. Interprets, integrates, and synthesizes test results, history, and other behavioral observations to develop diagnoses (std V-B, 1e)	
8. Makes appropriate recommendations for intervention (std V-B, 1e)	
9. Completes administrative and reporting functions necessary to support evaluation (std V-B, 1f)	
10. Refers clients/patients for appropriate services (std V-B, 1g)	

**Agreement  
For  
Off-Campus Clinical Practicum Supervision**

<b>Practicum Dates:</b>
-------------------------

<b>Student's Name:</b>
------------------------

<b>Student's Phone Number:</b>
--------------------------------

<b>Student's UNK Email Address:</b>
-------------------------------------

I agree to abide by this off-campus placement's facility policies and will maintain HIPAA compliance in all of my actions.

\_\_\_\_\_

Student Signature

<b>Name of Supervisor(s):</b>
-------------------------------

<b>ASHA Certification Number(s):</b>
--------------------------------------

<b>Name of Facility:</b>
--------------------------

<b>Address:</b>
-----------------

<b>Telephone Number:</b>
--------------------------

I agree to allow this student to provide clinical services for my clients under my supervision, with the understanding that at least 25% of sessions must be directly observed. I further agree to complete the necessary forms to document the student's clinical experience.

\_\_\_\_\_

SLP Signature

**Sex Offender Registry Search Permission Form**

I, \_\_\_\_\_, give the University of Nebraska Kearney Department of Communication Disorders permission to search the sex offender registry for Nebraska and the state(s) I reside. I affirm that if I am accused of/arrested for any wrongdoing after this search, I will notify the Department of Communication Disorders immediately.

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

Employee ID # or Student ID #: \_\_\_\_\_

Local address: \_\_\_\_\_

Street

City, State

Zip

Permanent address: \_\_\_\_\_

Street

City, State

Zip

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Campus Email

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

(For office use)                      Record date and results of search

Nebraska Sex Offender Registry: date \_\_\_\_\_ passed \_\_\_\_ crime recorded \_\_\_\_\_

National Sex Offender Registry: date \_\_\_\_\_ passed \_\_\_\_ crime recorded \_\_\_\_\_

University of Nebraska at Kearney  
Speech, Language, and Hearing Clinic & RiteCare Clinic

### SOAP Note

Date

Start Time

End Time

#### Previous Plan

Comment...

#### Subjective

Comment...

#### Objective

O1a) Test Client will \_\_\_\_ with \_\_\_\_% accuracy following a model.

New Value

Enter formulas in New Value by preceding with =

Additional Comment...

O1b) Test Client will independently \_\_\_\_ with \_\_\_\_% accuracy.

New Value

Enter formulas in New Value by preceding with =

Additional Comment...

#### Assessment

Combine Assessments

Assessment Combined Comments

Assessment Combined Comments...

#### Home Based Therapy Tasks

Comment...

## CLINICAL SUPERVISION FEEDBACK SHEET (EXAMPLE)

Student Clinician:

Client:

Clinical Educator:

Date:

### PROFESSIONALISM

- **Self-Evaluation** (i.e. identifies own strengths/challenges; uses information to facilitate changes; moves along a continuum leading to independence)
- **Accountability** (i.e. demonstrates responsibility, initiative, self-organization; comprehensive case management skills; follows ethical guidelines; demonstrates professional attitude and enthusiasm for the field)
- **Time Management** (i.e. demonstrates punctuality for meetings, assignments, and due dates; adjusts schedule as needed)
- **Interaction Skills** (i.e. establishes appropriate relationships; communicates verbal information clearly; listens carefully; accepts constructive feedback appropriately)

What's working!

Questions and/or areas that need to be tweaked.

### TREATMENT PROCESS

- **Preparation** (i.e. prepares appropriately for therapy; prioritizes client's areas of need in collaboration with client and relevant others)
- **Intervention Strategies** (i.e. utilizes appropriate techniques to meet measurable and achievable objectives; uses time effectively to maximize client's progress toward goals)
- **Management Strategies**
- **Data Collection** (i.e. gathers information efficiently and accurately, as needed AND assesses significance of data during and across sessions)
- **Evaluation** (i.e. assesses efficacy of treatment approach; collaboration to make appropriate decisions based on shared information)

What's working!

Questions and/or areas that need to be tweaked.

