

CLINICIAN'S HANDBOOK

ON and OFF-CAMPUS

CLINICAL PRACTICUM:

CD715, 880, 881, 882, 884

and 711, 713

COMMUNICATIVE DISORDERS PROGRAM

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THE COMMUNICATIVE DISORDERS PROGRAM: DEGREE, CERTIFICATE, LICENSURE, AND CREDENTIALS

The Communicative Disorders (CD) program at San Francisco State University is accredited by the Council on Academic Accreditation (CAA), an accrediting board of the American Speech-Language-Hearing Association (ASHA). The CD program includes graduate and undergraduate level training. The baccalaureate degree is considered pre-professional, therefore, it is necessary to continue study at the graduate level to be employed professionally.

During their senior year, **undergraduate** students may apply to be a clinic aide (CD711 for 1 unit) in one of the on-campus clinics (CD 880). This process is competitive and the number of openings for clinic aides is based on clinic needs.

All **graduate students** complete clinical experiences within the CD clinic and at off-campus facilities. All clinical experiences are supervised by ASHA certified and California licensed speech-language pathologists and/or audiologists.

The graduate degree awarded is a Master of Science in Communicative Disorders with emphasis in speech-language pathology. With this degree and the appropriate application to specific agencies (see below), the individual is eligible for employment as a certified and licensed speech-language pathologist in a wide variety of settings including university clinics, public schools, hospitals, community agencies, private practice, Veterans Administration or other federal agencies.

Many employment settings require the Certificate of Clinical Competence of the American Speech, Language, and Hearing Association (ASHA): <http://www.asha.org>.

State licensing is awarded by the California Speech-Language Pathology and Audiology and Hearing Aid Dispensing Board (SLPAHADB): http://www.speechandhearing.ca.gov/applicants/app_pack_slp.shtml

The Speech-Language Pathology Services Credentials in Language, Speech and Hearing Services is issued by the California Commission on Teacher Credentialing (CTC): www.ctc.ca.gov/credentials/CREDS/speech-lang-path.html. The primary objective of the credential program in Communicative Disorders is to train students to work as speech-language pathologists in the public school system.

REQUIREMENTS FOR THE CERTIFICATE OF CLINICAL COMPETENCE IN SPEECH-LANGUAGE PATHOLOGY (ASHA)

The requirements for the certificate of clinical competence in speech-language pathology (CCC-SLP) from the American Speech-Language-Hearing Association (ASHA) requires a minimum of seventy-five (75) semester credit hours, including at least 36 at the graduate level. The program of study must address the knowledge and skills pertinent to the field of speech-language pathology. The applicant must maintain documentation of course work at both undergraduate and graduate levels demonstrating that the requirements in this standard have been met. The minimum 75 semester credit hours may include credit earned for course work, clinical practicum, research, and/or thesis/dissertation. Verification is accomplished by submitting an official transcript showing that the minimum credit hours have been completed.

A minimum of 400 clock hours of supervised clinical experience in the practice of speech-language pathology is required for the ASHA CCC. A maximum of 25 clinical observation hours are included in this total. At least 325 of the 400 clock hours must be completed while the student is engaged in graduate study. The remaining required hours may have been completed at the undergraduate level (maximum 75 clock hours). Signed verification of all clock hours (using SFSU CD clinic forms SC-10 or SC-10.5) must be in the student's file.

All applicants for ASHA-CCC must hold a master's degree. All applicants, including those who attended CAA accredited programs, must complete the **Knowledge and Skills Acquisition (KASA) Summary for Certification in Speech-Language Pathology** form to be placed in the student file. The KASA template for CD program students is available on-line at <http://comdis.sfsu.edu/gradadvising/> under Applying for Graduation - Knowledge and Skills Acquisition (KASA). Information about the KASA form is presented during CD Orientation Meetings (held the beginning of fall and spring semesters), CD725: Student Teaching Seminar, CD 712: Medical Internship Seminar, and through advising. **Note:** All applications for ASHA-CCC must be reviewed by the graduate's adviser prior to receiving the signature of the CD program director.

ASHA requires the equivalent of nine months of full-time supervised clinical work following completion of academic requirements. For the CCC, this is called the Clinical Fellowship (CF) experience. Work during this period is usually paid and completed in nine (9) months at a rate of a minimum of thirty (30) hours per week, or in eighteen (18) months at a rate of fifteen to nineteen (15-19) hours per week.

As part of the certification process, ASHA requires that the applicant report the results of the National Examination in Speech-Language Pathology (PRAXIS Series) by the Educational Testing Service (ETS) with a passing score to the professional accreditation board.

REQUIREMENTS FOR CALIFORNIA STATE LICENSURE IN SPEECH-LANGUAGE PATHOLOGY (SLPAHADB)

The California Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board (SLPAHADB) requires sixty (60) units of academic credit for licensure in speech-language pathology. Twenty-four (24) of these units must be in the field of speech-language pathology from a single university; thirty (30) of these units must be in courses providing information about communicative disorders and training in diagnosis and management of speech, language, hearing disorders. No credit is given for units earned during clinical practicum.

Three-hundred (300) clock hours are required for the California license in three different settings.

All applicants for CA licensure must hold a master's degree. All applicants must complete the Clinical Practicum in Speech-Language Pathology form available online: http://www.speechandhearing.ca.gov/applicants/app_pack_slp.shtml. Information about CA licensure is presented during CD Orientation Meetings (held the beginning of fall and spring semesters), CD725: Student Teaching Seminar, CD712 Medical Internship Seminar, and through advising. **Note:** All applications for CA licensure must be reviewed by the graduate's adviser prior to receiving the signature of the CD program director. The Report of Clinical Practicum must be submitted directly from the university to the licensing office.

SLPAHADB requires the equivalent of nine months of full-time supervised clinical work following completion of academic requirements. For the California license, this period is termed Required Professional Experience (RPE). Work during this period is usually paid and completed in nine (9) months at a rate of a minimum of thirty (30) hours per week, or in eighteen (18) months at a rate of fifteen to nineteen (15-19) hours per week.

As part of the RPE process, SLPAHADB requires that the applicant report the results of the National Examination in Speech-Language Pathology (PRAXIS Series) by the Educational Testing Service (ETS) with a passing score to the board.

REQUIREMENTS FOR CALIFORNIA SPEECH-LANGUAGE PATHOLOGY SERVICES CREDENTIAL (SLPSC) IN LANGUAGE, SPEECH, AND HEARING

The Speech-Language Pathology Services Credential (SLPSC) in Language, Speech, and Hearing is issued by the California Commission on Teacher Credentialing (CCTC) for individuals intending to practice speech-language pathology in the public schools. Recent legislation allows speech-language pathologists who possess a CA state license to work in the schools as consultants without the SLPSC. Be advised, however, that many school districts are choosing to hire only individuals who hold the SLPSC. Therefore, it is recommended that graduate students complete the requirements for the SLPSC.

The CCTC is responsible for determining the appropriate requirements for the practice of speech-language pathology in the public schools. Students should be aware that changes in credential requirements are determined by the CCTC, not the CD program. Basic questions regarding credentials can be answered by your adviser. More complex questions should be addressed to the College of Education Credentials Office (405-3594) or directly to the CCTC office in Sacramento toll-free 888-921-2682 (1:00 – 4:45 pm, Monday-Friday) or visit www.ctc.ca.gov.

Students must complete either the ASHA requirements for clinical certification in speech-language pathology and/or the state licensing board requirements to practice as a speech-language pathologist in California to obtain the SLPSC. When the graduate student has completed these requirements for the Speech-Language Pathology Services Credential, a preliminary credential will be awarded following proof of receipt of the Master of Science degree. For the clear SLPSC, the candidate may apply directly to the Commission and must verify:

- 1) passing score (currently 162) on the Educational Testing Services Praxis II Speech-Language Pathology Test (test code 0330), and
- 2) completion of a 36-week, full-time, mentored clinical experience or equivalent supervised practicum (commonly known as the Clinical Fellowship [CF]). Verification of completion may be on one of the following forms:
 - a) Required Professional Experience (Form 77V-21) from the California Speech-Language Pathology and Audiology Board
 - b) Speech-Language Pathology Clinical Fellowship and Rating Report Form from the American Speech-Language-Hearing Association (ASHA).

THE COMMUNICATIVE DISORDERS PROGRAM: CLINICAL PRACTICUM

Student clinician placements in both on- and off-campus clinical experiences are determined by CD faculty advisement and approval. Supervised clinical practicum are arranged to include experiences with client populations across the life span and from culturally/linguistically diverse backgrounds. Practicum must be completed that include diagnostic and therapeutic experiences with both children and adults with various types and severities of communication and/or related disorders, differences, and disabilities.

