Communication Sciences and Disorders

Student Handbook 2025-2026

Chapman University

Crean College of Health and Behavioral Sciences Dept. of Communication Sciences and Disorders (CSD)

9401 Jeronimo Rd., Irvine, CA 92618

www.chapman.edu/csd

February 2026

1. Table of Contents

2.   Introduction to the Handbook

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

Any questions regarding policies contained within this document should be directed to the Department Chair of the Communication Sciences and Disorders Department. Although every effort has been made to make this handbook as complete and up to date as possible, it should be recognized that circumstances will occur that the handbook does not cover. Changes may also be necessary in the handbook due to changes in the Master of Science, CSD degree program. When this occurs, students will be notified, in writing, in a timely manner of any changes or additions, and when the changes go into effect. New policies approved after this revision of the handbook may add to or supersede those contained herein. When the handbook does not cover a specific circumstance or the interpretation is ambiguous, the Department Chair will make the necessary decision or interpretation in consultation with full-time Department faculty. The fact that written policies are not in the handbook should not be interpreted as an absence of a policy or regulation. If students have questions regarding a situation, they should discuss them with the Department Chair of Communication Sciences and Disorders. We hope you find this manual helpful and wish you much success in your studies here at Chapman University.

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

3. Condition of Accuracy

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

In Cases of Conflict between the Handbook and the Graduate Catalog

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

Key Acronyms and Terms used in this Handbook

ASHA – The American Speech-Language-Hearing Association, (https://www.asha.org/certification/2020-slp-certification-standards/) is the national association for speech-language pathologists and audiologists. The Council for Clinical

Certification in Audiology and Speech-Language Pathology (CFCC) of ASHA establishes the certification standards and the Council on Academic Accreditation of ASHA sets the accreditation standards.

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

CSD – Communication Sciences and Disorders

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

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

Service Credential.

DCE – Director of Clinical Education

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

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

IPE - Interprofessional Education, Framework for Action on Interprofessional Education & Collaborative Practice "occurs when students from two or more professions learn about, from, and with each other to enable collaboration and improve health outcomes."

IPP - Interprofessional Practice, Framework for Action on Interprofessional Education & Collaborative Practice "happens when multiple health workers from different professional backgrounds work together with patients, families, caregivers, and communities to deliver the highest quality of care. It allows health workers to engage any individual whose skills can help achieve health goals of the case"

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

PHI – Personal Health Information (see HIPAA) : https://www.hhs.gov/hipaa/for-professionals/privacy/laws-regulations/index.html

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

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

SPPEC - CSD Student Performance, Professionalism and Ethics Committee

4.   Mission and Vision

4.1. Chapman University

At Chapman University, we strive to make meaningful and lasting connections – with one another and with our broader community and world. We aim to cultivate a welcoming environment, helping every person feel valued and empowered to engage and contribute. Our community members are part of the Chapman Family, where relationships matter – and so do ideas. We strive for a vibrant intellectual community where different perspectives are sought and encouraged freely – to enable new thinking to emerge and interdisciplinary dots to be connected. Through these connections, we advance as individuals, as a campus, and as a society.

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

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

4.2. Crean College of Health and Behavioral Sciences (CHBS)

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

4.2.1. CHBS Mission Statement
The Crean College of Health and Behavioral Sciences at Chapman University is committed to the development of critical scholarship and skillful leadership that inspires and respects individuals, serves communities, enriches diversity, and ensures a socially just society. Additional information about the Crean CHBS can be found on the website.

4.3. Communication Sciences and Disorders (CSD)

The CSD Department is located on the Harry and Diane Rinker Campus, which houses the CHBS professional health programs (CSD, Department of Physical Therapy, and Physician Assistant Studies Program). The Chapman University School of Pharmacy (CUSP) is also located at the

Rinker campus. All classroom-based courses are held at the Rinker campus: 9401 and 9501 Jeronimo Rd., Irvine, CA, 92618-19008.

4.3.1. CSD Mission Statement

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

4.3.2. CSD Program Goals

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

4.3.3. CSD Strategic Plan

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

Each of our four priorities are operationalized with measurable objectives. Progress toward achieving these objectives is updated on an annual basis. Every three years, the plan is revised. CSD's Strategic Plan, Vision and Mission is public and is available on the CSD's website (https://www.chapman.edu/csd).

5.   CSD General Program Information

5.1. Preparing Future Clinicians

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

- Assessing and treating individuals with a wide range of communication disorders and disabilities across the lifespan, such as stuttering, hearing loss, deafness, articulation and phonological disorders, voice abnormalities, language disorders, cognitive-based communication disorders, motor-speech and resonance disorders, swallowing disorders, etc., that are congenital/developmental and/or acquired neurological disorders. Examples of these include autism, cerebral palsy, traumatic brain injury, and stroke.
- Counseling families, spouses, siblings, educators, and other professionals on the prevention of disorders and how to interact effectively with children and adults with communication disorders, including those who use sign language, augmentative communication systems, hearing aids, cochlear implants, or other supportive technologies.
- Using evidence-based practice in all settings.
- Working collaboratively with school, medical, or private practice teams, e.g., for/on interprofessional practice and interprofessional education.

The Graduate Health Sciences Checklist (https://www.chapman.edu/students/new-students/graduate-student-checklist/index.aspx), provides a list of resources and important dates for newly admitted students. Taking a couple of minutes to review key business items will help you transition into the term successfully and allow you to focus on your education.

5.2. Professional Expectations

Chapman University's graduate program in speech-language pathology is known for its rigor and high expectations. Students have observed that the demands and expectations of a Master's level program exceed those of undergraduate studies. To successfully complete the requirements for the Master's degree, students must demonstrate effective time management skills and balance intensive coursework with supervised clinical experiences.

This challenging and rewarding program necessitates a commitment beyond the classroom, including tasks such as reading, meetings, studying, preparation, and documentation. Students should anticipate dedicating time on weekends and evenings to fulfill these responsibilities.

We recommend reading A Letter to My Graduate Self (*ASHA LeaderLive*, September 8th, 2016).

5.3. Accreditation

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

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

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

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

- Appendix A—ASHA Standards for Clinical Competency (2020) https://www.asha.org/certification/2020-slp-certification-standards/?srsltid=AfmBOopSE6e4Go4It5OnHaeic1lOKF89QwE--YGCfwiDJaH53GJdfY16
- Appendix B—ASHA Code of Ethics (2023) https://www.asha.org/policy/code-of-ethics/
- Appendix C—ASHA Scope of Practice (2016) https://www.asha.org/policy/sp2016-00343/

5.4. Program Administration

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

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

Faculty members hold professional credentials appropriate to the area of their clinical contact.

All persons serving as supervisors in Speech-Language Pathology and/or Audiology maintain current ASHA Certificate of Clinical Competence (CCC) and a California state license.

Additionally, all individuals who serve as supervisors are required by ASHA to complete supervision professional development courses as well as maintain continuing education units (CEUs) in the field of speech-language pathology every three years.

5.5. Faculty and Staff

Name	Title	Phone	Email
Sunrise Changala, MS, CCC-SLP	Clinical Assistant Professor	714-516-4584	changala@chapman.edu
Catherine Dee Catipon, MS	Admission, Accreditation & Student Affairs Manager	714-516-4535	dee@chapman.edu
Dirk B. den Ouden, PhD	Professor and Department Chair	714-289-3548	denouden@chapman.edu
Mary Fagan, PhD, CCC-SLP	Associate Professor	714-516-4580	mfagan@chapman.edu
Anthony Garcia-Hernandez, BA	Clinical Administrative Assistant	714-628-2751	garciahernandez@chapman.edu
Brittany Lee, PhD, CCC-SLP	Assistant Professor	714-628-7237	britlee@chapman.edu
Vacant	Director of Clinical Education		
Tony Ortega, BA	Administrative Assistant	714-516-4598	anthortega@chapman.edu
Zed Sehyr, PhD	Assistant Professor	714-516-4576	sehyr@chapman.edu
Leah Velarde, PhD, CCC-SLP	Clinical Assistant Professor	714-516-4593	beekman@chapman.edu

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

In case of an emergency after normal office hours, please contact Chapman University Public, (Public Safety | Chapman University) at the following telephone number: 714-997- 6763.

5.5.1. Summary of Faculty and Staff Functions

The CSD Department consists of a CSD Department Chair; full-time faculty; Director of Clinical Education; Manager of Admission, Accreditation and Student Affairs; Clinical Administrative Assistant; Administrative Assistant; part-time lecturers (i.e., classroom instructors); and adjunct faculty (i.e., practicum supervisors). See the Department website for descriptions of these individuals. Additional lecturers and adjunct faculty are listed on the CSD website: (www.chapman.edu/csd).

5.6. Promoting a Learning Environment

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

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

5.7. English Spoken and Written Language Proficiency

The CSD department at Chapman University adheres to ASHA guidelines with respect to English proficiency in the provision of clinical services. These guidelines adhere to a high level of language proficiency that is critical for clinical work as a certified speech-language pathologist. English is the primary language in which students are instructed at Chapman University and is the primary language of ASHA, who oversees certification and accreditation of professional programs. Students are expected to have a high level of English proficiency.

ASHA 2020 Standards and implementation procedures for the Certificate of Clinical Competence Standard V-A: **The applicant must have demonstrated skills in oral and written or other forms of communication sufficient for entry into professional practice.**

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

5.7.1. International Students

Applicants to the Master's program who did not earn a bachelor's, master's, and/or doctoral degree(s) at an institution outside the United States where the language of instruction was English will need to submit official scores from an approved English Language Proficiency exam to apply to Chapman.

Chapman's language of instruction is English. We accept official scores from the following English Language Proficiency exams:

- IELTS (minimum score: 7.0)
- TOEFL (minimum score: 94)
- PTE Academic (minimum score: 76)
- C1 Academic (minimum Level C1)
- Duolingo English Test (DET; minimum score: 130)

The Office of Graduate Admission does not accept TOEFL Essentials Test scores or MyBest TOEFL scores for graduate programs, and Chapman does not offer an ESL program for international students.

Students who did not earn a bachelor's, master's, and/or doctoral degree(s) at an institution whose primary language of instruction was English must submit official scores from an English Language Proficiency exam to apply to Chapman. The Office of Graduate Admission does not consider professional certificates as equivalent to a bachelor's, master's, or doctoral degree. Thus, we do not accept certificates from professional certificate programs completed at a U.S. or English-speaking school as proof of English proficiency.

Even U.S. citizens who obtained their bachelor's degree (or higher) at an institution outside the United States may still be required to submit official scores from an English Language Proficiency exam depending on where they earned their degree. To find out whether you will need to take an English Language Proficiency Exam, please contact the Graduate Counselor for our program in the Crean College:

Howard Ying
(714) 516-5020
howardy@chapman.edu

To send your official TOEFL scores to Chapman, please use the institution code: **4047**.