University of Nebraska Kearney

College of Education Building

## PROGRESS NOTE

NAME: DATE OF REPORT:  
 PARENTS/ BIRTHDATE:  
 SPOUSE:  
 ADDRESS: LENGTH &  
 FREQUENCY OF  
 SESSIONS:  
 PHONE: CLINICIAN

Referral: *List who referred the client to this clinic*  
 Most Recent Evaluation *List month/year of most recent evaluation and where that*  
 Date & Location: *was completed*  
 Most Recent Attendance *List most recent semester attended this clinic*  
 at UNK Clinic:  
 Diagnoses: *List medical/school/therapy diagnosis as guided by CE*

**GOALS & OBJECTIVES:**

GOAL I: (Write goals that may be reasonably attained in 12 weeks. Use the date for the end of clinic to begin your goal, e.g., "By November 17, 2023,...")

Objective 1a: (objectives should lead to your overall goal; these are the small steps required to meet the overall goal)

Objective 1b: (often your last objective is the same as the overall goal so that if the client meets all objectives, they will have met the entire goal)

GOAL II: Here is your second goal using the date at the end of the semester.

Objective 2a: Here is your first objective.

Objective 2b: Here is your second objective.

**PROGRESS SUMMARY:**

Include a summary of progress made toward goals outlined above. Introductory sentence should state how often the client attended therapy out of the number of scheduled sessions. Include relevant information discussed at the end of semester conference with client and/or family. See *grading rubric for additional guidelines*.

**RECOMMENDATIONS:**

Provide recommendations including need for continued services next semester and recommendation for frequency/duration of sessions. Include recommendation for family to continue at home during break between semesters of therapy.

---

Full Name, Ph.D. or M.A. or M.S., CCC-SLP  
 Clinical Supervisor

---

Full Name, B.S.E  
 Graduate Clinician

Cc:

*add the name/address of any entity the family wishes to have this report sent to; must have current, signed release in file before sending; you do not need to put the family name/address here that is listed at the top of the report*



University of Nebraska Kearney

College of Education Building

## DISCHARGE SUMMARY

NAME: DATE OF REPORT:  
 PARENTS/ BIRTHDATE:  
 SPOUSE:  
 ADDRESS: LENGTH & FREQUENCY OF  
 SESSIONS:  
 PHONE: CLINICIAN

Referral: *List who referred the client to this clinic*  
 Most Recent Evaluation *List month/year of most recent evaluation and where that*  
 Date & Location: *was completed*  
 Most Recent Attendance *List most recent semester attended this clinic*  
 at UNK Clinic:  
 Diagnoses: *List medical/school/therapy diagnosis as guided by CE*

**GOALS & OBJECTIVES:**

GOAL I: (Write goals that may be reasonably attained in 13 weeks. Use the date for the end of clinic to begin your goal, e.g., "By November 17, 2023,...")

Objective 1a: (objectives should lead to your overall goal; these are the small steps required to meet the overall goal)

Objective 1b: (often your last objective is the same as the overall goal so that if the client meets all objectives, they will have met the entire goal)

GOAL II: Here is your second goal using the date at the end of the semester.

Objective 2a: Here is your first objective.

Objective 2b: Here is your second objective.

**DISCHARGE SUMMARY:**

Include a summary of progress made toward goals outlined above and reason for discharge from services. Introductory sentence should state how often the client attended out of the number of scheduled sessions. Include relevant information discussed at the end of semester conference with client and/or family. *See grading rubric for additional guidelines.*

**RECOMMENDATIONS:**

Provide recommendations including recommendation for family to continue at home during and any needs for return to or pursuit of therapy elsewhere.

---

Full Name, Ph.D. or M.A. or M.S., CCC-SLP  
 Clinical Supervisor

---

Full Name, B.S.E  
 Graduate Clinician

Cc:

*add the name/address of any entity the family wishes to have this report sent to; must have current, signed release in file before sending; you do not need to put the family name/address here that is listed at the top of the report*

### Clinical Writing Midterm

Clinician	Supervisor
Client	Date

#### Grading Standards

5	<b>Consistent:</b> well developed; modifies own behavior as needed; independent problem solver; maintain skill across clients (skill is present >90% of the time)
4	<b>Adequate:</b> developed/implemented most of the time and needs refinement or consistency; student aware and can modify in-session; can self-evaluate and problem-solve independently (skill is present 76%-90% of the time)
3	<b>Present:</b> present and needs further development, refinement, or consistency; student aware of need to modify, but does not do this independently (skill is present 51%-75% of the time)
2	<b>Emerging:</b> emerging, but inconsistent or inadequate; student shows awareness of need to change with supervisor input; supervisor frequently provides instructions and supports all aspects of case management (skill is present 26%-50% of the time)
1	<b>Not evident:</b> skill not evident most of the time; student requires direct instruction to modify and is unaware of need to change. (skill is present <25% of the time)