According to ASHA (Standard V-B), the student must complete a program of study that includes supervised clinical experiences sufficient in breadth and depth to achieve the following skills outcomes:

1. Evaluation:
 - a. conduct screening and prevention procedures (including prevention activities)
 - b. collect case history information and integrate information from clients/patients, family, caregivers, teachers, relevant others, and other professionals
 - c. select and administer appropriate evaluation procedures, such as behavioral observations, non-standardized and standardized tests, and instrumental procedures
 - d. adapt evaluation procedures to meet client/patient needs
 - e. interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention
 - f. complete administrative and reporting functions necessary to support evaluation
 - g. refer clients/patients for appropriate services
2. Intervention:
 - a. develop setting-appropriate intervention plans with measurable and achievable goals that meet clients'/patients' needs. Collaborate with clients/patients and relevant others in the planning process.
 - b. implement intervention plans (involve clients/patients and relevant others in the intervention process)
 - c. select or develop and use appropriate materials and instrumentation for prevention and intervention
 - d. measure and evaluate clients'/patients' performance and progress
 - e. modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients
 - f. complete administrative and reporting functions necessary to support intervention
 - g. identify and refer clients/patients for services as appropriate
3. Interaction and Personal Qualities:
 - a. communicate effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the client/patient, family, caregivers, and relevant others
 - b. collaborate with other professionals in case management
 - c. provide counseling regarding communication and swallowing disorders to clients/patients, family, caregivers, and relevant others
 - d. adhere to the ASHA Code of Ethics - see attachment at the end of this

handbook or go to: <http://www.asha.org/policy/ET2016-00342>
and behave professionally

Clinical skills may be developed and demonstrated by means other than direct client/patient contact in clinical practicum experiences, such as academic course work, labs, simulations, examinations, and completion of independent projects. The student is responsible for documenting the acquisition of these skills across the nine major areas listed below:

- articulation
- fluency
- voice and resonance, including respiration and phonation
- receptive and expressive language (phonology, morphology, syntax, semantics, and pragmatics) in speaking, listening, reading, writing, and manual modalities
- hearing, including the impact on speech and language
- swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding; orofacial myofunction)
- cognitive aspects of communication (attention, memory, sequencing, problem-solving, executive functioning)
- social aspects of communication (including challenging behavior, ineffective social skills, lack of communication opportunities)
- communication modalities (including oral, manual, augmentative, and alternative communication techniques and assistive technologies)

DESCRIPTION OF CLINICS

The CD clinic program offers undergraduate clinician aide experience (CD 711) and graduate clinics (CD715, 880, 881, 882, and 884). Typically, the student enrolls in one treatment practicum per semester unless advised to do otherwise.

UNDERGRADUATE CLINIC AIDE

Undergraduate students who have achieved senior status may request to be a clinic aide in one of the on-campus clinics. Upon assignment and approval by the CD clinic coordinator, the student enrolls in CD711 (1 unit).

Responsibilities and Guidelines for Clinic Aides

1. Assist clinicians in preparation of treatment rooms, materials, etc. Responsible for opening treatment rooms. Get keys from clinic manager if clinical educator is not available.
2. Assist clinicians and clinical educator in video-recording and monitoring sessions. Training will be given by clinic manager or administrative office assistant.
3. Parents should know where clinic aide is located in case they want to observe.
4. At the end of all clinics, clinic aide is responsible for making sure that the treatment rooms are all locked including rooms BH116, BH127, BH136 and BH138 if used.
Note: Please make sure that rooms BH127 (clinician's materials room) and BH136 (audio/video central control room) are locked at all times. Also, please assist the clinicians in cleaning up room, putting furniture back in the room, etc.
5. During treatment sessions, clinic aide should be observing with the clinical educator in his/her office unless otherwise assigned to another room.
6. Mid-term Grade diagnosis criteria – Clinical educator and clinic aide review the following:
 - summary of duties
 - further objectives
 - feedback
7. Final grade diagnosis criteria: Clinical educator and clinic aide complete a written grade form reflecting semester competency. The objectives include the following:
 - a written report of experience
 - a written report on a specific therapeutic process
 - a written report on a specific CD disorder

GRADUATE CLINICS

Students must take CD768 Advanced Clinical Skills concurrently with their first clinical experience.

All students are required to take one clinic every semester until they are approved for a CD715, 881, or 882 experience, unless otherwise advised by their faculty advisor and approved by the clinic coordinator. Clinics will be arranged by time rather than by category. At least one of the clinical experiences will include a child experience and at least one of the clinical experiences will include an adult experience. CD711 or 713 is taken with each clinical experience.

The following clinical practicum are available for students. Eligibility for diagnostic and treatment practicum is contingent upon completion of appropriate seminars and approval by the CD clinic coordinator.

1. **Specialty Child Clinics (CD880):** Student clinicians provide individual and/or group treatment for specialty child clinics related to participation in personnel preparation grants or to faculty research interests. Examples include a toddler clinic located at SFSU early childhood education centers, a family-centered autism clinic, an off-campus school-based clinic, and an AAC storytellers club. Treatment is provided one to two times per week for approximately 110 total minutes. Staffing (CD711) with the clinical educator occurs either immediately prior to or following the treatment session.
2. **Articulation and Language Disorders Child Clinics (CD880):** Student clinicians provide individual and/or group treatment for clients who have been recommended for articulation and/or language treatment. Treatment is provided two times per week for approximately 55 minutes per session. Staffing (CD711) with the clinical educator occurs either immediately prior to or following the treatment session.
3. **AAC Conversation Club/Adult General Clinic/Adult Neurogenic Disorders Clinic (CD880):** Student clinicians provide individual and/or group treatment for adults in one of three areas: augmentative and alternative communication; adult general clinic including accent modification, fluency, high functioning autism and language based learning challenges; and neurogenic disorders including aphasia, motor speech disorders, and traumatic brain injury. Individual and/or group sessions are scheduled once weekly for approximately 110 total minutes. Staffing (CD713) with the clinical educator occurs either immediately prior to or following the treatment session.
4. **Advanced Diagnosis in Communicative Disorders (CD884):** In this clinic the student clinicians work as a team. The diagnostic session includes formal and informal assessment and intake interviewing. The teams meet after each session to discuss findings, clinical impressions and recommendations. Each member of the team is responsible for reporting and writing a portion of the session which is later combined into the final report. Also, students may provide speech-language-hearing screening services for preschool and private school programs. (This clinic is typically taken concurrently with the CD882 Internship experience.)
5. **Clinical/Rehabilitative Experience in the Schools (CD715):** The candidate for the

Speech-Language Pathology Services Credential in Language, Speech, and Hearing is required to complete his/her student teaching assignment in the public school setting for approximately 3 ½ days per week. A minimum of 200 clock hours with minors plus an additional 75 residency hours are required. The seminar (CD725) to accompany this assignment must be taken concurrently. The student enrolls for 5-8 units of CD715 and 1 unit of CD725 upon advisement.

6. **Internship in Communicative Disorders I (CD881):** Internship I is completed at an off-campus pediatric clinical setting (hospital, clinic or rehabilitation center). This practicum is recommended for all master's candidates who are *not* completing the credential program. Internship I requires a minimum of 125 clock hours plus an additional 75 residency hours. The student enrolls in CD881 and CD725.
7. **Internship in Communicative Disorders II (CD882):** All master's candidates are required to complete an internship in a clinical setting (hospital, clinic or rehabilitation center). This adult internship requires a minimum of 200-225 on-site hours of which at least 125-150 are clock hours. The student must enroll for six (6) units of CD882 and one (1) unit of CD712. Students may also enroll in CD882 for three (3) units during the summer semester (This clinic is typically taken concurrently with the CD884 Advanced Diagnosis of Communicative Disorders experience.)

SUPERVISION AND CLOCK HOURS

Supervision is provided by individuals who hold the ASHA Certificate of Clinical Competence in the appropriate area of practice. Direct supervision is in real time and is never less than 25% of the student's total contact with each client/patient and occurs periodically throughout the practicum. These minimum requirements are adjusted upward if the student's level of knowledge, experience, and competence warrants.

The clinical educator is available to consult as appropriate for the client's/patient's disorder with a student providing clinical services as part of the student's clinical education. Supervision of clinical practicum includes direct observation, guidance, and feedback to permit the student to monitor, evaluate, and improve performance and to develop clinical competencies.

The student clinician is assigned a CD faculty clinical educator for each on-campus clinical practicum offered by the CD program. For the off-campus internships and student teaching experience(s), the student clinician has an "on-site" clinical educator in addition to the university-based clinical educator. The "on-site" clinical educator is the immediate supervisor and the university-based clinical educator is the academic CD faculty supervisor. Only the clinical educator who actually observes the student in a clinical session is permitted to verify the credit given to the student for the clinical practicum hours.

Only direct contact with the client or the client's family in assessment, management, and/or counseling can be counted toward clinical clock hours. Although several students may observe a clinical session at one time, clinical practicum hours should be assigned only to the student who provides direct services to the client or client's family. Typically, only one student should be working with a given client. In rare

circumstances, it is possible for several students working as a team to receive credit for the same session depending on the specific responsibilities each student is assigned. For example, in a diagnostic session, if one student evaluates the client and another student interviews the parents, both students may receive credit for the time each spent in providing the service. However, if one student works with the client for 30 minutes and another student works with the client for the next 45 minutes, each student receives credit for the time he/she actually provided services— that is, 30 and 45 minutes, not 75 minutes. If two students are providing group therapy to clients, each would count 50% of the time as clinical clock hours – that is, for a 30-minute group session, each student would count 15 minutes, not 30 minutes. The student clinician is responsible for maintaining documentation of time spent in supervised practicum, obtaining the supervisors' signatures, and submitting the paperwork for verification by the CD clinic coordinator.