5.7.2. Writing sample for admission

English is the primary language of instruction for students in CSD at Chapman University. Thus, students are expected to have a high level of proficiency in English. The CSD program applies this policy to all students, consistently. The program assesses English proficiency as part of the graduate admissions process, during which students are required to write a personal essay. The program screens applicants' written personal statements for proficiency in written English,

following a rubric that includes evaluation of grammar/syntax, with a minimum standard for admission.

5.7.3. In the program

After students enter the program, English proficiency in reading and writing are assessed through class assignments. Students complete written language as well as oral presentation assignments in their academic and clinical coursework, beginning in the first trimester, which helps to identify students who may have difficulties. Spoken and written communication skills are also evaluated by clinical field supervisors, in Calipso. For students with accents, CSD uses the ASHA guidelines on accents in the profession to assess student competence in the first trimester and throughout the program. The application of ASHA's policy regarding English proficiency is consistent across the diverse body of students accepted to the program, including those who may have accented English or issues writing in English (e.g., as a non-native language) but who can meet ASHA's position on accented/dialect speech.

Any student admitted who displays a lack of proficiency in English will be counseled to seek services to improve English proficiency (see section 5.7.4).

5.7.4. Additional support

Students needing additional support with English language use will be referred to university resources for language support, such as the Writing Center, and Grammarly Premium:

- **The Writing Center Tutors and the Graduate Writing Assistants (GWAS)** are available to help students with any kind of writing assignment, research project, or presentation at any stage in the composing process, in all academic subjects. Students can enroll to gain access to on-on-one Zoom appointments with a tutor. Learn more about the Writing Center's new Canvas Den.
- **Grammarly Premium** software is available for FREE to all Chapman graduate students. Not only does Grammarly Premium provide a robust copy-editing platform that works in web-based and desktop computer applications, it also provides writing productivity tracking.

5.8. Advising

Each student is assigned to a faculty advisor in the fall of their first year. Faculty members will have advising sessions, one to two times a year, after the fall trimester, and at the end of the spring or early summer trimester. At these sessions, progress in meeting the CSD program goals and objectives, both academic and behavioral, will be discussed. These sessions provide an opportunity to discuss student concerns, identify strengths and areas for improvement, and address any challenges that the student is experiencing. The faculty advisor is available at other times to discuss concerns raised by students.

5.8.1. Faculty Advisor Roles

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

- Provide opportunities for communication between the student and faculty.
- Attend meetings scheduled one to two times each academic year.
- Meet with the student if problems arise e.g. academic, personal, or professional difficulties.
- Engage in a discussion with the student advisees about their grades, skills, and professional conduct.
- Serve as a resource for the student in meeting the educational objectives of the CSD program.
- Discuss strengths and areas for improvement.
- Suggest improvements in time management and study skills, as needed.
- Discuss academic skills, clinical skills, and professional evaluations.
- Document meetings with student advisee in student files.
- Enable the student to identify materials necessary to achieve the educational objectives and professional standards of the CSD Program.

5.8.2. Student Responsibilities as Advisees

Student input is critical for the success of this process.

- Meet with the faculty advisor.
- Discuss areas of strength and areas for improvement with the faculty advisor, identify a plan if needed and follow the plan.
- Attend meetings with the faculty advisor once or twice each academic year.

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

For non-urgent issues, make an appointment with your faculty advisor. Please be advised that you can leave a voice message on the CSD program office phone: 714-516-4598, 24 hours a day.

5.9. Capstone

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

trimester. Note that many students will have already done this at the beginning of the second year, given the size and timeframe of their project.

5.9.1. CSD 698 – Capstone Electronic Portfolio Requirements

Number each folder in the order below and include, within each folder, the contents required.

1) **Capstone Project**: Capstone proposal; Capstone paper; or Approved product (e.g., handouts)
2) **De-Identified Language Samples: One child sample, and One adult sample**
    a) **De-identified**:
        i) **No** names, pretend names, nicknames, or initials
        ii) **No** Birthdates or exact ages (e.g., 6 yrs 2 months)
        iii) **No** other identifying information, even if blacked out (e.g., address, school, parents' names)
3) **INCLUDE**: The transcribed samples and summary of findings
4) **De-Identified Assessment Reports: One child, One adult**
    a) Samples may be from practicum, CLC, Learning Lab, or course assignments
    b) Assessments must be **de-identified**, as above.
5) **Reflection Essays**
    a) One Reflection paper from a class
    b) One Assignment from any class that reflects or inspired your learning or interest.
6) **Evidence of Clinical Experience obtained from Calipso**
    a) Clinical Clock Hours document (minimum 400 Clinical Clock hours)
    b) Clinical Experience Record
7) **Licensure and Certification—List the resources for obtaining:**
    a) State SLP License Website: https://www.speechandhearing.ca.gov/applicants/app_pack_slp.shtml
    b) California State Credential, required to work in the public schools: Website: https://www.ctc.ca.gov/credentials/leaflets/speech-language- pathology-credential-(cl-879)
    c) ASHA Certification Website: https://www.asha.org/certification/speech-language-pathology- pathway-to-certification/
8) **Contact and Employment Status**– For internal tracking / reports
    a) Permanent Contact Email Address
    b) Name, location, and start date of CFY, or note not yet employed
9) **Job-related Student Documents** –Three or more optional documents (e.g., resume, transcripts, letters of recommendation, IRB training).

5.10. Student Rights, Responsibilities, and Duties

5.10.1. Disability Services

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

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

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

Website: https://www.chapman.edu/students/health-and-safety/disability-services/index.aspx
Email: ds@chapman.edu

Phone: 714-516-4520

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

5.10.2. Accommodations
The University is committed to providing reasonable accommodations to all members of the University community who have documented disabilities, or religious and other needs related to a protected class. CSD students who indicate verbally and in writing (with documentation) that they need an accommodation to meet one or more of the essential functions will be reviewed by DS, who will interact with the student to determine what, if any, reasonable accommodations can be provided. However, there may not be any fundamental alteration of the Program requirements for graduation.

5.10.3. Academic Integrity and Honesty
All members of Chapman University, including CSD graduate students, are expected to comply with the Student Conduct Code,(https://www.chapman.edu/students/policies-forms/student-conduct/conduct-code.aspx).

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

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

and clinical preceptors is prohibited.
- Falsifying any document is prohibited.
- Forging another's name or signature is prohibited.

For more details on Integrity on Research Policy, please see the following:
https://www.chapman.edu/research/integrity/index.aspx

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

5.10.5. Background Checks
Graduate students are required to obtain a background check upon entry into the CSD program. The process for obtaining background checks begins once they have made their acceptance into the CSD program.

The student is required to follow the procedures for the following:

- The background check process begins when an applicant agency (e.g., Chapman University CSD) provides an applicant with a **BCIA 8016, REQUEST FOR LIVE SCAN SERVICE** form. The applicant completes the form with their personal information and takes the form to a Live Scan operator where the applicant must provide the appropriate identification to include CSD's ORI Number: AY576. *In California, fingerprinting must be performed by a certified fingerprint roller or qualified law enforcement personnel.*
- School districts may request new fingerprints before the start of the school-based internships. The district may cover new fingerprints and/or accept a student's personal background check using Chapman University's ORI number, but not all districts will cover this expense. Students cannot begin their internships with the district until this has been completed; there is no negotiation with the school districts regarding this process.

Chapman University provides free live scan fingerprinting to students seeking a live scan for external clinical internships. If the student chooses to get their fingerprinting done outside of Chapman University, the student will incur the cost(s). To obtain free fingerprinting, the student must schedule an appointment with the Chapman University Human Resource office and provide the CSD live scan form with the CSD ORI number. Fingerprinting is required and obtained during your first trimester to obtain national database information from the Federal Board of Investigation (FBI) and the Department of Justice (DOJ).

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

5.11. Immunization

5.11.1. Chapman University Requirements
Please note, students are asked to complete a pre-arrival checklist which includes the *Health Record and Immunization Form*. To access the *Health Record and Immunization Form*, a student must have a student account established.

For reference, the link for the pre-arrival checklist dropdown menu can be accessed here, (https://www.chapman.edu/students/new-students/graduate-student-checklist/index.aspx). According to the Student Medical Portal, (https://www.chapman.edu/students/health-and-safety/health-services/preenroll-requirements.aspx), students are mandated to report Tetanus (within 10 years) and 2 doses of MMR (measles, mumps, Rubella) immunizations.

5.11.2. Clinical Practicum Requirements
In addition to Chapman University immunization requirements, the following requirements are needed for clinical practicum. Please note, the following requirements are not an exhaustive list. Given the practicum site (i.e., hospital setting) additional immunization and/or health requirements may be requested on behalf of the clinical site.

- Negative TB test (updated annually)
- COVID Status
- Bloodborne Pathogens Certificate
- Universal Precautions
- HIPAA, OSHA & FERPA Certificate
- Live Scan Fingerprinting
- Background Check Clearance
- Medical Insurance
- Student Professional Liability (updated annually)

At the start of the program, CSD students will create a Complio (https://www.login.complio.com) account to complete compliance training. (e.g., Bloodborne pathogens, Universal Precautions, and HIPAA/OSHA). The package to complete the above-named trainings are in Complio under the title HIPAA/OSHA. Students will purchase the HIPAA/OSHA package and complete the trainings for a certificate of completion to be uploaded to Clinical Assessment of Learning Inventory of Performance Streamlined Office Operations (CALIPSO) - Compliance and Immunization - Files upon completion.

Additionally, please input data and upload immunization and compliance records for Chapman University (e.g., Tetanus and MMR) and Clinical Practicum (i.e., TB test, student professional liability insurance, certificate of clearance, etc.) to the Compliance and Immunization/files section on CALIPSO to include your Chapman FERPA training certificate (Appendix M).

CSD graduate students must upload Chapman University and clinical practicum requirements to CALIPSO in the compliance and immunization section in Spring of year 1.

5.12. Insurance

Students are required to obtain professional liability insurance and maintain health insurance coverage throughout the CSD program. Please see below for information pertaining to Student Professional Liability Insurance.

5.12.1. Student Professional Liability Insurance
At the start of the CSD graduate program, students are required to obtain Student Professional Liability Insurance and upload proof of coverage to CALIPSO. The policy must provide a minimum of $1,000,000 per occurrence and $3,000,000 aggregate. Coverage can be obtained through the Healthcare Providers Service Organization (HPSO). This insurance must be renewed annually throughout the duration of the program. Upon program completion, students may transition to a Professional Liability Insurance Plan.