<b>Template/Formatting</b>		<b>Goals and Objectives</b>	
• Report turned in on time		• At least two goals with at least two objectives per goal	
• Appropriate font, margins and spacing		• Date listed for each goal	
• Follows recommended clinical format		• Long range goal succinctly stated	
• Length and frequency of sessions		• Goals and objectives describe desired behavior	
• Dates written out completely		• Goals and objectives describe conditions	
• Numerals through nine written out in full		• Goals and objectives describe criterion	
• All demographic information complete and accurate		• Goals and objectives match developmental, communication and functional needs	
<b>Clinical writing style</b>		• Goals and objectives match baseline/assessment findings	
○ Writes in concise, straight-forward manner		• Goals and objectives are written thoroughly and succinctly with definitions given for technical terms (if applicable)	
○ Avoids first person			
○ Uses correct grammar/mechanics			
○ Uses active voice			
○ Uses professional word choice			
<b>History and Presenting Concern</b>		<b>Weekly Documentation</b>	
• Client's full name and age		• Timely submission	
• Source of original referral (full name, title, and/or agency) and reason for referral		• Accurate data with clear interpretation	
• Summary of information in a reader friendly format		• Appropriate plan	
• Summary of previous therapy goals and outcomes		• Uses correct grammar/mechanics	
• Summary of the results of current semester's pre-therapy testing/observations		• Writes in concise, straight-forward manner	
		• Uses professional word choice	

Clinical Writing Grade: \_\_\_\_\_

### Clinical Writing Final

Clinician	Supervisor
Client	Date

#### Grading Standards

5	<b>Consistent:</b> well developed; modifies own behavior as needed; independent problem solver; maintain skill across clients <u>  </u> (skill is present >90% of the time)
4	<b>Adequate:</b> developed/implemented most of the time and needs refinement or consistency; student aware and can modify in-session; can self-evaluate and problem-solve independently (skill is present 76%-90% of the time)
3	<b>Present:</b> present and needs further development, refinement, or consistency; student aware of need to modify, but does not do this independently <u>  </u> (skill is present 51%-75% of the time)
2	<b>Emerging:</b> emerging, but inconsistent or inadequate; student shows awareness of need to change with supervisor input; supervisor frequently provides instructions and supports all aspects of case management (skill is present 26%-50% of the time)
1	<b>Not evident:</b> skill not evident most of the time; student requires direct instruction to modify and is unaware of need to change. (skill is present <25% of the time)

<b>Template/Formatting</b>	
• Report turned in on time	• Appropriate recommendations for areas of need to be addressed in future therapy
• Updates client age and other relevant information for end-of-semester	• Appropriate activities for parents to continue at home during treatment break
• Dates written out completely	<b>Signature</b>
<b>Progress/Discharge Summary</b>	• Signature with names spelled correctly
• Number of sessions attended out of number scheduled	• Correct titles and credentials
• Written in terms the untrained reader can understand	• Correct listing of copies to be sent *only list entities that we have release to send report *no need to include parents in cc:
• Identification, description and explanation of treatment approach	<b>Weekly Documentation</b>
• Description of treatment hierarchy (type of cueing provided)	• Timely submission
• Concise, tactful comments regarding client's behaviors, attitude, motivation	• Accurate data with clear interpretation
• Concise description of client's level of communicative functioning	• Appropriate plan
• Concise description of how client's communicative functioning has changed since the beginning of the semester	• Uses correct grammar/mechanics
<b>Recommendations</b>	• Writes in concise, straight-forward manner
• Recommended length and frequency of sessions	• Uses professional word choice
• Appropriate recommendations for continuing or discharging from therapy	<b>Conference Handout</b>
	• Parent-friendly
	• Visual aid
	• Grammatically correct
	• Organized

Clinical Writing Grade: \_\_\_\_\_

**UNIVERSITY OF NEBRASKA KEARNEY  
SPEECH-LANGUAGE AND HEARING  
Videotape Review**

<b>Name</b>	<b>Date of Session</b>
<b>Clinical Educator</b>	<b>Client</b>

Follow the directions for each section. Please look at the tape critically and honestly.

I. View the first half of your tape and answer the following questions:

Did you appear organized and prepared?

How efficiently was time utilized?

Could you have done something differently to improve?

How effective were the type and schedule of reinforcement?

What are some examples of positive reinforcement you utilized?