GRADING POLICY

Grading criteria for undergraduate clinic aides (CD711) and graduate students (CD880) in clinical practicum in the CD clinic are as follows:

FOR UNDERGRADUATE CLINIC AIDES (CD711):

- A Can function successfully with minimal supervision. Has made significant progress in current semester.
- B Can function successfully with regular supervision. Has made significant improvement during semester.
- C Can function successfully with constant supervision. Some progress during semester.
- D Cannot function successfully with supervision. Little progress during semester.

FOR GRADUATES (CD880):

- A Can function **independently** with minimal supervision for that clinical experience as expected for a beginning (1st client), intermediate (2nd or 3rd client) or advanced (internship) student clinician in the current semester.
- B Can function successfully with minimal supervision for that clinical experience as expected for a beginning (1st client), intermediate (2nd or 3rd client) or advanced (internship) student clinician. Has made significant progress in current semester.
- C Can function successfully with regular supervision for that clinical experience as expected for a beginning (1st client), intermediate (2nd or 3rd client) or advanced (internship) student clinician. Has made some progress during semester.
- D Cannot function successfully with regular supervision for that clinical experience as expected for a beginning (1st client), intermediate (2nd or 3rd client) or advanced (internship) student clinician.

NOTE: The student's final grade may be reduced by one letter grade if all reports and/or papers are not submitted in correct form and by the due date.

Criteria for Academic and Clinical Practicum Advancement in the CD program:

- In order to advance in the academic and practicum sequence, the student must maintain the following:

- Letter grade of C– or better in each graduate-level academic course, with an overall B average (3.0 GPA) for the program.
 - Letter grade of B– or better in CD768 Advanced Clinical Skills.
 - Letter grade of B– or better in all CD880 level clinics.
- Students who do not meet the requirements above will not be allowed to advance in the academic and clinical practicum sequence. The student will be required to meet with an advisor to develop a remediation plan that may include additional coursework and/or practicum experience.
 - No clock hours will be counted for clinical practicum that result in a grade of W (withdrew) or I (incomplete) for reasons other than faculty approved medical/emergency situations.

OFF-CAMPUS PLACEMENT PROCEDURES

The student must meet with her/his advisor to determine preliminary eligibility for off-campus placements. The student must submit the appropriate request form for the off-campus placement assignment the preceding semester in which she/he wishes to be placed. The written request must be submitted no later than the 6th week of the fall semester for spring semester placement, and by the 6th week of the spring semester for summer and/or fall semester placement.

The CD school and medical internship coordinators will review the requests for off-campus placements and place the students at internship sites with on-site clinical educators. The CD clinic coordinator will place the students with their university liaisons. A mandatory meeting of all students approved for off-campus placement (one for prospective interns and one for credential candidates) will be held after faculty approval. The purpose of this meeting is to discuss the assignments and answer any individual questions the students may have. One-on-one appointments between the student and the internship coordinators will be scheduled as needed.

The CD school and medical internship coordinators are responsible for placement of student interns and credential candidates. It is the CD school and medical internship coordinator's job to assure that a valid contract exists between the site and SFSU, the site is appropriate to the student's needs, and that the site supervisor is ASHA-certified in the appropriate area of supervision, holds California licensure and/or the appropriate credential. The CD school and internship coordinators will contact prospective sites where students are desired and inform the clinical educators which student(s) will be contacting them for interview(s).

The student is NOT to contact any off-campus site (relative to internship or credential placement) until specifically instructed to do so by the CD school and medical internship coordinators. Site supervisors will not interview students nor will students be assigned to a particular site until CD school and medical internship coordinators have notified that site supervisor of the students who are eligible and who will be coming for interview(s). Failure to observe this protocol may jeopardize the student's internship and/or credential placement process.

During the interview, the student should provide the off-campus clinical educator with information about experiences, current number and categories of clock hours, and specific client needs. After the student has been tentatively assigned to an off-campus site, he/she should observe at the site during the semester preceding the assignment. The observation will provide an opportunity for the student to meet with the clinical educator and obtain preliminary information regarding the setting. It will also allow the clinical educator to meet and discuss with the student the requirements the clinical educator will establish.

CONFIRMATION OF OFF-CAMPUS PLACEMENTS

When the placement is determined, a letter will be sent from the CD school and medical internship coordinators to the on-site clinical educator confirming placement. This letter will include: 1) the name of the CD faculty who will be supervising the student, 2) the master's comprehensive written examination date, 3) retake examination date, 4) dates of campus meetings for all interns (CD725 or CD712 only), 5) specific beginning and finishing dates of the semester and 6) specific date when the final grade and student evaluation should be sent to the respective CD faculty liaison. As soon as placement has been confirmed, the student and on-site clinical educator will determine the weekly work schedule and the work requirements during academic holidays. The beginning date of the assignment must be no later than the first day of SFSU instruction and the final date no later than the last day of SFSU instruction. This schedule should be in writing, a copy of which is to be sent to the CD faculty liaison.

If the student plans to take the comprehensive written examinations during the semester in which the off-campus assignment is being completed, the student will be excused from off-campus assignment duties only on the scheduled day of the examination.

FOR CREDENTIAL PLACEMENT ONLY

Formal application to the Department of Special Education must be made by the prospective credential student ***the semester prior to*** their student teaching assignment, that is, no later than September 28 (for spring semester) or February 28 (for fall semester). Included in the required packet are the student teaching application form signed by the student's adviser, a completed Credential Approved Program (CAP) form, proof of having passed the CBEST, TB test taken and results, Certificate of Clearance (including fingerprints), and credential processing fee paid. Failure to submit these documents by the deadline (only complete packets are accepted) means that the student will be placed on a wait list and his/her student teaching placement may be jeopardized.

To receive a grade for the student teaching experience (CD715), a minimum of 200 clock hours with minors is required. At least 100 clock hours must have been earned at the school site; a maximum of 100 clock hours with minors can be "brought into" the student teaching experience. If there are extenuating circumstances in which the student is unable to obtain the minimum 200 clock hours, it will be necessary for the student, following consultation with the on-site clinical educator, to extend the

assignment. Generally, the student is expected to spend a minimum of 3 1/2 days a week at the school site for an entire semester. Unrelated to the 200 clock hours requirement, the student must also spend a minimum of 75 residency hours at the school site. Any time that is spent at the school site in which clock hours are not being earned is considered "residency," e.g., writing reports, lesson planning, consulting with the site supervisor.

Credential candidates are typically enrolled in the student teaching workshop (CD725), meeting for a total of 15 hours during the semester. IEPs, school-based issues, paperwork and deadline dates are discussed in these seminars, which are led by the school internship coordinator. Upon completion of the clinical practicum assignment, the student is responsible for placing a record of his/her client clock hours, signed by the on-site clinical educator and the CD clinic coordinator, in the student's file in the CD clinic office.

FOR INTERNSHIP PLACEMENT ONLY

For clinical internships (CD882), the student is required to spend 200-225 hours on site with a minimum of 125-150 of these hours as direct client contact (clock hours). If there are extenuating circumstances in which the student is not able to obtain the minimum 125 clock hours, it will be necessary for the student, following consultation with the on-site supervisor, to extend the assignment. The student clinician must maintain consistent attendance at the intern site. Absenteeism is excused only for emergencies with the intent to make up the time. Written documentation for each emergency must be submitted for the intern site supervisor's approval. A copy must be forwarded to the CD faculty supervisor and to the CD internship coordinator.

Internship candidates are typically enrolled in the medical internship workshop (CD712) meeting for a total of 15 hours during the semester. Billing, Medicare, HIPAA and other medical-based issues are discussed at these seminars, which are led by the internship coordinator. Upon completion of the clinical practicum assignment, the student is responsible for placing a record of his/her client clock hours, signed by the on-site clinical educator and the CD coordinator, in the student's file in the CD clinic office.

The CD program will host an internship clinical educator meeting each semester with the off-campus clinical educator, CD faculty liaisons, and CD internship coordinators in attendance. In addition, all off-campus site supervisors will serve as the CD Program's Community Advisory Board, attending one meeting per semester.

At the end of the assignment, the on-site clinical educator will complete the clinician KASA form which should be **faxed** to the CD faculty supervisor and CD internship coordinator, along with a recommended final grade for the student, no later than the last day of university instruction. The CD faculty liaison will submit the final grade to the university. Upon completion of the assignment, the student is responsible for placing a record of his/her client clock hours, signed by the on-site supervisor and CD clinic coordinator, in the student's file in the CD clinic office. In addition, each student will complete an evaluation form for their on-site supervisor (submitted to CD internship coordinator).

In the event the student encounters problems regarding the off-campus assignment, the student should discuss this immediately with the CD faculty liaison who will, as appropriate, notify the CD internship coordinator.

VOLUNTEER EXPERIENCES (Off-Campus)

On occasion, students may be interested in volunteering at an off-campus site to further their clinical experience. Students must contact a site independently of the CD program. The student will not be assisted in finding a volunteer site. There will be no contact between the CD clinic coordinator, internship coordinator/s and the volunteer site. Volunteer experience will not fulfill any academic or clinical practicum requirements of the CD program.