5.13. Identification

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

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

5.14. Incident Reports

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

Incident reports for clinical practicum should be filed with the DCE within 24 hours of the incident using the incident Chapman University Accident & Incident Reporting Website (https://www.chapman.edu/faculty-staff/risk-management/reporting.aspx)

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

For more information regarding the reporting of concerns or incidents, please see Reporting at Chapman.

5.15. Professionalism

Students are expected to adhere to professional standards in their appearance and actions both in the classroom and clinical settings. In general, codes for appearance and actions are established in order to convey one's dedication to excellence, commitment to meeting

obligations, and respect for peers, colleagues, professors, clinical instructors, patients and clients. Although the standards for appearance and actions may differ between the academic and clinical settings, students are expected to adhere to the policies set forth within each setting.

First and foremost, students must adhere to the Academic Integrity Policy:

https://www.chapman.edu/academics/academic-integrity/academic-integrity-policy.aspx

Academic Integrity outlined in University policy and the ASHA Code of Ethics (Appendix B) https://www.asha.org/policy/et2016-00342/ . The Academic Integrity policy is printed in every syllabus and course outline. Faculty also expect students to show respect to peers and faculty at all times. Students are expected to approach faculty, supervisors, and staff with courtesy and respect for their position.

Professional courtesies may include but are not limited to:

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

5.15.1. Professional Dress
CSD students provide services through clinical practicum experiences. Clinical staff and faculty, student clinicians, and student observers are expected to dress appropriately for a professional business environment. The clinical supervisors reserve the right to make final decisions

concerning appropriate dress. Individual practicum sites may have their own dress code. Students must adhere to the policies set forth within each setting.

Appropriate dress standards will ensure respectful, yet comfortable dress is maintained by graduate student clinicians for all cases, caregivers, and the individuals they serve. Student dress code awareness is required based on the classroom, client, and/or practicum setting (e.g., school, private practice, hospital, etc.). Fragrances should be kept at a minimum given possible sensitivities. Check in with each clinical supervisor with questions regarding dress codes. Chapman nametag or site-specific badge must be worn at all times when involved in clinic activity (i.e., direct or observation). The Rinker campus human anatomy lab requires a specific dress code

to be provided by the classroom instructor. Students are to abide by the Chapman University dress code, for campus course- related activities; the dress code is "Business Professional" with consideration for clinical practicum and anatomy lab dress codes

(https://blogs.chapman.edu/career/2022/02/17/the- basics-of-professional-attire/).

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

5.15.2. Use of Personal Devices in Class, Labs, and Practicum
CSD students are to refrain from engaging in social media and text messaging <u>during</u> classroom courses, labs, and practicum. If students are using social media or texting during class and the instructor considers it disruptive, <u>the instructor has the authority to ask the student to stop engaging in that behavior</u>. The instructor can ask students to stop engaging in any behavior that is disruptive to the learning environment (Faculty Manual, Section I, D).

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

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

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

- All breaches of the system must be immediately reported to the CIO and Information Security Officer.

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

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

5.15.4. Personal Relationships

Chapman University is deeply committed to creating and sustaining an educational environment that is conducive to learning and scholarship and supportive of students and employees. Part of this commitment is fostering a campus free of sexual harassment and discrimination as well as other forms of sexual misconduct.

Sexual and romantic relationships with faculty, lecturers, adjunct faculty, program support staff, supervisors, and staff during active instruction are strongly discouraged. Students are strongly encouraged to review the university's policies regarding harassment, discrimination, and sexual misconduct.

Reporting procedures are located on this website as well. Students can always contact the Department Chair for assistance in reporting procedures as well. All CSD graduate students are required to complete Title IX training. This will be arranged for students during a time when they can attend, typically in the first or second trimester of the first academic year.

5.15.5. Employment

While enrolled in the CSD graduate program, students should limit their outside employment, due to the demands of graduate school. We recognize employment may be an issue that some students will face. CSD Program obligations will not be altered due to a student's work obligations. It is expected that work obligations will not interfere with the student's learning progress or responsibilities while in the CSD Program. Clinical practicum will be set by the CSD Program and practicum sites are not negotiable. Having to work is not an acceptable reason for missing or being late to classes and/or practicum.

Students who are involved in volunteer or paid work during the course of their CSD education may not use their affiliation with the CSD Program to their benefit. For this reason, work (paid or unpaid) that is outside of the CSD Program is not covered by the liability that is offered for clinical work associated with the educational experience.

Students are not to personally work (volunteer or paid) for any Chapman University CSD faculty (full time, part time), supervisors or staff, including nannying, babysitting, housesitting, etc. If students have questions about this, they should contact their faculty advisor or the CSD Department Chair.

5.15.6. Drugs and Alcohol

CSD students must comply with Chapman University's Student Conduct Policies, (https://www.chapman.edu/students/policies-forms/student-conduct/conduct-code.aspx). regarding alcoholic beverages and illegal substances and all other applicable policies and procedures concerning the use of drugs and alcohol at clinical sites. Students are prohibited from appearing at any clinical site while under the influence of alcohol or any drug (including prescription or over-the-counter drugs) that may affect performance or judgement.

5.15.7. Attendance and Timeliness

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

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

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

6. Academic Course of Study

6.1. The Cohort Model

The CSD program/curriculum is designed around a 'cohort' model. The cohort of students follows the same course sequence during the two years. The sequence of courses is specifically designed to allow for the development of the foundations necessary to build clinical skills. The Program consists of academic and clinical practicum courses and clinical rotations. The cohort model allows students to plan, study, and learn from each other, both academically and clinically. Most courses are taught in the late afternoons and evenings. This allows students to spend time during the day at their assigned practicum sites. In this model, students learn in the classroom and apply what they are learning immediately, in clinical practicum.

During the first trimester, students attend academic courses and/or clinical observation in preparation for clinical experiences. CSD 620 clinical practicum begins in the second trimester. The course plan of study is listed on the following pages. The plan of study is systematically sequenced to achieve the best student learning experience. The order of courses may change due to unforeseen circumstances or curriculum changes, in which case students will be notified as soon as possible.

6.2. Plan of Study

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

The CSD program consists of the following components (subject to change):

- A minimum 62-unit program, designed to be completed in two years (six trimesters),
- including a graduate capstone project and comprehensive exams.
- Nine (9) to sixteen (16) units of coursework and practicum each trimester.
- 25 clinician-guided observation hours to be completed prior to admission to CSD 620 practicum.
- Up to 50 hours of direct client contact completed at the undergraduate level or in an SLP assistant program may receive credit. 375 direct, supervised clinical clock hours

6.3. Courses

Number	Course Title	Units
CSD 500	Research Methods	3
CSD 501	Articulation and Phonology	3
CSD 502	Clinical Procedures and Professional Issues	3
CSD 503	Language Disorders in Children	3

CSD 504	Fluency	2
CSD 505	Autism Spectrum Disorders and Early Childhood Assessment	3
CSD 507	Augmentative and Alternative Communication (AAC) and Cognitive Aspects of Communication	3
CSD 509	School-Based Issues	2
CSD 510	Adult Language Disorders	3
CSD 511	Disorders of Swallowing/Dysphagia	3
CSD 512	Multi-Cultural and Second Language Acquisition	3
CSD 516	Counseling	3
CSD 517	Voice, Resonance, Craniofacial, and Motor Speech Disorders	5
CSD 518	Acquired Cognitive-Communication Disorders Across the Lifespan	3
CSD 519	Deaf Culture, Sign Language & the Brain	3
CSD 620	Clinical Practicum	2
CSD 630	Clinical Practicum	2-3
CSD 640	Clinical Practicum	4
CSD 650	Clinical Practicum	4
CSD 660	Clinical Practicum	1-3
CSD 680	Clinical Practicum for Cognitive Communication Disorders	1-2
CSD 683	Simulated studies for Cognitive and Communication Disorders	1-2
CSD 685	Clinical Practicum for Cognitive Communication Disorders	1-2
CSD 698	Capstone or Thesis Project	2
IPE 501	Healthcare Interprofessional Education - Fall	0
IPE 502	Healthcare Interprofessional Education - Spring	0
IPE 503	Healthcare Interprofessional Education - Summer	0
CSD 670	Directed Research Experience	0
	16 courses + 8 clinical fieldwork (*subject to change*)	**61**

CSD 680 is a practicum site that includes the CU-Adult Learning Lab (CU-ALL).

CSD 683 is a practicum assignment through virtual simulated case studies. Virtual clinical contact will include linguistically and culturally diverse populations.

CSD 685 is a practicum assignment that includes additional clinical sites (such as the Down Syndrome Association of Orange County).

All students are required to take Healthcare Interprofessional Education **(IPE 501, 502 and 503).** IPE is a 0-credit course occurring in the first year of graduate school, one time per trimester.

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

6.3.1. Course Descriptions
CSD course descriptions can be found in the Chapman University Graduate Catalog.

6.4. Comprehensive Examinations

Summative comprehensive examinations are conducted in the 5th or 6th trimester. Students select the four areas to be tested on. Topics may include:

- Adult Language Disorders
- Articulation and Phonology
- Child Language Disorders
- Autism Spectrum Disorders/Augmentative and Alternative Communication (AAC)
- Acquired Cognitive-Communication Disorders
- Dysphagia
- Motor Speech and Voice Disorders

Students are presented with cases across the life span in which aspects of cultural and/or linguistic differences are integrated. Students answer questions to demonstrate their knowledge about disorder, etiologies, prevention, assessment, and intervention. Citations of evidence-based research are required.

Students will have access to their notes, lectures, and other resources during the exam, typically organized in a resource binder (physically in a binder or electronic on their laptop) but not allowed to access the internet during the exam. Laptops are placed in airplane mode and the internet is unavailable, while being monitored throughout the exam.

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

6.5. Academic Calendar

The Rinker campus operates on a trimester academic calendar, (https://www.chapman.edu/academics/academic-calendar.aspx). CSD courses are offered during fall, spring and summer trimesters.

7. Clinical Education

7.1. Clinical Education Philosophy and Goals

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

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

Through sequenced clinical experiences and assignments, students learn to:

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

7.2. Practicum Sites and Experiences

Students are placed in five practicum courses consisting of a variety of clinical sites to meet the minimum required client, student, and patient direct contact 375 clock hours. Additionally, ASHA requires direct contact hours, of which up to 50 hours can be completed at the undergraduate level. Additionally, ASHA requires 25 guided observation hours.

The chart below represents the practicum courses and the approximate clinical hours to be

achieved. The number of days per week may vary depending on the site.