II. View the second half of your tape **with the sound turned off** and answer the following questions.

What did your body language communicate?

What did the client's body language say?

III. Select a section of the tape, which involves conversation. Answer these questions:

Whose voice do you hear most?    Mine    The client's    An equal amount of both

Do you appear to be interested in the conversation?    Yes    No    Why or Why not?

How did you respond to the client's utterance?

IV. Answer the following questions in terms of the **ENTIRE SESSION**.

Things I thought I did particularly well in this session were:

One thing/area/item I would personally like to improve is:

Do you need a Clinical Educator's help with this area/item?                      Yes    No

Did you learn anything from this experience? BE TRUTHFUL    Yes    No

**University of Nebraska Kearney  
Speech, Language, and Hearing Clinic**

**PERMISSION TO TEST AND TREAT**

I, \_\_\_\_\_ authorize and grant permission for University of Nebraska Speech, Language, and Hearing Clinic faculty and students to administer tests and provide those clinical services deemed necessary for the purposes of identifying and treating speech, language, and/or other communication disabilities. This may include one-on-one private interactions in clinic treatment rooms. Faculty Clinical Educators will be present in the building during all interactions and will have live video access to individual therapy rooms at all times. Should clients need to use the restroom and a parent or guardian is unavailable, two adults will accompany the client.

The University of Nebraska at Kearney Speech, Language, and Hearing Clinic has several purposes: to assess and treat persons with speech, language, swallowing, and hearing problems, to offer ongoing instructional program for students in Speech Pathology and Audiology, and to continue investigations on the nature of speech, language, swallowing, and hearing problems.

In consideration of these clinical services being provided to my child, me, or other family member, I further agree to the following UNK Clinic activities:

1. to allow the Clinic to exchange information with other professionals (physicians, dentists, teachers, etc.) through letters, reports, and conferences as designated on the attached Authorization form.
2. to permit other professionals and students in Speech Pathology and Audiology to observe the testing and clinical procedures provided.
3. to allow the Clinic to make audio and video tape recordings, motion pictures, and still photographs with the understanding that these may be replayed or shown anonymously for educational purposes only
4. to permit participation in research projects on speech, language, and hearing problems when the specific purposes and procedures of the research have been explained to me and the appropriate consent forms have been signed, and to permit anonymous publication of the results.

**Financial Agreement Form**

I understand that I am responsible for all charges associated with any of the services provided and that payment is due at the time of service for evaluations and monthly for ongoing clinical services. In the event that I do not submit payment within 30 days of billing those services will be suspended until all accounts are satisfied.

Name of client (printed) \_\_\_\_\_

Signature of Client or Parent/Legal Guardian \_\_\_\_\_

Date of Signature \_\_\_\_\_

**University of Nebraska Kearney  
Speech, Language and Hearing Clinic**

**PARENT/GUARDIAN INFORMATION**

The University of Nebraska-Kearney has implemented a Youth Activity Safety Policy to provide a safe environment for youths participating in activities, clinics or conferences.

Our policy includes safe interaction guidelines including sex offender registry checks for Clinical Educators, clinicians, observers, office associates, and work study students. This policy will help protect participating youth from potential misconduct incidents and help provide a safe, educational, and enjoyable clinic experience.

1. All those interacting with clients under the age of 19 must successfully pass a sex offender registry search for Nebraska and the state(s) they reside.
2. In the case of an emergency or accident involving clients, parents/guardians will be notified, following notification of the appropriate emergency personnel.
3. All UNK activities will comply with UNK’s *Youth Activities Safety Guidelines*.

**DISCIPLINARY ACTION**

The Clinical Educators of this University Clinic reserve the right to immediately dismiss any client from the clinic who is found to have violated behavioral expectations. Parent(s)/guardian(s) will be immediately notified of such dismissal.

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Parent’s/Guardian’s Printed Name	Signature	Phone Number	Date
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\_\_\_\_\_  
Client’s Printed Name

- One copy to parent/guardian
- One copy to be retained by the clinic for two years

COLLEGE OF EDUCATION  
Department of Communication Disorders

**University of Nebraska Kearney  
Speech, Language, and Hearing Clinic  
COE Building  
Kearney, NE 68849-5553  
(308) 865-8300  
FAX (308) 865-8397**

**Authority to Release/Obtain Information**

I, \_\_\_\_\_, hereby authorize the disclosure of the health  
(Client/Guardian)  
records and speech, language, and/or audiologic information for \_\_\_\_\_  
(Client)  
with the UNK Speech, Language, and Hearing Clinic.