CLINIC REGISTRATION INFORMATION

UNDERGRADUATE CLINICS

CD711	Seminar in Therapy for Functional CD (Articulation/ Language Seminar or Specialty Child Clinic Seminar/Staffing)	1 unit
	Or	
CD713	Seminar in Treatment for Organic CD (AAC/Adult General/Adult Neurogenics Seminar/Staffing)	1 unit

GRADUATE CLINICS*

CD880	Advanced Communication Therapy/	2 units
CD711	Seminar in Therapy for Functional CD (Child Articulation/Child Language/Child Specialty Clinics/Staffing)	1 unit
CD880	Advanced Communication Therapy/	2 units
CD713	Seminar in Therapy for Organic CD (Adult AAC/Adult Neurogenics/Adult General Clinic/Staffing)	1 unit
CD881	Internship 1	3 units
CD715	Clinical/Rehab Experience School/	5-8 units
CD725	Seminar	1 unit
CD882	Internship II/	6 units
CD712	Seminar	1 unit
CD884	Advanced Diagnosis in CD	3 units

*Enroll for 2 units of 880 and 1 unit of the corresponding seminar/staffing for each appropriate clinic.

DOUBLE CLINIC ENROLLMENTS

Students approved by the Clinic Coordinator to take two clinics during one semester will enroll in two **different** sections of the appropriate clinic, e.g., CD880.02 for 2 units and CD880.03 for 2 units.

STANDARD CLINICAL PROCEDURES

CD CLINIC OFFICE AND CD ROOMS

1. The CD clinic office is located in Burk Hall 113.
2. Communications with CD clinic office staff is to be conducted through the window in Room 114 reception room.
3. Only faculty and staff can be admitted into the CD clinic office in Burk Hall 113.
4. The CD reception room (BH 114) is for clients or student appointment check-in.
5. Client and student files may be checked out through the CD clinic office staff by asking for the file at the check-out window (BH 114) and completing an **OUT** card.
6. The Clinicians' Materials Room (BH 127) houses materials/equipment that must be checked out in CD 114. Students can review materials/equipment only when an attendant is scheduled to work.
7. The photocopier may **not** be used by students.
8. The CD clinic office hours are Monday - Friday, 8:30 a.m. - 5:00 p.m. The office is closed for lunch everyday from 1:00 - 2:00 p.m.
9. Clinicians' Workroom (Burk Hall 116): Tables/chairs, computers, a microwave oven, CD treatment toys and games, and the CD library are located in this room. The door of this room will be unlocked Monday – Friday, 8:30 a.m. – 5:00 p.m. Students are responsible for maintaining the cleanliness in the workroom.
10. Staffing/Meeting Rooms (Burk Hall 132, 133, and 138). These rooms are used for clinic staffing, small classes, large group treatment, and meetings.
11. AAC Lab/Staffing Room (Burk Hall 137). The AAC laboratory is used for preparation of materials for students and clients enrolled in the AAC conversation club, the family centered autism clinic and the AAC grant. This room is also used for staffing, small classes, and meetings.
12. Voice Lab/Gray Matter Lab (Burk Hall 140). The Gray Matter Lab, the Visi-Pitch and other equipment for diagnosis and remediation of voice disorders is housed in this area.

CD CLINIC RECEPTION ROOM

Students are not to congregate in the CD clinic reception area during clinic hours. The chairs are for the use of the clients and their families. **Students are not to discuss a client in the reception room, hall, or in public where they may be overheard.**

CLINICAL FILES

All client files are de-identified and assigned a clinic number. The number has five units which provide important identifying information about the client. An illustration appears below:

Client Number	06- 50 - A - 4 - 01
06	the year the client entered the Clinic
50	the client was the 50th client to enter the CD clinic in 2006
A	the client has an articulation disorder
4	the month of the client's birth is April
01	the year of the client's birth is 2001

The letters used to identify each disorder are:

A	Articulation
L	Language
P	Aphasia/Neurogenic
H	Hearing
V	Voice
F	Fluency
AC	Accent

CHECK-OUT PROCEDURES FOR CLIENT FILES

The client files are located in a locked filing cabinet inside the CD clinic office (BH 113).

Requesting a client file:

1. **Students do not have direct access to the locked file cabinets where client files are stored.** The student must ask for the client file at the CD clinic office window. Before the clinic office staff provides the file, the student must fill out an OUT CARD with the student's last name, the client's last name, and the date. The OUT CARD will be placed in the space from which the folder was removed. **This procedure must be followed every time the student checks out a client file.**
2. **Files are not to be removed from the CD clinic area.** They may be taken to the CD clinic area to read. Files must be returned to the CD clinic office the same day they are checked out. If the student returns a file after CD clinic office hours, he/she should give the client file to the clinical educator who will return the file to the CD clinic office.
3. The information in the client files is confidential and therefore is not to be discussed with anyone unless that person is directly involved with your client (i.e., the clinical educator).
4. Documents in the files are **not** to be photocopied by student clinicians! If information is required by another agency, a release form must be signed by the client or the client's parent or guardian. The completed form is given to the CD clinic office staff who will take care of the mailing.

REGISTRATION FOR CLINIC AIDES AND INTERNSHIP PLACEMENTS

The scheduling of clients necessitates an early commitment on the part of student clinicians. Clinic aides and graduate students requesting internship placements are required to submit petitions to be approved for enrollment in practicum **during the first 6 weeks of the previous semester**. The due date for Clinic Request Forms is listed on the current CD Program calendar.

Students who fail to submit their requests by the due date may not be assigned as a clinic aide or to an internship site. Every possible attempt will be made to honor the student's request for a specific practicum experience. However, it should be understood that the client population may necessitate changes.

The clinic request forms for clinic aides and internships are available online on the CD program website under CURRENT STUDENTS. It is the student's responsibility to complete all of the information on-line before the deadline.

REGISTRATION FOR CD 880 CLINICS

The CD Clinic Coordinator will assign incoming first year graduate students to fall clinic. If a student is assigned to a child clinic in the fall, he/she all attempts will be made to assign the student to an adult clinic in the spring and vice versa. During the spring semester, students will complete a form during the initial month of the semester, provided by and collected by the clinic coordinator, to determine whether the desired third clinic should be an adult clinic, a child clinic or no preference. **Students are not to request specific adult/child clinics or clinical educators.**

Registering for a clinic requires a professional commitment on the part of the student. When a client is contacted, the SFSU CD clinic makes every effort to provide treatment for that client. If the commitment is broken, the clinic's reputation suffers. Therefore, it is assumed that when a student has registered for clinic, they will in fact fulfill their responsibility. **If a student decides to drop a clinic before the clinic begins, it is expected that they will petition directly to the CD clinic coordinator in writing for permission to withdraw, stating the reasons for withdrawal.** A record of clinic withdrawals will be kept in the student's permanent file.

Students are required to attend all scheduled treatment sessions, provide any makeup sessions for their client(s), and be available for additional treatment sessions when needed at the discretion of the clinical educator.

CLINIC FORMS

All clinical forms are available online on the CD program website under Advising Manual for Graduate Students in Communicative Disorders: Preparing for On-Campus Clinical Practicum. The following prefixes are used in the form coding system:

- A Accidents
- F Client File Forms
- SC Student Clinician Forms

- HC Hearing Conservation Forms
- HS Hearing Screening Forms

INSURANCE

All students who are enrolled in CD clinical practicum and are providing clinical services on- or off-campus are covered under SFSU insurance.

LAB FEES

All student clinicians enrolled in clinical practicum on campus must pay a lab fee each semester. Checks are made out to **SFSU Registrar** and submitted prior to the beginning of treatment for that semester.

CLINIC PROTOCOL

The SFSU CD clinic is the first professional setting for many new clinicians. Although the CD clinic is a teaching facility, it is still a professional setting. Therefore, it is imperative that the student act accordingly at all times. A general rule to follow is: **If you would not do it in a clinical or public school setting, do not do it here.**

Specific professional and ethical behaviors are outlined within the **ASHA Code of Ethics** (see attachment at the end of this handbook or go to <http://www.asha.org/policy/ET2016-00342>). When enrolled in the CD clinic, the student refers all client/clinician issues to the immediate clinical educator. Any further action should be referred to the CD clinic coordinator, and if needed, the chair of the Department of Special Education and Communicative Disorders. Failure to follow these guidelines may result in disciplinary action as outlined in the CD Client Privacy and Confidentiality Policy.

Clinicians should arrive for their clinical practicum 15 to 20 minutes before the session is scheduled. This will allow time to set up the treatment room and obtain reserved treatment materials.

Under no circumstances should a clinician assume responsibility or make arrangements for the transportation of a client. Insurance policies do not cover this activity.

Although there are no strict guidelines as to dress, student clinicians are expected to dress appropriately for the setting and client. A general principle to follow is that the clinician's appearance should not interfere with the client's receptivity to the clinician and the clinical activities. Specifically, in the CD Clinic, clinicians should not be wearing jeans, shorts, sandals, t-shirts, etc. Where questions arise, the clinician should consult with the clinical educator.

TREATMENT ROOMS

There are specific treatment rooms in the CD clinic area. The treatment session should terminate no later than 5-10 minutes prior to the room's next scheduled session. This will allow the next clinician a sufficient amount of time to organize materials. **Before**

leaving the room, it is imperative that the room is clean of the previous treatment's materials, paper, debris, water cups, etc.

PROCEDURES FOR OBSERVING TREATMENT

As part of a CD class assignment, students may be required to observe treatment. Students must contact the clinical educator of the clinic they wish to observe. This must be done in advance of the actual time of the clinic. Students should explain the reason for the observation and abide by the clinical educator's decision. Most clinical educators require a written email request (just a short note stating name, reason, clinic to observe desired, etc.).