*Subject to Change

Course Number	Course Name	Credits	Clinical Hours (Approx.)
620	Clinical Practicum	2	45
630	Clinical Practicum	1 - 3	30-45
640	Clinical Practicum	4	105
650	Clinical Practicum	4	105
660	Clinical Practicum	1-3	50-105
680	Clinical Practicum	1-2	40-85
683	Simulated Studies	1-2	20-50
685	Clinical Practicum	1-2	20-50

Students complete a practicum rotation at the Adult Learning Lab (CU-ALL) and the Childhood Language Center (CLC) to demonstrate knowledge of clinical skills across the life span (see below). It is expected students will participate in these Chapman community-based programs unless there are unforeseen circumstances.

7.2.1.   Affiliated Off-Campus Practicum Sites
Affiliated practicum sites (and contractual agreements) may change from year to year. The majority of student practicum experiences will occur off-campus in the community.

Clinic assignments may entail but are not limited to:

• Schools
• Hospitals
• Rehabilitation Centers
• Private Practices
• County/or Private agencies
• Special Olympics Health Hearing
• Multi-disciplinary therapy practices
• Simulations delivered on-line or in-person (e.g., Simucase)

7.2.2. Chapman University – Adult Learning Lab (CU-ALL):
The CU-ALL is located on 2nd floor, building 9401, on the Rinker campus. Each trimester, graduate student clinicians provide diagnostic and therapeutic services to adults with acquired neurological disorders, under the direct supervision of a licensed SLP. This clinical rotation is much like an adult medical outpatient placement. For more information, please visit the CU-ALL website (www.chapman.edu/csd).

7.2.3. RiteCare Childhood Language Center of Orange County (CLC):
CLC in Santa Ana provides evaluation and treatment services to children and their families at no cost. The CSD Department contracts with the Scottish Rite Foundation to operate the center. The CLC operates during the fall, spring, and summer trimesters. For more information: https://www.casrf.org/orangecounty

7.2.4. Down Syndrome Association of Orange County (DSAOC):
At the DSAOC in Costa Mesa, student clinicians provide both group and individual speech and language therapy to Down Syndrome (DS) students who are homeschooled. For more information: https://www.dsaoc.org/index.html

7.2.5. Simucase:
Simucase is a web-based application designed to enhance graduate students' clinical competency across specialty areas. Simucase may be used in clinical and academic coursework, and particularly in the dedicated course CSD 683, *Simulated studies for Cognitive and Communication Disorders.* Each simulation case has been created from an actual client and can include screening, assessment, and treatment. Through interactive simulations, graduate students are scored on their clinical decisions. Supervision is provided by a licensed SLP supervisor/instructor. The supervisor provides a guided pre- brief and debrief in a small group or 1:1 basis. Graduate students can earn up to 75 ASHA approved clinical hours.

7.2.6. Telepractice:
Students may participate in telepractice as part of their clinical practicum education; these experiences are coordinated through the assigned practicum site. Students may receive clinical hours in assessment and/or therapy, as when providing client services in-person. Telepractice opportunities are available through various clinical practicum sites, although having telepractice experience is not required for graduation.

7.3. Clinical Practicum

The DCE determines clinical assignments based on the student's completed or concurrent courses. The entire cohort takes practicum courses beginning in the second trimester and during each subsequent trimester for the remainder of the program. The practicum course consists of small student group sections. The course provides clinical instruction to support knowledge and skills being acquired at clinical placement sites. Each trimester, students will be

able to provide input and interest regarding practicum placement assignments.

Students do not search for their own practicum sites, onsite supervisors, or practicum instructors. Students receive explicit instructions related to clinical practicum from the DCE each term. When a student requests a clinical placement the DCE will determine if this placement meets requirements for student supervision. A contractual agreement must also be established to meet students' needs and Chapman University requirements. Practicum assignments will be provided to the student, onsite supervisor, and practicum instructor prior to the start of the upcoming term.

Practicum instructors observe graduate students during the term at the clinical site and/or utilizing HIPAA- compliant video conference software. Practicum instructors meet with a small section of students regularly as a class, as well as individually, where topics are covered to support students in their clinical experiences. Practicum instructors maintain contact with their students throughout the trimester and serve as a liaison between the onsite supervisor and DCE.

Students may encounter individuals with varying disorders depending on the clinical rotation settings. Please note that vocabulary and terminology will differ based on the type of setting. The student intern is expected to know and use terminology appropriate for the setting. For example, those receiving services are typically referred to as patients in a medical setting. Still, they are referred to as students in school settings, and in the private practice or clinic setting, they are referred to as clients.

7.4. Clinical Supervision

1) Clinical supervision is provided by an SLP who holds ASHA CCC's, has a valid state license, has completed nine months of practice post-certification and earned at least two hours of professional development in supervision post-certificate (one- time requirement).
    a) Entails the personal and direct involvement of the supervisor in all ways that will permit the supervisor to attest to the adequacy of the student's performance in the clinical training experience. When student clinicians engage in evaluation, diagnostics, and treatment they must receive 25% supervision at minimum to be commensurate with a student's clinical skills. For other services, such as meetings with parents, etc. at least 25% of the student's total contact with any client/patient must be directly supervised and match the level of student independence, with such supervision being appropriately scheduled throughout the training period. Direct supervision is defined as on-site observation, being able to enter the room where therapy and/or assessment occurs or closed-circuit TV monitoring of the student clinician.
    b) One Speech Pathologist can supervise two graduate students at the same time. The graduate students can claim one hour of intervention for the assessment or treatment of the client if and only when both students are actively engaged in the session. Clinical

educators may supervise more than one telepractice session concurrently. Clinical supervisors must be available 100% of the time and provide a minimum of 25% direct supervision of the total contact time graduate students engage with individuals being served.

    c) The amount of direct supervision should be adjusted upward depending on the student's knowledge, experience, and competence level.

    d) In addition to required direct supervision, supervisors may use a variety of modalities to obtain knowledge of the student's clinical work, such as conferences, audio and DVD recordings, written reports, staffing, and discussions with other persons who have participated in the student's clinical training.

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

3) Onsite Supervisors provide written and verbal feedback on therapy and diagnostic sessions, therapy plans, data, and reports submitted by the student clinicians. The supervisors are responsible for conveying clinical requirements to the student and conveying information on the student's specific areas of strength and growth opportunities in a constructive manner. Practicum instructors will observe the student clinician each trimester via in-person or utilizing HIPAA-compliant video conference software.

    a) Practicum instructors complete the Four-Square Reflection (Appendix D) on the student clinician, students reflect using the Four-Square Worksheet (Appendix E), and they discuss the observation together.

4) Onsite Supervisors and practicum instructors maintain records on each student clinician, including feedback on sessions observed. At mid-term and end of a trimester, the onsite supervisor(s) will evaluate the student's practicum performance using evaluation sections on Clinical Assessment of Learning Performance Streamlined Office Operations (CALIPSO) application software. A conference will be scheduled with each student to discuss the evaluation.

5) University Practicum Instructors are responsible for submitting the final grades to the registrar. If there appears to be a grade discrepancy between the student clinician and the onsite supervisor, the university Practicum instructor will discuss a plan of action. If needed, the DCE may facilitate a meeting between all parties.

7.4.1. Supervisory Approaches

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

1. <u>Joint Planning</u> The supervisor and student clinician may write a lesson plan and/or objectives together. They may formulate step-by-step strategies for conducting the therapy activities.
2. <u>Role Playing</u> The supervisor and student clinician may role play therapy procedures as each one assumes the client or clinician stance.

3. Demonstration Therapy The supervisor models part of, or an entire, therapy session while the student clinician observes.
4. Structured Observations The student clinician may arrange to observe another clinician who demonstrates strong clinical skills in specific areas, particularly those in which he/she is experiencing some difficulty. During the observation, the student clinician should gather ideas and strategies that could be implemented in his/her therapy sessions. Data collection may be practiced as well.
5. Video recording and/or Audiotape Reviewing of DVD and audio-taped sessions may be completed by the clinician and/or the supervisor to identify the strengths and weaknesses of the session. In addition, the supervisor and the clinician can view tapes together. Together, they jointly find concrete solutions and strategies for the identified areas of weakness.
6. Script Taping The supervisor and/or clinician may transcribe the student clinician's directions and models given during the therapy session to be further analyzed and evaluated. The supervisor should provide specific feedback regarding alternatives to the clinician's choices or implementation of strategies.
7. Observation of the Student Clinician's Therapy by Other Supervisors Other supervisors may observe the student clinician in order to provide additional specific feedback based on the data collected during observation.
8. Joint Evaluations The supervisor and student clinician may evaluate the student clinician's session through written analysis. These evaluations would be shared and compared to obtain supervisor- clinician accuracy and agreement.

7.4.2. Supervision Conferences

Initial supervisor/student clinician conferences are used to define responsibilities for lesson plans, evaluations, videotaping, observations, reports, and other clinical matters. Each supervisor and student clinician will schedule a periodic conference. These meetings allow for the evaluation of past therapy sessions to identify areas of strengths and growth opportunities, discuss proposed plans, communicate upcoming responsibilities or jointly work on personal goals established by the student clinician. Some flexibility is offered for periodic meetings due to off-campus responsibilities.There are several supervision models for the acquisition of clinical independence. *Anderson's Continuum of Supervision* is one suggested model.
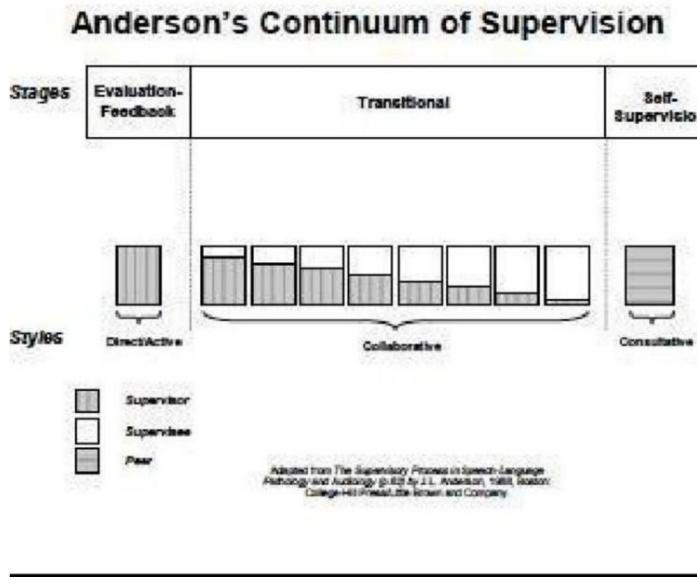
7.4.3. Student Evaluations of Supervisors

At the close of each trimester, student clinicians can evaluate their on-site supervisor and/or clinical placement site. Students complete these evaluations using the survey questionnaire on

CALIPSO. The first survey is titled *Supervisor Feedback*, and the second survey is *Student Evaluation of Clinical Placement*. Student feedback is anonymous. Upon request, clinical supervisors are given feedback to help increase the quality of instruction students receive in subsequent trimesters. Student evaluation of supervisors guides the CSD Program in making decisions related to clinical supervision.