**REQUEST records**

FROM: Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Fax: \_\_\_\_\_  
TO: UNK Speech, Language, and Hearing Clinic

**SEND records**

FROM: UNK Speech, Language, and Hearing Clinic  
TO: Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Fax: \_\_\_\_\_

I understand I may revoke my authorization at any time (except to the extent that the information has already been released).

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Client/Guardian)



**University of Nebraska Kearney  
Speech, Language, and Hearing Clinic**

**APPROVED CLIENT PICK-UP**

Clients must be picked up promptly at the end of regular therapy sessions.

Client's Name \_\_\_\_\_

The following is/are authorized to pick up the above client from the UNK Clinic. ID will be required if the person is not the parent or legal guardian.

Name	Phone Number
------	--------------

Name	Phone Number
------	--------------

No more than two people may be authorized to pick up any client without the approval of the Clinic Coordinator.

Who else do we contact in case of emergency?

Name	Phone Number
------	--------------

Is there anything special we should know about the above-named client? (e.g. special dietary restrictions, allergies, medications, medical conditions)

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

This form should be updated each semester.

(Adapted from SKIwee Child Care, Shawnee Mountain, PA)

**THERAPY ATTENDANCE AGREEMENT**

Welcome to the University of Nebraska at Kearney Speech, Language, and Hearing Clinic / RiteCare Clinic at UNK. Our goal is to provide you with the best therapy services to reach your maximum potential and to improve your quality of life. We would like to inform you of our therapy attendance policy to ensure that you are getting the treatment that you need and other clients are not missing out on possible therapy times that they could have received.

**Please read through and initial on the line that you have read and understand each section:**

\_\_\_\_\_ 1. **No-Call/No-Shows:**  
a. If a client does not show-up for their appointment 2 times without calling, they will be dismissed from speech therapy at our clinic.

\_\_\_\_\_ 2. **Late Arrivals:**  
a. Please call if you are running more than 5 minutes late. Please be aware that we likely will not be able to extend your therapy session due to the supervision requirements for graduate student learning. If you arrive more than 15 minutes late, your attendance that day will be counted as absent.

\_\_\_\_\_ 3. **Absences:**  
a. If you or your child are ill, have a fever or diarrhea, or will not be able to attend your session for other reasons, please call us as soon as possible.  
b. Clients must maintain 80% attendance across the semester to guarantee their continued spot on the clinic schedule.

\_\_\_\_\_ 4. **Important Notes:**  
a. In case of inclement weather, please call us as soon as you can if you would like to cancel. An absence will not be counted against you if you do not feel safe driving to your appointment.  
b. All sessions are cancelled whenever the UNK campus is closed as announced by the UNK Chancellor.  
c. We recognize the difficulties associated with maintaining appointments due to commuting, chronic illness, or other conflicting appointments. Thus, we will continue to be as flexible as we can.

Name of Client (printed) \_\_\_\_\_ Date \_\_\_\_\_

Name of Parent/Legal Guardian (printed), if applicable  
\_\_\_\_\_

Signature of Client of Parent/Legal Guardian, if applicable \_\_\_\_\_

**Information Update**

Date \_\_\_\_\_ Clinical Educator \_\_\_\_\_ Clinician \_\_\_\_\_

Current Address and information in ClinicNote are correct.  Please make changes below.

Client Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/guardian/spouse name \_\_\_\_\_  
(circle one)

Phone Number \_\_\_\_\_

Email \_\_\_\_\_ Use for ClinicNote Portal

Parent/guardian/spouse name \_\_\_\_\_  
(circle one)

Phone Number \_\_\_\_\_

Email \_\_\_\_\_ Use for ClinicNote Portal

-----ONLY Check Forms to be sent via Portal-----

- Approved Client Pick-up (every semester)
- Attendance Agreement (every semester)
- Authority to Release and/or Obtain Information (1 time per year; send form to client/family for signature)
- Youth Safety Policy with Parent Signature (every 2 years)
- Other: \_\_\_\_\_  
\_\_\_\_\_

*For office use*-----

Notes:  
\_\_\_\_\_  
\_\_\_\_\_

Date forms shared to portal \_\_\_\_\_ Initials \_\_\_\_\_

**REQUEST RECORDS – fax request to outside entities**

Date \_\_\_\_\_

Clinician \_\_\_\_\_

Clinical Educator \_\_\_\_\_

*Give this completed form to the CDIS Office Associate to request updated records/reports from outside entities.*