DROPPING CLINICS

If a student deems it necessary to officially drop a clinic from his/her academic load, the clinical educator, CD clinic coordinator and CD program coordinator must be notified in writing of the decision before the transaction takes place. Dropping a clinic should be a rare occurrence based on health problems or extremely unusual circumstances.

ORDERING SUPPLIES AND MATERIALS

Students cannot directly order supplies and materials. They can, however, request the purchase of items through their clinical educator or the CD clinic coordinator. The request is submitted in writing for CD faculty consideration. If purchase of the item is approved, the CD clinic coordinator then proceeds with a request to order the items and the order is placed by the office manager. Due to university budget policies, items can only be ordered during specific times of the year.

CLINICIAN CONTACT INFORMATION

Information for contacting the clinician must be submitted to the CD clinic office **each semester** prior to the beginning of treatment. The following information should be provided: home, work, and cell phone numbers plus home, mailing, and e-mail addresses. It is wise to leave an emergency number on file. The information is filed in the CD clinic office and is for use by the office staff and CD faculty only.

CLINICIANS' WORKROOM AND CLINICIANS' MATERIALS ROOM

The Clinicians' Workroom (BH 116) contains materials available for students to use in treatment. Although the materials do not require any check out procedures, the room and the materials must be kept clean and in order. Toys must be returned in their bins to the baskets provided in BH 116. Toys in the basket will be cleaned and returned to the appropriate shelf by undergraduate volunteers.

Primarily, the Clinicians' Materials Room (BH 126) contains assessment tools, treatment materials and equipment which require check out procedures. All items in this room must be checked out in BH 114 with the student clinician's SFSU ID.

INTAKE PROCEDURES

INITIAL CONTACT

Potential clients, or their parents, contact the clinic in one of four ways: by telephone, email, letter, or in person. A record of these contacts is kept by the CD clinic Office Manager. It is the CD clinic office manager's responsibility to update the information. The CD clinic coordinator is responsible for determining the initial disorder designation. An application and a statement of understanding (F-27) are sent to the potential client requesting information necessary for scheduling a diagnostic appointment if needed, or for being placed on the waitlist for the following semester, as well as for providing information to the client about clinic policies and procedures.

RECEIPT OF APPLICATION

Upon receipt of the application and signed statement of understanding (F-27), the CD clinic coordinator reviews the information and makes a disorder classification. The application is returned to the CD clinic office manager who makes a permanent file folder and assigns a file number. The CD clinic coordinator, after reviewing the application, directs the clinic staff whether to schedule a diagnostic appointment or place the client on the waitlist for services during the next semester.

DIAGNOSTIC ASSESSMENT

DIAGNOSTIC CLINIC

1. **CD 884: Advanced Diagnosis in Communicative Disorders** meets each week during the semester (e.g., 9:00-12:00, 12:30-3:30). Clients are scheduled by the CD clinic office staff and CD 884 clinical educator is notified of the appointment a week prior to the appointment during the scheduled CD 884 clinic.
2. Graduate students must complete an intended assessment plan (SC-03) and submit it to the CD884 clinical educator at least two days prior to the diagnostic session.
3. When an audio/video-recorded diagnostic session is scheduled, the clinician must have a signed parent/client release permission form completed (F-28).

DIAGNOSTIC RECOMMENDATION

1. Immediately following the diagnosis, the diagnostic team completes form F-25: Diagnosis/Treatment Recommendation/Routing Form, and gives it to the CD clinic staff. Based on the information supplied, the diagnostic recommendations are entered into the files for the respective clients.
2. The CD clinic coordinator reviews the computer information regularly to determine client diagnostic and treatment needs.

DIAGNOSTIC REPORT

Within 2-3 weeks of the diagnostic session, the de-identified Speech-Language Diagnosis Report (F-22) must be completed. The de-identified report contains no names, initials, birthdates, addresses or locations of services. It is the clinical educator's responsibility to make sure the report is in correct form, accurate, and typographically perfect. **All pages must be numbered and all test protocols attached to the report.** The report is stamped "STUDENT REPORT" before being filed by the CD clinic staff.

When copies of the report are to be sent to the client or outside agencies, the appropriate information should be supplied to the CD clinic staff along with a release form (F-28) signed by the client/parent. A cover letter completed by the CD clinic staff is attached to the report and forms before mailing.

SPEECH/LANGUAGE RESULTS

After the diagnosis is completed, the results are discussed with and approved by the clinical educator. At this time, the student reports the results and recommendations to the parents of the client or to the client.

TREATMENT PROCEDURES

SCHEDULING OF CLIENTS

1. **Priorities:** All other things being equal, the order of client scheduling for treatment is:
 - 1 - Clients who are currently enrolled in treatment
 - 2 - Clients waiting for treatment
 - 3 - Clients scheduled for Diagnostic Assessment
 - 4 - Clients waiting for Diagnostic Assessment* The above priority ordering may be altered if an insufficient amount of clinicians are available for a particular disorder, or one clinic has to be substituted for another due to supervision needs.
2. **CD880 and 884 Clinic Room and Staff Room Assignments:** The CD clinic coordinator is responsible for the scheduling of CD880 and 884 clinic room and staff room assignments for the semester. Room assignment lists are provided to the clinical educators in advance of the start of the semester.
3. **CD880 and 884 Client Scheduling:** CD880 and 884 clients are scheduled by the CD office manager following consultation with the Clinic Coordinator. After the scheduling has been completed, clinical educators are given a list of their clients at the beginning of each semester. Clinical educators assign the clients to their student clinicians.

TREATMENT PLANNING AND REPORT WRITING

REQUESTS FOR INFORMATION TO OUTSIDE AGENCIES/ PROFESSIONALS

Outside agency/professional contact is initiated or approved by the student's clinical educator. A record of requests made to outside agencies or professionals is on file in the CD clinic office. Before a request for information is sent, the student should discuss the reasons for the request with the client or parent. Within the client's file, there should be a signed release form (F-28) which the CD clinic staff will photocopy and send to the agency or outside professional. If a copy of the release form is not in the file, the report will not be sent. It is the student's responsibility to obtain the signed release form from the parent or client.

REQUEST FOR INFORMATION FROM OUTSIDE AGENCIES/PROFESSIONALS

Any request for information about a client must be accompanied by a release form completed by the parent or client. Form F-28 Request for Information should be used. The CD clinic office manager will record the requests made to the CD clinic for information about a client from outside agencies and individuals.

PROPOSED SEMESTER OBJECTIVES (PSO)

Approximately one month after the on-campus clinics (CD880) begin, each clinician submits a Proposed Semester Objectives (PSO) report for his/her client to the clinic supervisor (SC-06). PSOs for both individual or group treatment are written in behavioral terms in descending order of importance.

The clinician lists specifically what behaviors the client will exhibit when treatment ends that semester. For group treatment, all clinicians meet to decide on group objectives. These may be less specific, but should also be written in behavioral terms.

The PSO report is typed, double-spaced and submitted to the clinical educator for editing and approval. All PSO's are de-identified with use of the client file number as the identifier.

INTENDED TREATMENT PLAN (ITP)

Each clinical educator may have their own procedures, outlines, and completion dates for intended treatment plans (ITP). Form SC-03 is an example of an ITP. The purpose of the ITP is to provide the clinical educator with information sufficient to evaluate the student's clinical performance.

For each meeting with a client, the clinician emails the de-identified ITP for approval and/or comment by the clinical educator. Clinical educators provide feedback on the ITP either on-line or via hard copy during each session which is returned to the clinician. ITPs are to be written in behavioral terms.

DAILY TREATMENT LOG (S.O.A.P. NOTES)

Daily treatment logs are called S.O.A.P. notes (see Form F21: Daily Therapy Log). The S.O.A.P. format is as follows:

- S-** subjective observations or reported/unobserved
- O-** objective information; objectives (goals) addressed and activities conducted during the session; results
- A-** assessment; impressions and/or summary of “S” and “O” that contribute to the development of “P”
- P-** plan; current recommendations and/or plan for future sessions

It is important that an ongoing record of diagnostic and treatment procedures, materials used, and results be kept on each client. A written entry is made in the client's folder for every session, even if the client is absent. The log entry is brief, telegraphic, with sufficient percentages, ratios, and/or numbers to document client performance. The de-identified log is dated and emailed to the clinical educator for review. All de-identified notes are printed out and signed by the clinical educator for placement in the client file. The notes are periodically reviewed by the Clinic Coordinator.

FINAL TREATMENT REPORT AND RECOMMENDATION FORM

The de-identified Form F-24 outline contains only the **general** sections of the final treatment report (FTR). The specific contents should be discussed with the clinical educator. The final treatment report should be **typed and single-spaced**, following the **exact** cover sheet format (using standard outline form). The report should be fairly detailed, supplying a sufficient amount of information about the client and procedures used to make the report useful for subsequent clinicians. Additionally, since the report may be sent to other agencies and professionals, it is essential that:

1. There are no typographical, spelling, or grammatical errors
2. Typographical corrections will not be noticed on photocopies
3. Professional language is used
4. Subjective and objective statements are clearly delineated
5. Supporting data is supplied whenever subjective statements are made
6. Statements and judgments are not libelous
7. STANDARD OUTLINE FORMAT IS USED
8. Pages are numbered

During the last week of clinic, each clinician submits a de-identified Final Treatment Report. The outline for this report should be followed closely. In the PERTINENT INFORMATION section, the clinician includes all information about the client that was known prior to the initiation of treatment. It need not include the detail provided in the history section of the Diagnostic Evaluation Report unless an diagnosis has never been made. However, a brief summary of birth, motor and speech development and medical history may be included. Any recent history (recent school changes, medical information, etc.) must be included. This section should also include summaries of any testing done during the first week of treatment and a specific, but narrative description of the treatment goals that had been proposed for that semester. No names, birthdates, addresses or locations are included in this de-identified report.