7.5. Professional Relationships in Clinical Settings

Graduate students in the CSD program should not engage in social media communications via social media sites such as Facebook, Twitter, Snapchat, Tumblr, Instagram, etc. <u>with</u> <u>their clients and/or client families</u>, whether current or prior, unless part of the treatment program. Students should exercise caution and follow all professional and ethical guidelines of the profession including maintaining HIPPA and FERPA standards, relative to the use of social media. A position paper published in 2013 in the Annals of Internal

Farnan et al. (2013) describe the position that the CSD faculty endorse, where 'physician' is replaced with 'clinician':

"Use of online media can bring significant educational benefits to patients and physicians [clinicians] but may also pose ethical challenges. Maintaining trust in the profession and in patient–physician [-clinician] relationships requires that physicians [clinicians] consistently apply ethical principles for preserving the relationship, confidentiality, privacy, and respect for persons to online settings and communications."
(Farnan JM, Snyder Sulmasy L, Worster BK, et al. (2013) Online medical professionalism: patient and public relationships: policy statement from the American College of Physicians and the Federation of State Medical Boards. *Ann Intern Med*.;158(8):621)

Graduate students must abide by the same rules as health care and educational professionals that require them always to maintain professionalism. As educators and health care professionals, we are forbidden to engage in sexual or romantic relationships with clients who are receiving services from us. This same rule applies to graduate students in CSD programs. The ASHA Code of Ethics (IV Rule H) states:

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

8. Student Performance

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

1. Passing grades of "B" or higher in all courses, academic and practicum, or successful remediation of courses receiving lower than a "B."
2. Maintaining a 3.0 GPA.
3. Completion of a minimum of 25 observation hours and 375 clinical clock hours of supervised practicum across the lifespan.
4. Up to 50 hours of direct client contact completed at the undergraduate level or in an SLP assistant program may receive credit.
5. Successfully passing the comprehensive exams.
6. Completion of the Capstone course (CSD 698), which includes an approved project or thesis and documentation of completion of 10 volunteer/community service hours.

8.1. Evaluating Student Performance

CSD students are evaluated by various methods to ensure they meet the knowledge and skill requirements for entry-level performance in speech-language pathology.

The following instruments and processes are used in this effort:

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

8.2. Formative and Summative Assessment

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

- Formative learning – experiences and assessment are provided throughout the curriculum where students draft assessment and treatment plans and receive feedback from peers and instructors before finalizing the plans.
- Case-based learning is used throughout the curriculum, in the form of in-class case scenarios, take-home assignments, making evidence-based decisions as they apply to client scenarios, etc.
- Students are assigned to study groups and encouraged to work in teams where discussion and case-based problem-solving occurs.
- Required journal entries and questions/comments about readings and lectures that are then discussed in class.
- Self-reflection is encouraged throughout the course of study, using self-reflection essays during and/or at the end of a course and/or practicum.
- Summative assessment is considered finalized grades in assignments, final course grades, and passing the comprehensive examination.

8.3. Clinical Practicum Student Performance

Students are observed by the University Practicum Instructor during the term in-person or utilizing HIPAA-compliant video conference software. Practicum grades are a combination of the onsite supervisor(s) and the university practicum instructor's clinical CALIPSO ratings.

8.3.1. Clinical Practicum Student Learning Contract
When a student is performing below CALIPSO midterm evaluation expectations for clinical practicum courses, a Student Learning Contract (Appendix I) is executed between the student, practicum instructor, and DCE. The onsite clinical supervisor documents concerns and/or unmet ASHA standards and provides the student and the student's practicum instructor with feedback. If the student does not successfully complete the Student Learning Contract, it is possible the student will receive a grade lower than a 'B' in the practicum course. If the final grade in the practicum course is lower than a 'B', the student will receive a Clinical Remediation Plan (Appendix H).

8.4. CSD Student Performance, Professionalism and Ethics

A CSD Department Student Performance, Professionalism and Ethics Committee (SPPEC) has two primary functions: 1) monitor, verify and oversee remediation of student's academic and clinical performance for courses in which the student received a grade less than B; 2) monitor, verify and oversee procedures for violations related to academic integrity, professionalism, and ethics.

The activities of the committee are listed below.

8.4.1. Academic and Clinical Performance

- Receive notification of a necessary student remediation.
- Receive and review the faculty-student plan for remediation.
- Receive notification when the remediation plan has been completed.
- Document the outcome of the remediation plan.
- Maintain copies of the forms indicating the student successfully completed the course remediation.

8.4.2. Integrity, Professionalism, and Ethics

At Chapman University, all students are expected to adhere to the policies that govern student behavior outlined in the Student Conduct Code, (https://www.chapman.edu/students/policies-forms/student-conduct/student-conduct-code-revised-12-10-24.pdf).

- Receive notification of potential violation of Student Conduct Policies at Chapman University.
- For violations of Student Conduct Policies, the committee will adhere to and document procedures followed and actions taken, in accordance with University policy.

8.5. Professional Behavior - Expectations and Violations

Graduate students in CSD must behave professionally in accordance with the standards in the American Speech Hearing Association (ASHA) Code of Ethics (Appendix B). CSD Program Faculty and Staff who believe a student has violated the ASHA standards or otherwise behaved unprofessionally shall report such conduct to the SPPEC. The SPPEC committee will investigate the allegation and determine if the allegation violates the ASHA standard. Additionally, if the matter involves conduct covered by the Chapman University Student Code of Conduct, it will be referred to the Office of Student Conduct.

Examples of behaviors that violate professional standards include but are not limited to:

- Violation of ASHA's Principles and Code of Ethics (Appendix B)
- Violation of our Professional Dress at Clinical Practicum Sites
- Multiple late and unexcused assignments or deadlines in class and/or at clinical practicum sites
- Repeated unexcused tardiness or absences in class and/or at clinical practicum sites

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

1. The SPPEC notifies the student of the report and the specific behavior being reviewed for potential violation(s).
2. Within five (5) business days of the notice, the student may present evidence to the

committee to clarify or refute the report.
3. The SPPEC will meet within ten (10) business days to review the report and evidence and make a final recommendation.
4. If the SPPEC finds the student in violation, the student will be placed on a Professional Behavior Probation Plan within five (5) business days. Students placed on Professional Behavior Probation Plan will be provided the terms of their probation in writing. Additionally, a copy of the student's Professional Behavior Probation Plan will be kept on record within the CSD Department.

8.5.1. Professional Probation Appeal Process

Within ten (10) business days of notice of probation, the student may appeal the SPPEC's decision. The appeal must be based on new evidence not previously submitted by the student during the review process. The following steps in the appeal process are as follows: The appeal must be submitted in writing to the Department Chair.

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

2. The Department Chair will make a final determination regarding the appeal within ten (10) business days of the submission of the appeal and notify the student of the outcome in writing.

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

8.5.2. Removal from Professional Probation

To be removed from Professional Probation, students must complete the conditions of their probation. The SPPEC will review the student's performance in accordance with the student's Professional Behavior Probation Plan and make a recommendation regarding whether the student satisfied the terms of the agreement.

8.5.3. Program Dismissal for Professional Behavior Violations

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

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

Any student dismissed from the CSD program for professional reasons has the right to appeal

the decision to the college Dean. The appeal must be based on new evidence not previously submitted by the student during the review process. The appeal must be submitted to the college Dean in writing within ten (10) business days of receiving the notice of dismissal. The student shall continue in the CSD program until the appeal process is exhausted but may be removed from coursework and/or clinical experiences pending the resolution of the appeal. If the decision for dismissal stands following their appeal, the student will be dismissed from the program and the university. The student will be notified of the final decision and the rationale for the decision in writing. Student whose appeal is upheld may be reinstated to regular or professional probation status.

8.6. Remediation of Clinical Practicum Courses

A structured personalized clinical remediation plan will follow a grade of a 'B-' or below in a clinical practicum course: CSD 620, CSD 630, CSD 640, CSD 650, CSD 660, CSD 680, or CSD 685.

Please note, certain practicum courses are prerequisites for continuing along clinical course sequencing. The remediation plan proposal will consist of unmet ASHA standards generated from a student's CALIPSO evaluation(s) and direct input from clinical faculty and the DCE. The SPPEC consisting of clinical faculty and the DCE, will review the proposed remediation plan with the student. Once the plan has been reviewed and accepted, the remediation plan will be implemented during the student's next clinical rotation. The remediation plan including specific goals and objectives will be shared with the upcoming onsite supervisor responsible for conducting the remediation plan.

1. Once the Remediation Plan (RP) is implemented, the student and the receiving clinical supervisor address progress toward the listed goals bi-weekly. The DCE and other supervising clinical supervisors will meet with the student to discuss alternate remediation strategies if needed.
2. Part A of the RP includes student information, the areas of need, goals, objectives, and 1-3 brief statements on how the instructor will measure the required learning. A date to complete Part A is agreed upon by the student and SPPEC. Part A may include one or more other faculty members or supervisors monitoring the student's progress. The student and SPPEC sign Part A, and a copy will be on record within the CSD Department. Additionally, the upcoming term receiving SLP onsite supervisor will receive a copy of the remediation plan.
3. Part B is completed when the student has successfully completed Part A. In Part B, the actual work is described in detail, with the date accomplished, and the student and SPPEC sign Part B. This document is kept on record within the CSD Department. The Department Chair is responsible for communicating the new grade to the Registrar's Office. Please note, the grade is not changed. That is, the grade is "accepted"; however, the student must still have an overall GPA of 3.0 or higher to be granted a master's degree. The student is provided with a copy of Part B of the remediation plan and the original is placed in the

student's Department record.

4. If the student is unsuccessful in their remediation by the deadline, the appeal procedure is like the appeal process for academic courses except the SPPEC reviews the clinical and remediation plan documentation and makes the final decision. Alternatively, the student can elect a second remediation plan opportunity if the trimester was short (e.g., summer). In this case, the SPPEC and the Department Chair meet with the student to discuss progress and/or lack of progress that requires further remediation. Once the student has remediated the clinical practicum successfully, the Department Chair notifies the registrar's office and the original grade is considered 'acceptable'.

Note: any remediation of a practicum course may delay student progress toward the timely completion of the degree. Delay in progress toward program completion is the decision of the DCE, the SPPEC, and/or the Department Chair.