Clients name \_\_\_\_\_ Date of Birth \_\_\_\_\_

What information do you want? (i.e., most current IEP, Progress Note) \_\_\_\_\_

\_\_\_\_\_

Who has the information? (i.e., name of school, SLP, medical office) \_\_\_\_\_

\_\_\_\_\_

Does the file have an Authority to Release/Obtain form allowing you to contact the above entity for records? \_\_\_\_\_ What date was it signed? \_\_\_\_\_



## Appendix A.

### College of Education

#### Requests for Reasonable Accommodation in Field Placements

The University of Nebraska Kearney (UNK) supports students with disabilities and encourages their full participation in all academic programs, including field placements of all kinds. “Field placements” for the purpose of this document include any practicum, field experience, clinical practice, internship, training, clinic or work experiences (or similar) conducted for academic credit. In accordance with Section II of the Americans with Disabilities Act and Section 504 of the Rehabilitation Act, UNK’s Disability Services for Students is the designated office to work with students with disabilities to provide reasonable accommodation so they may enjoy the same benefits, experiences, and opportunities as persons without disabilities.

As in all academic programs at UNK, programs that provide field placements must assess students on the basis of their abilities rather than on their status as individuals with disabilities. Students with disabilities who are assigned to field placements must be able to perform the “essential functions” or meet the essential eligibility requirements of the experiences with or without reasonable accommodation. Pre-placement inquiries as to whether a person has a disability are not permitted; however, a field placement program must determine the essential functions or essential eligibility requirements of its own training program so that students can request reasonable accommodation if needed.

#### Site Selection

The selection of a field site is a key factor in providing an optimal environment for academic and professional development. It is important to choose a field site with an environment that maximizes the strengths of each student with a disability and can provide reasonable accommodation. Students, in collaboration with the Disability Services for Students office, are responsible for identifying the most critical factor(s) in determining an optimal placement. For example, a student with traumatic brain injury may need a setting that allows more time to become familiar with the site and routine before being expected to interact at the site. In addition, a reasonable accommodation may include identifying a specific site which meets a student’s accommodation needs, such as accommodations related to mobility, transportation, time of day, etc.

#### Application/Interview Process (If Applicable)

If an application or interview process is required prior to acceptance into a field placement, students with disabilities may request accommodations during the application/interview process. Should a student need a reasonable accommodation to participate in the application/interview process (a transcriber for any required interviews, for example), the student is responsible for making the accommodation request to the Disability Services for Students office as soon as reasonably practicable in order for arrangements to be made.

#### Request for Accommodation in Field Placements

Students with disabilities are not required to declare, nor may an institution inquire about, the presence of a disability unless they are seeking reasonable accommodation, as discussed below. In addition, students are not required to inform the field placement coordinator or other staff about their disabilities at any time before, during, or after the site selection process.

However, students with disabilities who will be requesting accommodation in field placements must be registered with the Disability Services for Students office. The Disability Services for Students office is responsible for managing an interactive process between the student and the University, including those who are directly involved in administratively facilitating the field placement (e.g., field placement

coordinator, department faculty, or Clinical Educators) and the field site (persons at the field site responsible for implementing reasonable accommodations). The process of providing reasonable accommodation should proceed in an individualized and systematic fashion.

#### Student Responsibilities

- First, make an appointment with Disability Services for Students, Phone 308-865-8214, E-mail [unkdso@unk.edu](mailto:unkdso@unk.edu), MSAB 163, as soon as reasonably practicable after you know that you will be taking a course that includes a field placement in order to discuss your accommodations.
- Second, attend a meeting with Disability Services for Students and the faculty member and/or others familiar with the field placement site, as soon as reasonably practicable, to formulate a reasonable accommodation plan for that specific site.
- If you have an existing accommodation plan for accommodations in the classroom and you choose not to seek accommodations for field placements – that is your right to do. However, neither your grade nor performance in field placements can be reversed based on a late declaration of need for accommodation in field placements. You will be accommodated from the point in time that you request accommodation but no alterations will be made for performance before the request is made.

If a field placement site is unable or unwilling to make a requested reasonable accommodation or you do not believe your accommodation plan is adequate, contact Disability Services for Students immediately, Phone 308-865-8214, E-mail [unkdso@unk.edu](mailto:unkdso@unk.edu), MSAB 163, to facilitate resolution to the issue. The Disability Services for Students office will provide an informal grievance process, if necessary. If a site is unable or unwilling to make accommodations, UNK will work with you to provide alternatives for your field placement.