The ASSESSMENT PROCEDURES section should list any tests administered during the last week or two of treatment. Scores should also be included.

The ANALYSIS section should include a description of the progress the client has made as well as some description of procedures used during that semester. The clinician discusses the client's level of performance at the end of the semester. Comparisons of test-retest results, and responses to individual and group treatment may also be included.

Finally, in the RECOMMENDATIONS section, the clinician recommends continuation of, transfer, or dismissal from treatment or referral elsewhere following the sentence described on the Treatment Report Outline. Additional recommendations based on current semester's observation may appropriate—for example: a complete re-diagnosis the following semester may be recommended.

The first draft of the Final Treatment Report is submitted to the clinical educator for approval. The Final Treatment Report includes any necessary corrections. Only carefully typed corrections will be allowed.

The Final Report and Recommendation Form (F-25) are to be submitted to the clinical educator by a specific date determined by the CD clinic coordinator. The clinical educator, after reviewing and approving both forms, gives them to the CD clinic office manager who stamps them "Student Report" and places them in the client's file (along with formal or informal testing records) after recording their receipt. If the student clinician has not completed the report and recommendations by the specified date, the clinical educator may reduce the student's letter grade (e.g., B+ to B). It is important that the student carefully complete all items on the recommendation form. Based on the data, clinics are developed for the following semester. Upon receipt of the Recommendation Form (F-25) the CD clinic office manager will enter the client status in the file.

The Clinic Coordinator reviews client files at the end of each semester for organization, completeness and accuracy.

EVALUATION OF STUDENT'S CLINICAL COMPETENCE

CLINIC EVALUATION

ON CAMPUS: At mid-semester, each clinician will have an appointment with his or her clinical educator to evaluate growth and performance in the CD880 clinical practicum. Mid-term evaluations are scheduled in lieu of staff meetings during the 8th week of the semester (or week 5 of the summer semester). As the final week of clinic is during week 14 of the semester (or week 9 of the summer semester), final evaluations are completed during the regular clinic time of week 15 of the semester (or week 10 of the summer semester) The final evaluation form is signed by both the clinical educator and student is turned in to the CD clinic coordinator for each student by their clinical educator. The evaluation form (KASA Form) can be found with the other student clinician forms on the CD Program website under Advising Manual for Graduate Students in Communicative Disorders.

OFF CAMPUS: CD715, 881, and 882 experiences are evaluated by the on-site internship supervisor. These evaluations are held at the mid-semester period and at the end of the semester. Both evaluations include a letter grade and written comments. These are reviewed with the student clinician and supervisor and faxed to the CD faculty liaison on campus. If there is any concern or problem with these evaluations, the on-site supervisor and the CD faculty supervisor will meet to discuss the issues. The final evaluation form, signed by the student intern and the on-site internship supervisor, will be turned in to the CD faculty liaison for grading and then turned into the internship coordinator for placement in the student's graduate file. Clinical clock hours forms (SC-10) are turned into the CD clinic coordinator for each student by their CD faculty liaison on campus.

CLINICIANS' MATERIALS ROOM PROCEDURES

CHECK-OUT PROCEDURES

1. All treatment materials and equipment in the Materials Room must be checked out by the CD Office staff on duty. Students checking out materials must write their name, phone number, date out and date due on check out form and submit the check out form to the CD clinic Office in BH 114 during regular working hours. Clinicians are financially responsible for any materials they check out.
2. It is best to reserve all materials, tests, and/or equipment at least 24 hours prior to the clinic hour. This will help to avoid delay and should guarantee that the materials needed will be available.
3. It is important that materials are returned in the same condition as they were issued. If parts are missing, it should be reported to the CD clinic office.
4. Materials can be checked out for overnight use and must be returned the following day (or Monday for materials checked out on Friday), unless special arrangements are made ahead of time. Materials may be returned in the CD Office. **ASSESSMENT TESTS OR MATERIALS ARE NOT TO BE REFILED.**
5. To insure that tests and materials are available for fellow clinicians, any items returned late will be assessed a fine of \$1.00 per item, per day.
6. Student teachers and interns/trainees are not allowed to take any materials out of the Materials Room for use in the public schools unless special circumstances warrant. If this is the case, prior permission must be obtained from the student's CD faculty liaison.

CLINICIANS' WORKROOM PROCEDURES

The Clinicians' Workroom can be used for study and treatment preparation. Materials are available for use which do not require any check out procedures. The materials are arranged by functional categories—e.g., building blocks, puzzles, transportation toys. It is the responsibility of each clinician to see that the items remain orderly. Materials should be returned in their bins and placed in the baskets in the Workroom. Volunteer undergraduate students will clean the materials and place them back on the shelf.

1. It is recommended that each student begin collecting treatment materials for his/her own use.
2. Catalogues are available in the Clinicians' Workroom. These are good sources for ordering materials.
3. Some sources for materials: magazines, educational toys and games, the clinician's imagination.
4. It is important that each student develop personal materials for his/her professional

and educational use.

5. Messages for students are left in faculty mailboxes for privacy issues. Messages can be picked up by students in BH 114.

RECORD OF CLINICAL CLOCK HOURS

STUDENT RECORDS/FILES

Copies of information pertaining to student advising, courses, and clinics are maintained in student files in the CD clinic office. The CD clinic office manager files student information and checks out files to the students upon request of the CD faculty adviser or the student.

CLOCK HOURS FORM

Each clinician is responsible for keeping a record of his/her clock hours. At the end of each semester, the clinician completes one copy of the SC-10 Clock Hour Form. The copy is submitted to the supervisor to be signed (ASHA number included) and submitted to the CD clinic coordinator. The copy is placed in the clinician's student file in the CD office. Students are encouraged to make copies of the signed forms in their graduate files for their personal records.

CUMULATIVE CLOCK HOURS FORM

The clinician is responsible for keeping a cumulative record of his/her clock hours, in addition to the clock hours forms completed for each clinic (as described above). Clock hours are recorded on this form according to the semester earned, the type of problem dealt with, and the age group of the clients seen. The Cumulative Clock Hour form (SC-12) lists the number of hours required for ASHA certification, CA licensure, and the CRS credential, so that the clinician can easily see where additional hours are needed. Similarly, the breakdown by age group helps the clinician determine with what population he/she may need to work in order to round out their clinical experience. Students are responsible for updating the SC-12 form in their graduate file each semester and maintaining a separate SC-12 form for their records.

ASHA CODE OF ETHICS (2016)

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Preamble

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

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

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

- a member of the American Speech-Language-Hearing Association holding the Certificate of Clinical Competence (CCC)
- a member of the Association not holding the Certificate of Clinical Competence (CCC)

- a nonmember of the Association holding the Certificate of Clinical Competence (CCC)
- an applicant for certification, or for membership and certification

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

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

The Code is designed to provide guidance to members, applicants, and certified individuals as they make professional decisions. Because the Code is not intended to address specific situations and is not inclusive of all possible ethical dilemmas, professionals are expected to follow the written provisions and to uphold the spirit and purpose of the Code. Adherence to the Code of Ethics and its enforcement results in respect for the professions and positive outcomes for individuals who benefit from the work of audiologists, speech-language pathologists, and speech, language, and hearing scientists.

Terminology

ASHA Standards and Ethics

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

advertising

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

conflict of interest

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

crime

Any felony; or any misdemeanor involving dishonesty, physical harm to the person or property of another, or a threat of physical harm to the person or property of another. For more details, see the "Disclosure Information" section of applications

for ASHA certification found on www.asha.org/certification/AudCertification/ and www.asha.org/certification/SLPCertification/.

diminished decision-making ability

Any condition that renders a person unable to form the specific intent necessary to determine a reasonable course of action.

fraud

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

impaired practitioner

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

individuals

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

informed consent

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

jurisdiction

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

know, known, or knowingly

Having or reflecting knowledge.

may vs. shall

May denotes an allowance for discretion; *shall* denotes no discretion.

misrepresentation

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

negligence

Breaching of a duty owed to another, which occurs because of a failure to conform to a requirement, and this failure has caused harm to another individual, which led to damages to this person(s); failure to exercise the care toward others that a reasonable or prudent person would take in the circumstances, or taking actions that such a reasonable person would not.

nolo contendere

No contest.

plagiarism

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

publicly sanctioned

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

reasonable or reasonably

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

self-report

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

shall vs. may

Shall denotes no discretion; *may* denotes an allowance for discretion.

support personnel

Those providing support to audiologists, speech-language pathologists, or speech, language, and hearing scientists (e.g., technician, paraprofessional, aide, or assistant in audiology, speech-language pathology, or communication sciences and disorders). For more information, read the Issues in Ethics Statements on Audiology Assistants and/or Speech-Language Pathology Assistants.

telepractice, teletherapy

Application of telecommunications technology to the delivery of audiology and speech-language pathology professional services at a distance by linking clinician to client/patient or clinician to clinician for assessment, intervention, and/or consultation. The quality of the service should be equivalent to in-person service. For more information, see the telepractice section on the ASHA Practice Portal.

written

Encompasses both electronic and hard-copy writings or communications.