8.7. Remediation of Academic Courses

Students who earn a final grade of lower than a 'B' in academic courses are required to remediate the course with the instructor of record, after the end of that trimester. Students can only remediate a total of two academic courses in their time in the program. Academic courses are all those listed in the course plan of study, excluding the practicum courses. The following steps are required:

1. The instructor devises a Remediation Plan (RP, Appendix G), outlined in Part A.
2. The instructor notifies the Department Chair that a remediation plan is required.
3. The student meets with the instructor to discuss the areas of deficiency. At this meeting, the RP- Part A is discussed, which includes specific steps, readings, assignments, deadlines, etc. that the instructor has deemed necessary to remediate the student's knowledge and/or skills related to the identified deficiency(ies). The instructor identifies the remediation plan completion date, not to exceed the end of the following trimester, which is agreed upon with the student. Both the student and the instructor will sign Part A.
4. Part B is completed when the student has successfully completed Part A. The actual work is described in detail, with the date accomplished, and both the instructor and the student sign Part B. This document is sent to the Department Chair who notifies the Registrar, of the student's successful completion of the remediation plan. It is important to be aware that the grade is not changed. That is, the grade is "accepted" by the Registrar. Please note, the student must still maintain an overall GPA of 3.0 or higher to be granted a master's degree. A copy of the RP is provided to the student, and the original is placed in the student's record.
5. Students have an opportunity to remediate an academic course. If they are unsuccessful in remediating their deficiencies as deemed by the instructor, the student can appeal the instructor's decision to the SPPEC. After careful review of the documentation (RP) and required assignments, the SPPEC will make its decision and inform the student and

instructor. Should the decision be that the student did not successfully remediate the course, the student is required to retake the course to meet the requirements for graduation.

These remediations must be passed and completed by the end of the following trimester. The SPPEC will review any special circumstance that may occur. If the student is unable to pass and complete the remediation, they will meet with the SPPEC to counsel them on their options.

9. Student Concerns

9.1. Complaints: Specific Academic Courses

In general, for academic matters, the complaint process normally begins with the faculty member involved. Each student has the right of academic appeal. Appeal should first be made to the Department Chair of the Communication Sciences and Disorders program. Further appeal may be made to the dean of the Crean College of Health and Behavioral Sciences. There is no appeal beyond the Office of the Provost. For information on the "grade review policy", grievance and appeals, please see the Graduate Catalog.

9.2. Complaints: Clinical Practicum Courses

Students are advised to begin the practicum course complaint process by discussing concerns with the clinical practicum instructor assigned to the course. If a resolution is not achieved through this discussion, the student should pursue resolution assistance by meeting with the DCE. If resolution is not obtained through discussion with the DCE, then the student should seek assistance from the Department Chair and finally through formal University grievance or appeals procedures for academic courses.

9.3. Other Concerns or Complaints

Students are entitled to discuss matters with the Dean of Crean College of Health and Behavioral Sciences (CHBS) should they have complaints about the program leadership (the Department Chair and/or the DCE), faculty, and/or program policies and procedures remaining unresolved after discussing them with the leadership.

Furthermore, graduate students who have concerns about university policies and procedures are encouraged to bring concerns or complaints forward via the Student Complaints Procedures Notice.

9.4. Student Grievance Policy

Chapman University and Crean College maintain clear and well defined grievance processes for Speech Language Pathology applicants that are publicly accessible. Additionally, the university maintains a publicly available Graduate Student Grievance/Complaint Procedure.

9.5. Programmatic Complaints

The following section can be found in the Accreditation Handbook.

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

Criteria for Complaints (https://caa.asha.org/programs/complaints/)

Complaints about programs must meet all of the following criteria:

1) Be against an accredited graduate education program or program in candidacy status in audiology or speech-language pathology;
2) Relate to the Standards for Accreditation of Entry-Level Graduate Education Programs in Audiology and Speech-Language Pathology, in effect at the time that the conduct for the complaint occurred, including the relationship of the complaint to the accreditation standards;
3) Be clearly described, including the specific nature of the charge and the data to support the charge;
4) Be within the timelines specified below:
a) 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;
b) 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.
c) 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.

Submission Requirements

- Complaints against a program must be filed in writing using the CAA's official Complaint Form [DOCX]. The Complaint Form must be completed in its entirety, which includes submitting a waiver of confidentiality with the complaint. Failure to provide a signed waiver of confidentiality will result in dismissal of the complaint. The CAA does not accept complaints over the phone.
- The complainant's name, address, and telephone contact information and the complainant's relationship to the program must be included in order for the Accreditation Office staff to verify the source of the information. The CAA does not accept anonymous complaints.

- The complaint must include verification, if the complaint is from a student or faculty/ staff member, that the complainant exhausted all pertinent institutional grievance and review mechanisms before submitting a complaint to the CAA.
- Documented evidence in support of the complaint must be appended, including as appropriate relevant policies/procedures, relevant correspondence (including email), timelines of referenced events, etc. Do not enclose entire documents, such as a handbook or catalog; only the specific pages should be included that present content germane to the complaint. Page numbers to these appendices should be referenced in the complaint. Materials may be returned to the complainant if not properly organized to support the complaint.
- The complaint must be complete at the time of submission, including the complaint, waiver, and all appendices; if a complainant submits an amended complaint, including providing additional appendices, it will void the original submission and initiate a new process and timeline.
- All complaints and supporting evidence must be submitted in English, consistent with the business practices of the CAA.
- The complaint must be signed and submitted with any relevant appendices by U.S. mail, overnight courier, hand delivery, or email to:

Chair,
Council on Academic Accreditation in Audiology and Speech-Language Pathology

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

OR accreditation@asha.org

The complainant's burden of proof is a preponderance, or greater weight, of the evidence. It is expected that the complaint includes all relevant documentation at the time of submission.

Copies of the CAA's complaint procedures, relevant Standards for Accreditation, and the Complaint Form are available in paper form by contacting the Accreditation Office at accreditation@asha.org or 800-498-2071. All complaint materials (completed and signed complaint form and relevant appendices) must be typewritten or printed from a computer.

ASHA Website: https://caa.asha.org/programs/complaints/

10. Additional Student Rights and Policies

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

10.1. Discrimination and Harassment Policy

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

Therefore, it is the university 's policy to insist that all members of the university community are treated at all times with dignity and respect. The University has a strict policy that prohibits harassment in any form. This includes, but is not limited to, harassment because of age, disability, race, religion, color, creed, ancestry, national origin, marital status, sex, or sexual orientation. For the complete policy see Chapman University Harassment, Discrimination and Sexual Harassment Policy.

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

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

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

In keeping with its policies, Chapman University not only fully complies with all local, state, and federal laws concerning harassment, but also provides a means to assure fair treatment to any

student or employee who believes the policy prohibiting harassment has been violated. It is the policy of the university that all charges of harassment be reviewed in a confidential, sensitive, and expeditious manner. For further information, please contact the Equal Opportunity Officer at 714- 997-6847.

Any student who believes he or she has been or is being sexually harassed should report this incident to the University's Title IX Coordinators who are listed in Chapman University Harassment, Discrimination and Sexual Harassment Policy and the Sexual Misconduct section of the Student Conduct Code. The University provides support services for student victims of sexual assault. For further information please see Creating a Rape-free Environment for Students (C.A.R.E.S). The CSD program faculty can assist the student through the appropriate channels if requested. No student will be placed in a didactic or clinical experience that jeopardizes his or her educational or personal welfare.

For more information, please visit the Interim Policy on Sexual Harassment Prohibited by Title IX.

10.1.1. Reporting Options for Students

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

For more information, please visit the Reporting Misconduct Policy.

10.2. Students Rights to Privacy

Student records are protected from unauthorized access and release by the Family Educational Rights and Privacy Act (FERPA). For more information, please see Chapman University's FERPA Guidelines.

Students are granted access to their own files after completion of a Student Request for File Access form. Students may inspect and review files in the CSD program office during regular office hours. At no time will information be removed from a student's permanent file. Students will also not be allowed to photocopy, or otherwise duplicate information found in their file. All remediation plans, evaluations, and minutes of meetings such as from the SPPEC, become part of the student's official Program record that is maintained

by the CSD Program as required by the Council on Academic Accreditation (CAA). Students who wish to challenge the content of records may do so in one of two ways:

1. A letter may be placed in the student record indicating the student's objections to a given entry.
2. Students may request a review with the SPPEC to correct records which they believe to be inaccurate or misleading.

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

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

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

10.3. Program Evaluation

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

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

• Didactic Course Evaluation
• Admission Process
• Student Self-Assessments & Reflections
• Class Meetings with Faculty
• Supervisor Evaluations
• Faculty/student advising sessions
• Student Class Representatives
• Graduating student exit interviews & feedback
• Student performance on exams

Additional methods of program evaluation require the CSD program to establish program goals and outcomes, and student learning goals and outcomes. Overall program outcomes include

graduation rates and the passing rates of the national PRAXIS examination; these are posted on the CSD website. Goals and student learning outcomes are tracked on a regular basis and used as feedback in which to make programmatic changes.

Contact the CSD Department Chair for further details about the program evaluation plan.

11. Additional Resources and Information

11.1. Canvas

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

The Department also maintains a CSD Canvas Den, where students can find announcements (job postings, Clinical-Fellowship opportunities, research talks, etc.), forms, and other information about the program.

11.2. Classrooms

All courses are taught at:

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

The majority of the clinical practicum sites are in Southern California and are within driving distances of the Rinker Health Science Campus, however, depending on the availability of clinical practicum sites students may be required to be placed outside of Southern California. Distance between Rinker campus, practicum sites, and residential location will be taken into consideration during site placement process.

11.3. Copyright Policy

For more information about ownership of intellectual property, please refer to the Copyrighted Works Policy.

11.4. Student Psychological Counseling Services

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

Email: spcs@chapman.edu
Phone: 714-744-7002
Main Office: 714-997-6778
SPCS After Hours Crisis and Consultation Line: 714-997-6778
Website: https://www.chapman.edu/students/health-and-safety/psychological-counseling/rinker-services/index.aspx

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

11.5. Email

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

11.6. Emergency Numbers

Emergency: 911

Office of Public Safety
24-Hour Dispatch: (714) 997–6763
Location: 418 North Glassell St. Orange CA 92866
Website: https://www.chapman.edu/campus-services/public-safety/index.aspx

Dean of Students
Office Phone: 714-997-6721
Website: https://www.chapman.edu/students/dean-of-students/index.aspx

Crisis Intervention
• Hospital (closest): Hoag Hospital Irvine, 16200 Sand Canyon Ave, Irvine, CA: 949-791-3101.
• 988 Suicide and Crisis Lifeline (24-hour): 988.
• Sexual Assault/Rape Crisis, Orange County Hotline (24-hour): 714-957-2737.
• Poison Information: California Poison Control 1-800-222-1222.

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

11.7. Graduate Education Resources

For more helpful information on Graduate Education Resources, please refer to the Graduate Education page.

11.8. Graduate Student Health Insurance

For more information regarding student health insurance for Rinker Health Science students, please refer to the Student Health Insurance page.