#### Disability Services for Students Staff Responsibilities

- Meet with the student to discuss possible accommodations for the student's field placement.
- Coordinate a meeting with the student and the faculty member and/or others familiar with the field placement site, as soon as reasonably practicable, to formulate a reasonable accommodation plan for that specific site.
- Be available to accompany the faculty member and the student to visit the assigned site if requested by the student or the faculty member.
- Provide consultation services to the faculty, site personnel, and student during the field placement when adjustments to the accommodation plan may be required or questions arise concerning what is reasonable accommodation.

#### University Field Placement Staff and Faculty Responsibilities

- Add the following to any syllabus with field placements: "If you have a disability and use accommodations in the classroom, please make an appointment with Disability Services for Students, Phone 308-865-8214, E-mail [unkdso@unk.edu](mailto:unkdso@unk.edu), MSAB 163, as soon as reasonably practicable prior to the first day of your placement in the field to ensure that reasonable accommodations can be made for your field placement."
- Add the disability nondiscrimination statement to field placement agreements (if applicable).
- Ensure that all students that receive accommodations in the classroom are informed that they are eligible for accommodations in their field placements and that those accommodations may be very different than their classroom accommodations.
- Participate with Disability Services for Students in considering the specific needs of the student and the essential functions or essential eligibility requirements of the placement to determine what reasonable accommodation can be made and assist in developing an accommodation plan in consultation with the student and Disability Services for Students.
- Provide the details of reasonable accommodation only to those who need to know, including those at the field site, in order to facilitate the accommodation request, while also respecting the confidentiality rights of the student with a disability. Even if a student has disclosed information about his/her disability or medical condition, that information cannot be shared with others. It is appropriate to discuss only the accommodations that are necessary to help the student succeed in the field placement. Classroom

accommodations ordinarily should not be shared with a site unless they relate to field accommodations. Remember that there are ramifications to the improper disclosure of a student's disability information, including the potential to impact future employment with the site.

- Monitor student progress and contact Disability Services for Students as necessary for advice in adjusting existing accommodations or providing new accommodation strategies.
- Discuss accommodation with the cooperating field site Clinical Educators. If a Clinical Educator seems unwilling or unable to respond to the University's legally mandated requirements, remember that ultimately UNK has the responsibility to accommodate the student, which may require an alternative placement for the student.
- If a student has any discrimination concerns, please advise the student to contact University of Nebraska Kearney, Alex Straatmann, Chief Compliance Officer, Title IX Coordinator, ADA/504 Coordinator, E-mail [straatmanna2@unk.edu](mailto:straatmanna2@unk.edu) PH: (308) 865-8400, and/or provide the student information about [the ADA/504 Grievance Policy](#).

8/2017

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## University Of Nebraska Kearney

### Youth Activities Safety Policy

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#### **Activity Worker Guidelines**

*(Activity Directors: Provide one copy of this document to Activity Worker)*

The following guidelines were developed to avoid questionable contact between Activity Workers and youth participants. The preferred method is to avoid private one-on-one interactions and always have another adult observer present during all interactions with youth. This will provide greater protection to the youth and the Activity Workers.

#### **Definitions**

**Youth** – Any person under the age of 19, excluding full- and part-time Nebraska students

**Activity Worker** – includes directors, coaches, assistant coaches, trainers, student assistants, staff, faculty, officials, referees or contracted teachers or any other adult or student acting as a supervisor/mentor/worker in a paid, unpaid or volunteer status.

**Activity Director** – a person who plans, directs and supervises all youth activity programs and staff

**Activity Support Staff** – any person who provides support services such as food service, custodial, maintenance, etc. for the activity.

#### **Activity Worker Judgment**

Activity Workers are role models to youth and should act accordingly. As an Activity Worker, you must ask yourself the following questions regarding your decisions and the situations in which you may find yourself. Contact the Activity Director if you have questions or concerns.

1. What are the physical risks involved in this activity/decision?
2. Are there any foreseeable risks? What dangers can be avoided?
3. Who is this activity/decision for, the youth or me?
4. How will youth benefit from this activity and how is it related to the purpose of the activity?
5. What would I do if the youth or their parents were watching?
6. What would I do if the Activity Director was watching?
7. Could my action/decision cost me my job?



## Interaction Guidelines

The primary interaction guidelines are provided below and are to be followed by all Activity Workers.