Principle of Ethics I

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

Rules of Ethics

- A. Individuals shall provide all clinical services and scientific activities competently.

- B. Individuals shall use every resource, including referral and/or interprofessional collaboration when appropriate, to ensure that quality service is provided.
- C. Individuals shall not discriminate in the delivery of professional services or in the conduct of research and scholarly activities on the basis of race, ethnicity, sex, gender identity/gender expression, sexual orientation, age, religion, national origin, disability, culture, language, or dialect.
- D. Individuals shall not misrepresent the credentials of aides, assistants, technicians, support personnel, students, research interns, Clinical Fellows, or any others under their supervision, and they shall inform those they serve professionally of the name, role, and professional credentials of persons providing services.
- E. Individuals who hold the Certificate of Clinical Competence may delegate tasks related to the provision of clinical services to aides, assistants, technicians, support personnel, or any other persons only if those persons are adequately prepared and are appropriately supervised. The responsibility for the welfare of those being served remains with the certified individual.
- F. Individuals who hold the Certificate of Clinical Competence shall not delegate tasks that require the unique skills, knowledge, judgment, or credentials that are within the scope of their profession to aides, assistants, technicians, support personnel, or any nonprofessionals over whom they have supervisory responsibility.
- G. Individuals who hold the Certificate of Clinical Competence may delegate to students tasks related to the provision of clinical services that require the unique skills, knowledge, and judgment that are within the scope of practice of their profession only if those students are adequately prepared and are appropriately supervised. The responsibility for the welfare of those being served remains with the certified individual.
- H. Individuals shall obtain informed consent from the persons they serve about the nature and possible risks and effects of services provided, technology employed, and products dispensed. This obligation also includes informing persons served about possible effects of not engaging in treatment or not following clinical recommendations. If diminished decision-making ability of persons served is suspected, individuals should seek appropriate authorization for services, such as authorization from a spouse, other family member, or legally authorized/appointed representative.
- I. Individuals shall enroll and include persons as participants in research or teaching demonstrations only if participation is voluntary, without coercion, and with informed consent.
- J. Individuals shall accurately represent the intended purpose of a service, product, or research endeavor and shall abide by established guidelines for clinical practice and the responsible conduct of research.

- K. Individuals who hold the Certificate of Clinical Competence shall evaluate the effectiveness of services provided, technology employed, and products dispensed, and they shall provide services or dispense products only when benefit can reasonably be expected.
- L. Individuals may make a reasonable statement of prognosis, but they shall not guarantee—directly or by implication—the results of any treatment or procedure.
- M. Individuals who hold the Certificate of Clinical Competence shall use independent and evidence-based clinical judgment, keeping paramount the best interests of those being served.
- N. Individuals who hold the Certificate of Clinical Competence shall not provide clinical services solely by correspondence, but may provide services via telepractice consistent with professional standards and state and federal regulations.
- O. Individuals shall protect the confidentiality and security of records of professional services provided, research and scholarly activities conducted, and products dispensed. Access to these records shall be allowed only when doing so is necessary to protect the welfare of the person or of the community, is legally authorized, or is otherwise required by law.
- P. Individuals shall protect the confidentiality of any professional or personal information about persons served professionally or participants involved in research and scholarly activities and may disclose confidential information only when doing so is necessary to protect the welfare of the person or of the community, is legally authorized, or is otherwise required by law.
- Q. Individuals shall maintain timely records and accurately record and bill for services provided and products dispensed and shall not misrepresent services provided, products dispensed, or research and scholarly activities conducted.
- R. Individuals whose professional practice is adversely affected by substance abuse, addiction, or other health-related conditions are impaired practitioners and shall seek professional assistance and, where appropriate, withdraw from the affected areas of practice.
- S. Individuals who have knowledge that a colleague is unable to provide professional services with reasonable skill and safety shall report this information to the appropriate authority, internally if a mechanism exists and, otherwise, externally.
- T. Individuals shall provide reasonable notice and information about alternatives for obtaining care in the event that they can no longer provide professional services.

Principle of Ethics II

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

Rules of Ethics

- A. Individuals who hold the Certificate of Clinical Competence shall engage in only those aspects of the professions that are within the scope of their professional practice and competence, considering their certification status, education, training, and experience.
- B. Members who do not hold the Certificate of Clinical Competence may not engage in the provision of clinical services; however, individuals who are in the certification application process may engage in the provision of clinical services consistent with current local and state laws and regulations and with ASHA certification requirements.
- C. Individuals who engage in research shall comply with all institutional, state, and federal regulations that address any aspects of research, including those that involve human participants and animals.
- D. Individuals shall enhance and refine their professional competence and expertise through engagement in lifelong learning applicable to their professional activities and skills.
- E. Individuals in administrative or supervisory roles shall not require or permit their professional staff to provide services or conduct research activities that exceed the staff member's certification status, competence, education, training, and experience.
- F. Individuals in administrative or supervisory roles shall not require or permit their professional staff to provide services or conduct clinical activities that compromise the staff member's independent and objective professional judgment.
- G. Individuals shall make use of technology and instrumentation consistent with accepted professional guidelines in their areas of practice. When such technology is not available, an appropriate referral may be made.
- H. Individuals shall ensure that all technology and instrumentation used to provide services or to conduct research and scholarly activities are in proper working order and are properly calibrated.

Principle of Ethics III

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

Rules of Ethics

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

- B. Individuals shall avoid engaging in conflicts of interest whereby personal, financial, or other considerations have the potential to influence or compromise professional judgment and objectivity.
- C. Individuals shall not misrepresent research and scholarly activities, diagnostic information, services provided, results of services provided, products dispensed, or the effects of products dispensed.
- D. Individuals shall not defraud through intent, ignorance, or negligence or engage in any scheme to defraud in connection with obtaining payment, reimbursement, or grants and contracts for services provided, research conducted, or products dispensed.
- E. Individuals' statements to the public shall provide accurate and complete information about the nature and management of communication disorders, about the professions, about professional services, about products for sale, and about research and scholarly activities.
- F. Individuals' statements to the public shall adhere to prevailing professional norms and shall not contain misrepresentations when advertising, announcing, and promoting their professional services and products and when reporting research results.
- G. Individuals shall not knowingly make false financial or nonfinancial statements and shall complete all materials honestly and without omission.

Principle of Ethics IV

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

Rules of Ethics

- A. Individuals shall work collaboratively, when appropriate, with members of one's own profession and/or members of other professions to deliver the highest quality of care.
- B. Individuals shall exercise independent professional judgment in recommending and providing professional services when an administrative mandate, referral source, or prescription prevents keeping the welfare of persons served paramount.
- C. Individuals' statements to colleagues about professional services, research results, and products shall adhere to prevailing professional standards and shall contain no misrepresentations.
- D. Individuals shall not engage in any form of conduct that adversely reflects on the professions or on the individual's fitness to serve persons professionally.
- E. Individuals shall not engage in dishonesty, negligence, fraud, deceit, or misrepresentation.

- F. Applicants for certification or membership, and individuals making disclosures, shall not knowingly make false statements and shall complete all application and disclosure materials honestly and without omission.
- G. Individuals shall not engage in any form of harassment, power abuse, or sexual harassment.
- H. Individuals shall not engage in sexual activities with individuals (other than a spouse or other individual with whom a prior consensual relationship exists) over whom they exercise professional authority or power, including persons receiving services, assistants, students, or research participants.
- I. Individuals shall not knowingly allow anyone under their supervision to engage in any practice that violates the Code of Ethics.
- J. Individuals shall assign credit only to those who have contributed to a publication, presentation, process, or product. Credit shall be assigned in proportion to the contribution and only with the contributor's consent.
- K. Individuals shall reference the source when using other persons' ideas, research, presentations, results, or products in written, oral, or any other media presentation or summary. To do otherwise constitutes plagiarism.
- L. Individuals shall not discriminate in their relationships with colleagues, assistants, students, support personnel, and members of other professions and disciplines on the basis of race, ethnicity, sex, gender identity/gender expression, sexual orientation, age, religion, national origin, disability, culture, language, dialect, or socioeconomic status.
- M. Individuals with evidence that the Code of Ethics may have been violated have the responsibility to work collaboratively to resolve the situation where possible or to inform the Board of Ethics through its established procedures.
- N. Individuals shall report members of other professions who they know have violated standards of care to the appropriate professional licensing authority or board, other professional regulatory body, or professional association when such violation compromises the welfare of persons served and/or research participants.
- O. Individuals shall not file or encourage others to file complaints that disregard or ignore facts that would disprove the allegation; the Code of Ethics shall not be used for personal reprisal, as a means of addressing personal animosity, or as a vehicle for retaliation.
- P. Individuals making and responding to complaints shall comply fully with the policies of the Board of Ethics in its consideration, adjudication, and resolution of complaints of alleged violations of the Code of Ethics.
- Q. Individuals involved in ethics complaints shall not knowingly make false statements of fact or withhold relevant facts necessary to fairly adjudicate the complaints.