11.9. Guidelines for On-line Surveys

More information on Guidelines for Administering On-line Survey Involving Students, Faculty and Staff is found here.

11.10.   Inventions and Patents Policy

More information about Inventions and Patents Policy is found here.

11.11.   Leave of Absence, Withdrawals, Resumption of Studies

For more information regarding leave of absence, withdrawals, or re-admission, please see the Chapman University Graduate Catalog.

11.12.   Library, Texts, and Additional Clinical Materials

Having access to library services is an important part of university education. Leatherby Libraries is located on the main Chapman University campus in Orange, CA. The library holds many supplemental texts and periodicals. The library provides students with access to a wide spectrum of electronic information resources, online information retrieval systems, and the internet.

Copiers and printers are available on the premises. The service desk can provide information detailing library hours and circulation policies.

For more information, please visit the Leatherby Libraries website.

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

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

All required texts will be available through the online Chapman University Campus Stores.

11.13.   Smoking Policy

More information regarding the University's Smoking Policy can be found here.

11.14.   Student Mentoring Program

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

11.15.   Transportation

Throughout the professional phase of the CSD Program, students are required to attend various clinical conferences and participate in clinical experiences in community practicum settings.

Transportation to various hospitals, clinical experiences, and other events is the student's responsibility. Students in the Clinical Practicum will be responsible for transportation to all clinical rotation sites.

11.16.   Tuition, Fees, and Other Expenses

For more information regarding tuition, fees, and other expenses, please refer to the Graduate Student Business Office.

11.17.   Website and Other Electronic Resources Accessibility

More information on how the University ensures that their resources are available to everyone is found here.

Appendices

12. Appendix A: 2020 ASHA Standards for the Certificate of Clinical Competence in Speech-Language Pathology

2020 Standards and Implementation Procedures for the Certificate of Clinical Competence in Speech-Language Pathology Effective Date: January 1, 2020

Introduction

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

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

The 2020 Standards and Implementation Procedures for the Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP) went into effect on January 1, 2020.

Contact certification@asha.org with general questions about certification standards or maintenance.

Revisions

August 2022—Effective January 1, 2023

- **Standard V** was updated to allow up to 125 hours of graduate student supervised clinical practicum to be completed via telepractice.
- **Standard VII** was updated to allow (a) up to 25% of required Clinical Fellowship (CF) experience direct contact hours to be completed via telepractice and (b) up to 3 hours of direct CF supervision per segment to be completed using telesupervision.

March 2022—Updates to Implementation Language

- **Standard IV-A** was reworded to provide better guidance to applicants in meeting the required prerequisite courses.
- **Standard IV-G** now includes cultural competency and diversity, equity, and inclusion.
- **Standard V-B** clarifies acceptable clinical experience for future clinical instructors, supervisors, and mentors.

September 2021—Effective January 1, 2022

- **Standard VIII** was updated to require that at least 2 of the 30 required Professional Development Hours (PDHs) - formerly known as Certification Maintenance Hours or CMHs - be earned each maintenance interval in the areas of cultural competency, cultural humility, culturally responsive practice, and/or diversity, equity, and inclusion.

Terminology

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

Cultural competence: The knowledge and skill needed to address language and culture; this knowledge and skill evolves over time and spans lifelong learning.

Cultural humility: A lifelong commitment to engaging in self-evaluation and self-critique and to remedying the power imbalance implicit to clinical interactions.

Culturally responsive practice: Responding to and serving individuals within the context of their cultural background—and the ability to learn from and relate respectfully with people of other cultures.

Direct care: Evaluation, treatment, or counseling completed in the presence of an individual and/or their caregivers.

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

Professional interactions: Refers to not only service delivery but to interactions with colleagues, students, audiology externs, interprofessional practice providers, and so forth.

Citation

Cite as: Council for Clinical Certification in Audiology and Speech-Language Pathology of the American Speech-Language- Hearing Association. (2018). *2020 Standards for the Certificate of Clinical Competence in Speech-Language Pathology.*

Retrieved from www.asha.org/certification/2020-SLP-Certification-Standards.

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

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

Standard I: Degree

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

All graduate coursework and graduate clinical experience required in speech-language pathology must have been

initiated and completed in a CAA-accredited program or in a program with CAA candidacy status.

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

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

Standard III: Program of Study

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

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

Standard IV: Knowledge Outcomes

Standard IV-A

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

Implementation: Standalone coursework in (a) biological sciences, (b) chemistry or physics, (c) social/behavioral sciences, and (d) statistics that fulfill non-communication-sciences-and-disorders-specific university requirements. Refer to the list of acceptable coursework for further details and to the following for general guidance.

1) Biological sciences coursework provides knowledge in areas related to human or animal sciences (e.g., biology, human anatomy and physiology, neuroanatomy and neurophysiology, human

genetics, veterinary science).

2) Chemistry or physics coursework provides foundational knowledge in the areas below.

   a) Chemistry: Substances and compounds composed of atoms and molecules, and their structure, properties, behavior, as well as the changes that occur during reactions with other compounds. This knowledge contributes to better acquisition and synthesis of the underlying processes of speech and hearing science.

   b) Physics: Matter, energy, motion, and force. This knowledge contributes to better appreciation of the role of physics in everyday experiences and in today's society and technology.

3) Social/behavioral sciences coursework provides knowledge in the analysis and investigation of human and animal behavior through controlled and naturalistic observation and disciplined scientific experimentation.

4) Statistics coursework focuses on learning from data and measuring, controlling, and communicating uncertainty. It provides the navigation essential for controlling the course of scientific and societal advances.

Coursework in research methodology in the absence of basic statistics is vital to speech-language pathology practices; however, it cannot be used to fulfill this requirement.

Program directors must evaluate the course descriptions or syllabi of any courses completed prior to students entering their programs to determine if the content provides foundational knowledge in the CFCC's guidance for acceptable coursework.

Standard IV-B

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

Standard IV-C

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

• **Speech sound production, to encompass articulation, motor planning and execution, phonology, and accent modification**

• **Fluency and fluency disorders**

• **Voice and resonance, including respiration and phonation**

• **Receptive and expressive language, including phonology, morphology, syntax, semantics,**

pragmatics (language use and social aspects of communication), prelinguistic communication, paralinguistic communication (e.g., gestures, signs, body language), and literacy in speaking, listening, reading, and writing

- **Hearing, including the impact on speech and language**

- **Swallowing/feeding, including (a) structure and function of orofacial myology and (b) oral, pharyngeal, laryngeal, pulmonary, esophageal, gastrointestinal, and related functions across the life span**

- **Cognitive aspects of communication, including attention, memory, sequencing, problem solving, and executive functioning**

- **Social aspects of communication, including challenging behavior, ineffective social skills, and lack of communication opportunities**

- **Augmentative and alternative communication modalities**

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

Standard IV-D

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

Standard IV-E

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

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

Standard IV-F

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

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

Standard IV-G

The applicant must have demonstrated knowledge of contemporary professional issues.

Implementation: The applicant must have demonstrated knowledge of professional issues that affect speech-language pathology. Issues may include but are not limited to trends in professional practice; academic program accreditation standards; ASHA practice policies and guidelines; cultural competency and diversity, equity, and inclusion (DEI); educational legal requirements or policies; and reimbursement procedures..

Standard IV-H

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

Standard V: Skills Outcomes

Standard V-A

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

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

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

Standard V-B

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

1. **Evaluation**

a.   **Conduct screening and prevention procedures, including prevention activities.**
b.   **Collect case history information and integrate information from clients/patients, family, caregivers, teachers, and relevant others, including other professionals.**
c.   **Select and administer appropriate evaluation procedures, such as behavioral observations, nonstandardized and standardized tests, and instrumental procedures.**
d.   **Adapt evaluation procedures to meet the needs of individuals receiving services.**
e.   **Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention.**
f.   **Complete administrative and reporting functions necessary to support evaluation.**

g.   **Refer clients/patients for appropriate services.**

2.   **Intervention**

a.   **Develop setting-appropriate intervention plans with measurable and achievable goals that meet clients'/patients' needs. Collaborate with clients/patients and relevant others in the planning process.**
b.   **Implement intervention plans that involve clients/patients and relevant others in the intervention process.**
c.   **Select or develop and use appropriate materials and instrumentation for prevention and intervention.**
d.   **Measure and evaluate clients'/patients' performance and progress.**
e.   **Modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients.**
f.   **Complete administrative and reporting functions necessary to support intervention.**
g.   **Identify and refer clients/patients for services, as appropriate.**

3.   **Interaction and Personal Qualities**

a.   **Communicate effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the individual(s) receiving services, family, caregivers, and relevant others.**
b.   **Manage the care of individuals receiving services to ensure an interprofessional, team-based collaborative practice.**
c.   **Provide counseling regarding communication and swallowing disorders to clients/patients, family, caregivers, and relevant others.**
d.   **Adhere to the ASHA *Code of Ethics* and behave professionally.**

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

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

These experiences allow students to:

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

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

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

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

A minimum of 9 months of full-time clinical experience with clients/patients, after being awarded the CCC, is required in order for a licensed and certified speech-language pathologist to supervise graduate clinicians for the purposes of ASHA certification. Individuals who have been clinical educators may consider their experience as "clinical" if (a) they are working directly with clients/patients being assessed, treated, or counseled for speech, language, fluency, cognition, voice, or swallowing function/disorder, or providing case management, and (b) they are the client's/patient's or individual's recognized provider and as such are ultimately responsible for their care management. Individuals whose experience includes only classroom teaching, research/lab work, CS debriefing, or teaching only clinical methods cannot count such experience as "clinical" unless it meets the criteria in (a) and (b).

Standard V-C

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

For Graduate Students Initiating Their Graduate Program On Or After January 1, 2023

Implementation: The guided observation and direct client/patient contact hours must be within the ASHA *Scope of Practice in Speech-Language Pathology* and must be under the supervision of a clinician who holds current ASHA certification in the appropriate profession and who, after earning the CCC-SLP, has completed (a) a minimum of 9 months of post-certification, full-time experience (or its part-time equivalent) and (b) a minimum of 2 hours of professional development in the area of clinical instruction/supervision.

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

Guided Clinical Observations

Twenty-five (25) hours of guided clinical observation hours must be completed in the undergraduate or graduate program and generally precede direct contact with clients/patients. Guided clinical observations may occur simultaneously during the student's observation or afterwards through review and approval of the student's written reports or summaries.