1. Immediately report any suspected abuse and neglect (including sexual assault or contact) of a youth to University Police (308-865-8911), local law enforcement or the Nebraska Department of Health and Human Services.
2. Nebraska reserves the right to terminate an Activity Worker or Activity Support Staff worker for engaging in illegal activities or sexual misconduct while off duty.
3. Alcohol or tobacco products should not be used in the presence of youth and any use must comply with University policies. Use of illegal drugs or non-over the counter drugs without a prescription is prohibited. Activity Workers and Activity Support Staff should not conduct any activity under the influence of alcohol or other mind altering substances.
4. Use of profanity in front of youth is prohibited.
5. Avoid making inappropriate comments when in the presence of youth, including but not limited to comments that are sexual, racial, or related to sexual or gender orientation, and/or religious comments.
6. A youth requiring medical attention is to be directed to the activity's designated first –aid contact immediately.
7. Always have youth follow safety directives (i.e. fire alarm - evacuation, severe weather, etc.)
8. The possession of weapons or explosive devices is prohibited, except where use is a recognized part of the Youth Activity, as determined solely within Nebraska's discretion.
9. Use of an Activity Worker's or Activity Support Staff's personal room or home for meeting/interacting with youth that are affiliated with the Youth Activity is prohibited. Activity Workers and Activity Support Staff are prohibited from meeting youth off-site or off hours. Exceptions require parental written approval and the Activity Director's approval in advance.
10. Any participating Nebraska Activity Workers who will be responsible for transporting youth by vehicle must undergo and pass a Driving Record Check as required by the Nebraska Transportation Safety policy. Non-Nebraska Activity Workers who transport youth must have a valid driver's license and be approved by the Activity Director to transport youth. If one-on-one travel must occur, the Activity Worker must contact his/her supervisor or designee immediately before departure and immediately upon arrival at the destination.
11. Taking pictures of youth or posting pictures or information about youth to social media sites without parent/guardian permission is prohibited.

## Interactions with Youth

1. Respect the privacy of youth.
2. Supervise in pairs whenever possible; avoid being alone with a youth.

3. Never leave youth unsupervised.
4. All physical contact should be appropriate (i.e. high fives, “throwing the bones”). Activity Workers should not engage in, initiate, or encourage inappropriate contact, such as chest bumps, kisses, hugs, butt slaps or sitting on laps.
5. Physical restraint is prohibited, except to protect youth.
6. Touching of youth is prohibited, except when it is in the open with others present.
7. Any touching of youth should be restricted to areas not covered by a typical bathing suit.
8. Always be in view of others (i.e. when meeting in an office), leave the door open, and have another Activity Worker present in the room or close proximity. If privacy is required, inform another Activity Worker that the door will be closed for a private conversation and make sure the other Activity Worker will remain nearby in the area. If no other Activity Worker is present in the building, the meeting should be rescheduled or moved to a more public location.
9. When in bathrooms or locker rooms, Activity Workers must be the same gender as the youth. Activity Workers showering or bathing with youth is strictly prohibited under all circumstances. Activity Workers and Activity Support Staff will not be in the shower or bath areas with youth except during extreme medical emergencies.
10. Whenever possible, youth should not be transported in an Activity Workers’ personal vehicle.
11. All youth must have adult supervision until released to a parent or guardian, unless specific written parental permission is received.
12. Do not share personal or intimate information with youth.
13. Do not give personal gifts to youth.

## **Overnight Activities/Programs**

In addition to the above, the following are further precautions related to youth who stay in University or other housing overnight.

1. A ratio of at least one adult supervisor to every 15 youths is required, with a minimum of two adult supervisors regardless of size of activity. At least one adult supervisor of the same sex as the youth is required.
2. Youth are not allowed to be alone in an Activity Worker(s)’ private rooms.
3. Do not enter a bathroom or shower area to assist a youth without another Activity Worker present.
4. Never leave youth unsupervised in the residence halls at night.

## Child Abuse and Neglect Including Sexual Assault Reporting Requirements

Nebraska statutes require any person who becomes aware of any child abuse or neglect, including sexual assault, to report such abuse, neglect, or assault to law enforcement or the Department of Health and Human Services. Law enforcement is likewise required to notify DHHS of any such incidents reported to them. Activity Workers are required to notify the University Police Department at 402-472-2222 immediately when these situations are suspected.

This means that if you suspect any child abuse or neglect, including sexual assault: 1) you must report it, 2) you should give as much information about the circumstances as possible, 3) you are immune from any civil or criminal liability if you have reported the information in good faith, and 4) if you know of child abuse, neglect, or sexual assault but are not reporting it, you are breaking the law.

Reference: Nebraska Statutes 28-710; 28-711; 28-716; 28-717:

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I have read and understand these policies and agree to abide by them.

Activity Worker:

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Printed Name    Signature    Phone Number                      Date