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

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PROCEDURES FOR COMPLAINTS AGAINST GRADUATE EDUCATION PROGRAM (updated by ASHA CAA, NOVEMBER 2015)

Also available online at:

<http://www.asha.org/academic/accreditation/accredmanual/section8.htm>

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

Criteria for Complaints

Complaints about programs must meet all of the following criteria:

- a. be against an accredited graduate education program or program in candidacy status in audiology or speech-language pathology;
- b. relate to the [Standards for Accreditation of Entry-Level Graduate Education Programs in Audiology and Speech-Language Pathology](#) [PDF], including the relationship of the complaint to the accreditation standards;
- c. be clearly described, including the specific nature of the charge and the data to support the charge;
- d. be within the timelines specified below:

- if the complaint is being filed by a graduate or former student, or a former faculty or staff member, the complaint must be filed within one year of separation* from the program, even if the conduct occurred more than 4 years prior to the date of filing the complaint;
- if the complaint is being filed by a current student or faculty member, the complaint must be filed as soon as possible, but no longer than 4 years after the date the conduct occurred;
- if the complaint is being filed by other complainants, the conduct must have occurred at least in part within 4 years prior to the date the complaint is filed.

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

Complaints also must meet the following submission requirements:

- a. include verification, if the complaint is from a student or faculty/instructional staff member, that the complainant exhausted all pertinent institutional grievance and review mechanisms before submitting a complaint to the CAA;
- b. include the complainant's name, address, and telephone contact information and the complainant's relationship to the program in order for the Accreditation Office staff to verify the source of the information;

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

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

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

Proce
dures

Determination of Jurisdiction

Within 15 days of receipt of the complaint, Accreditation Office staff will acknowledge receipt of the complaint and will forward a copy of the complaint, from which any information that would reveal the complainant's identity has been redacted, to the Executive Committee of the CAA. The original letter of complaint will be placed in an Accreditation Office file separate from the program's accreditation file.

The Executive Committee of the CAA will then consider and vote to determine whether the complaint meets the above criteria. An affirmative vote by two thirds of the voting members of the Executive Committee, exclusive of the Chair, is required to proceed with an investigation of a complaint.

If the Executive Committee of the CAA makes the determination that the complaint does not meet the above- listed criteria, the complainant will be informed within 30 days of the letter transmitting the complaint to the Executive Committee that the CAA will not investigate the complaint.

Investigation of Complaint

If the Executive Committee of the CAA determines that the complaint satisfies the above-listed criteria, the CAA will investigate the complaint.

a. The Chair of the CAA will inform the complainant within 30 days of the letter transmitting the complaint to the Executive Committee that the Council will proceed with an investigation. Because it may be necessary to reveal the identity of the complainant to the affected program or to other potential sources of relevant information, the complainant will be required to sign a waiver of confidentiality within 30 days of the

letter indicating that the CAA will proceed with its investigation. The complainant will be given the opportunity to withdraw the complaint during that time. If the complainant does not wish to pursue the matter, the investigation will be concluded. As noted above, if the complainant does not wish to withdraw the complaint, the complainant will be asked to keep the initiation of an investigation confidential by signing the waiver.

b. Within 15 days of receipt of the waiver of confidentiality or after the 30-day period for withdrawing the complaint has elapsed, if the waiver was submitted with the complaint, the Chair of the CAA will notify the program director and the institution's president or president's designee by certified return receipt mail that a complaint has been registered against the program. The notification will include a copy of the complaint from which the name of the complainant has been redacted. The CAA will require the program to respond within 10 days of the letter forwarding the complaint as to whether or not it intends to provide complete responsive information and supporting documentation considered relevant to the complaint. The CAA may draw reasonable inferences from a program's failure to provide a response to the complaint. The program must respond to all of the specific elements identified in the complaint and describe how the program addressed the concerns with the complainant. The formal complaint response will be due 45 days from the date of the notification letter. The institution's president or president's designee may contribute to the response.

The program may request an extension to file its response if extenuating circumstances exist, but the time line will not be extended beyond 45 additional days from the original due date. The extension request must be submitted no later than the original due date and include the rationale for additional time requested, which will be considered by the CAA's Executive Committee in making its decision whether to grant an extension.

c. Within 15 days of receipt of the program's response to the complaint, the Chair of the CAA will forward the complaint and the program's response to the complaint to the CAA. The identity of the complainant will not be revealed to the members of the CAA or to recipients of requests for information, unless a majority of CAA members consider such disclosure necessary for the proper investigation of the complaint.

If the majority of Council members conclude that individuals other than the complainant, the program director, and the institution's president or president's designee may have information relevant to the complaint, the Chair of the CAA will request such information. All conflict of interest policies and voting protocols regarding the CAA members' participation and voting on complaints also will apply to these complaint procedures.

d. After reviewing the complaint, the program's response to the complaint and other information requested by the CAA Chair as referenced above, the CAA will determine its course of action within 30 days. Such actions include, but are not limited to, the following:

- dismiss the complaint,
- recommend changes in the program to be implemented within a specified period of time (except for those areas that are solely within the purview of the institution),
- continue the investigation through a focused site visit to the program,
- place the program on probation,
- withhold/withdraw accreditation.

e. If the CAA determines that a site visit is necessary, the program director and the institution's president or president's designee will be notified, and a date for the site visit will be scheduled expeditiously. The program is responsible for payment or reimbursement of reasonable expenses associated with the site visit. The site visit team is selected from the current roster of CAA site visitors and includes the required composition of all typical site visit teams. During the site visit, consideration is given only to those Standards with which the program is allegedly not in compliance.

The site visit team will submit a written report to the CAA no later than 30 days following the site visit. As with all other site visits, only the observations of the site visitors will be reported; site visitors will not make accreditation recommendations. The CAA will forward the report to the program director and the institution's president or president's designee within 15 days of receiving the report from the site visit team. The program or institution shall be given 30 days from the date on which the report is postmarked to the program director and the president or president's designee to provide a written response to the Chair of the CAA. The purpose of the response is to comment on the accuracy of the site visit report and respond to it.

f. The CAA will review the complaint, the program's response to the complaint, and other information requested by the CAA Chair as referenced above, including the site visit report and the program's response to the report, and will take one of the following actions within 21 days of receipt of the program's response:

- dismiss the complaint,
- recommend modifications of the program to be implemented within a specified period of time (except for those areas that are solely within the purview of the institution),
- place the program on probation,
- withhold/withdraw accreditation.

g. If the CAA withholds or withdraws accreditation, the program director and the institution's president or president's designee will be informed within 15 days of the CAA decision that accreditation has been withheld or withdrawn. That notification will also include a statement describing the justification for the decision and shall inform

the program of its option to request Further Consideration. *Further Consideration* is the mechanism whereby the program can present documentary evidence of compliance with the appropriate Standards and ask the CAA to reevaluate its decision to withhold/withdraw accreditation.

h. If the program does not exercise its Further Consideration option in a timely manner, the CAA's decision to withhold or withdraw accreditation will be final, and no further appeal may be taken. If accreditation is withheld or withdrawn, the Chair of the CAA will notify the Secretary of the U.S. Department of Education at the same time that it notifies the program of the decision, consistent with the CAA's [Public Notice of Accreditation Actions](#) policy.

i. If the program chooses to request Further Consideration, the CAA must receive the request within 30 days from the date of the notification letter. With the request for Further Consideration, the program must submit additional written documentation to justify why accreditation should not be withheld or withdrawn. No hearing shall occur in connection with Further Consideration requests. The CAA will evaluate the request for Further Consideration and take one of the following actions within 30 days:

- recommend modifications of the program to be implemented within a specified period of time (except for those areas that are solely within the purview of the institution),
- place the program on probation,
- withhold/withdraw accreditation.

j. Within 15 days of its decision, the CAA will notify the program and the complainant of its decision.

k. If the CAA decision after Further Consideration is to withhold or withdraw accreditation, the program may appeal the decision in accord with the [appeal procedures](#) described herein.

Summary of Time Lines

The following summarizes the time lines in the complaint process, beginning from the date a complaint is received.

- The complaint is acknowledged within 15 days of receipt and forwarded to the CAA Executive Committee.
- If the Executive Committee determines that the complaint does not meet criteria for complaints, the complainant is informed within 30 days that the CAA will not investigate.
- If the Executive Committee determines that the complaint meets criteria, the complainant is informed within 30 days of the determination that the CAA will proceed with investigation.
- The complainant is given 30 days to sign a waiver of confidentiality or withdraw the complaint.
- Within 15 days of receipt of the waiver of confidentiality, the complaint is sent to the program for a response, which must be submitted within 45 days. The program

must submit its notice within 10 days of notification of the complaint whether it plans to file a response.

- Within 15 days of receipt of the program's response, the Chair forwards the complaint and program response to the CAA for review.
- Within 30 days, the CAA determines a course of action.
- If the CAA determines that a site visit is necessary, the visit is scheduled and the site visit team submits a report to the CAA within 30 days of visit.
- Within 15 days, the site visit report is forwarded to the program for its response within 30 days.
- The CAA takes action within 21 days of the program's response.
- If the CAA withholds/withdraws accreditation, the program is notified within 15 days of the CAA's decision.
- The program has 30 days to request Further Consideration.
- If the program does not request Further Consideration, the decision is final and the CAA notifies the Secretary of U.S. Department of Education (ED); if program timely requests Further Consideration, the CAA takes action within 30 days.
- The CAA informs the program and the complainant within 15 days of the decision following Further Consideration.