Students may use video recordings of client services for observation purposes. Examples of guided clinical observations with a clinical educator who holds the CCC-SLP may include but are not limited to the following activities:

•   debriefing of a video recording

•   discussion of therapy or evaluation procedures that had been observed

•   debriefings of observations that meet course requirements

•   written records of the observations

It is important to confirm that there was communication between the clinical educator and observer, rather than passive experiences where the student views sessions and/or videos. The student is encouraged to (a) observe live and recorded sessions across settings with individuals receiving services for a variety of disorders and (b) complete debriefing activities as described above. The graduate program will determine how the guided observation experience should be documented.

Evidence of guided observations includes signatures from the clinical educator and documentation of hours, dates, and activities observed.

On-Site and In-Person Graduate Supervised Clinical Practicum

A minimum of 250 hours of supervised clinical practicum within the graduate program must be acquired through on-site and in-person direct contact hours.

Although several students may be present in a clinical session at one time, each graduate student clinician may count toward the supervised clinical practicum only the time that they spent in direct contact with the client/patient or family during that session. Time spent in preparation for or in documentation of the clinical session may not be counted toward the supervised clinical practicum. The applicant must maintain documentation of their time spent in supervised clinical practicum, and this documentation must be verified by the program in accordance with Standards III and IV.

Undergraduate Supervised Clinical Practicum

At the discretion of the graduate program, up to 50 hours of on-site and in-person direct contact hours obtained at the undergraduate level may be counted toward the 400-hour supervised clinical practicum requirement.

Clinical Simulations (CS)

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

Telepractice Graduate Supervised Clinical Practicum

At the discretion of the graduate program and when permitted by the employer/practicum site and by prevailing regulatory body/bodies—and when deemed appropriate for the client/patient/student and the applicant's skill level—the applicant may provide services via telepractice. The clinical educator/supervisor who is responsible for the client/patient/student and graduate student should be comfortable, familiar, and skilled in providing and supervising services that are delivered through telepractice. Provided that these conditions are met, telepractice may be used to acquire up to 125 contact hours, in addition to those earned through guided clinical observations (25 hours) or on-site and in-person direct contact hours (250 hour minimum).

Supervised Clinical Practicum Options	Required	Minimum toward the 400 Hours	Maximum toward the 400 Hours
Guided Clinical Observations	Yes	25	25
On-site and In-Person Direct Contact Hours	Yes	250	No Maximum
Undergraduate Hours	No	0	50
Clinical Simulations	No	0	75
Telepractice	No	0	125

For Graduate Students who initiated their Graduate Program on or before December 31, 2022

Any students who began their graduate program at a CAA-accredited or CAA-candidate program on or before December 31, 2022, can use the guidelines below for the entirety of their graduate academic and clinical practicum experience. The amount of guided clinical observations, undergraduate hours, and CS are the same for all graduate students and are referenced above.

Telepractice with Telesupervision

- Students must complete a minimum of 125 hours of in-person supervised clinical practicum across the graduate program. The remaining hours may be achieved through telepractice deemed clinically appropriate by the graduate program.

- Multiple students may participate in the same telepractice session. Each participating student may count the full session in direct care with the patient/client/student/caregiver toward the completion of their clinical practicum. Program and clinic directors have the authority to determine how many students can appropriately take part in an online teletherapy session with one client, keeping quality patient care, safety, and optimal clinical education in mind.

- Clinical educators may supervise more than one telepractice session concurrently, provided they (a) are available to assist the graduate clinical 100% of the time for each session and (b) provide a minimum of 25% direct supervision of the total contact time with each client/patient similar to in-person supervision requirements.

- Programs must carefully consider which clients/patients are appropriate for telepractice. As always, programs must adhere to all local, state, and federal policies.

- In-person therapy visits: If there are two speech-language pathology graduate student clinicians who are actively engaged with one client/patient during a session, each student clinician may count the entire time spent with the client/patient toward their minimum supervised clinical practicum hours.

Standard V-D

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

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

Standard V-E

Supervision of students must be provided by a clinical educator who holds ASHA certification in the appropriate profession and who, after earning the CCC-A or CCC-SLP, has completed (1) a minimum of 9 months of full-time clinical experience (or its part-time equivalent), and (2) a minimum of 2 hours of professional development in clinical instruction/supervision.

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

Implementation: Beginning January 1, 2020, clinical educators and clinicians who are involved in the preparation of student clinicians, and who provide guided observation and supervision of clinical practicum hours, must (a) hold the CCC-A or CCC- SLP, (b) have completed a minimum of 9 months of full-time (or its part-time equivalent) clinical experience while ASHA certified, and (c) complete 2 hours of professional development/continuing education in clinical instruction/supervision.

The professional development/continuing education must be completed after being awarded ASHA

certification and prior to the supervision of a student. Direct supervision must be in real time. A clinical educator must be available and on site to consult with a student who is providing clinical services to the clinical educator's client. Supervision of clinical practicum is intended to provide guidance and feedback and to facilitate the student's acquisition of essential clinical skills.

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

Standard V-F

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

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

Standard VI: Assessment

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

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

Standard VII: Speech-Language Pathology Clinical Fellowship

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

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

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

Standard VII-A: Clinical Fellowship Experience

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

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

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

For CF experiences beginning on or after January 1, 2023: When permitted by the employer and prevailing regulatory body/bodies and deemed appropriate for the client/patient/student and Clinical Fellow's skill level, up to 25% of the direct client/patient contact hours may be earned through telepractice. (See Standard VII-B for guidelines for use of telesupervision.)

For CF experiences beginning on or before December 31, 2022: When permitted by the employer and prevailing regulatory body/bodies and deemed appropriate for the Clinical Fellow's skill level and the recipients of care, up to 100% of the direct client/patient contact hours may be earned through telepractice. (See Standard VII-B for guidelines for use of telesupervision.)

Similar to on-site, in-person care, the CF mentor must be available to assist as needed to meet the needs of the students/clients/patients/caregivers and to support the Clinical Fellow in providing safe and ethical care.

Standard VII-B: Clinical Fellowship Mentorship

The Clinical Fellow must receive ongoing mentoring and formal evaluations by the CF mentor. Mentorship must be provided by a clinician who holds the CCC-SLP and who, after earning the CCC-SLP, has completed (1) a minimum of 9 months of full-time clinical experience (or its part-time equivalent),

and (2) a minimum of 2 hours of professional development/continuing education in clinical instruction/supervision.

Implementation: CF mentors for ASHA certification must (a) hold the CCC-A or CCC-SLP, (b) have completed a minimum of 9 months of full-time (or its part-time equivalent) clinical experience while ASHA certified, and (c) complete 2 hours of professional development/continuing education in clinical instruction/supervision. The Clinical Fellow may not count any hours earned toward the CF experience until their mentor has met all supervisory requirements.

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

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

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

The mentoring SLP must engage in no fewer than 36 supervisory activities during the CF experience and must include 18 on-site observations of direct client contact at the Clinical Fellow's work site (1 hour = one (1) on-site observation; a maximum of six (6) on-site observations may be accrued in 1 day). At least six (6) on-site observations must be conducted during each third of the CF experience. Direct observations must consist of the Clinical Fellow engaging in screening, evaluation, assessment, and/or habilitation/rehabilitation activities.

Additionally, supervision must include 18 other monitoring activities. *Other monitoring activities* include but are not limited to review of documentation written by the Clinical Fellow, conferences between the CF mentor and the Clinical Fellow, discussions with professional colleagues of the Clinical Fellow, and so forth, and may be completed by correspondence, telephone, or review of video and/or audio tapes. At least six (6) other monitoring activities must be conducted during each third of the CF experience.

Use of Telesupervision for Mentorship

For mentorship of CF experiences beginning on or after January 1, 2023: At least six (6) direct care observations are required per segment. Of those, mentoring must include at least three (3) on-site and in-person. Of the remaining three (3) direct observations, optional use of real-time, interactive video and audio-conferencing technology (telesupervision) are permitted.

If the Clinical Fellow began their CF experience on or before December 31, 2022: Although the CFCC prefers that the six (6) direct observations per segment be completed on site and in person, use of virtual observation may be used in place of on- site, and in-person observations of Clinical Fellows by CF mentors. The use of real-time telesupervision may be used when the CF is providing teletherapy with remote students/clients/patients/caregivers or with in-person care.

Standard VII-C: Clinical Fellowship Outcomes

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

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

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

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

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

Standard VIII: Maintenance of Certification

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

Implementation: Clinicians who hold the CCC-SLP must accumulate and report 30 professional development hours (PDHs) [formerly certification maintenance hours (CMHs)], which is equivalent to 3.0 ASHA continuing education units (CEUs). The PDHs must include a minimum of 1 PDH (or 0.1 ASHA CEU) in ethics and 2 PDHs (or 0.2 ASHA CEUs) in cultural competency, cultural humility, culturally responsive practice, or DEI during every 3-year certification maintenance interval. The ethics requirement began with the 2020–2022 maintenance interval and the cultural competency, cultural humility, culturally responsive practice, or DEI requirement begins with the 2023–2025 certification maintenance interval.

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

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

If maintenance of certification is not accomplished within the 3-year interval, then certification will

expire. Those who wish to regain certification must submit a reinstatement application and meet the standards in effect at the time the reinstatement application is submitted.

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

13. Appendix B: ASHA Code of Ethics

Preamble

The American Speech-Language-Hearing Association (ASHA; hereafter, also known as "the Association") has been committed to a framework of common principles and standards of practice since ASHA's inception in 1925. This commitment was formalized in 1952 as the Association's first Code of Ethics. This code has been modified and adapted to reflect the current state of practice and to address evolving issues within the professions.

The ASHA Code of Ethics reflects professional values and expectations for scientific and clinical practice. It is based on principles of duty, accountability, fairness, and responsibility and is intended to ensure the welfare of the consumer and to protect the reputation and integrity of the professions. The Code of Ethics is a framework and a guide for professionals in support of day-to-day decision making related to professional conduct.

The Code of Ethics is obligatory and disciplinary as well as aspirational and descriptive in that it defines the professional's role. It is an integral educational resource regarding ethical principles and standards that are expected of audiologists, speech-language pathologists, and speech, language, and hearing scientists.

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 ASHA holding the Certificate of Clinical Competence

- a member of ASHA not holding the Certificate of Clinical Competence

- a nonmember of ASHA holding the Certificate of Clinical Competence

- an applicant for ASHA certification or for ASHA membership and certification

ASHA members who provide clinical services must hold the Certificate of Clinical Competence and must abide by the Code of Ethics. By holding ASHA certification and/or membership, or through application for such, all individuals are subject to the jurisdiction of the ASHA Board of Ethics for ethics complaint adjudication.

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

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.

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 age; citizenship; disability; ethnicity; gender; gender expression; gender identity; genetic information; national origin, including culture, language, dialect, and accent; race; religion; sex; sexual orientation; or veteran status.

D. Individuals shall not misrepresent the credentials of aides, assistants, technicians, students, research assistants, 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, 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 audiologist or speech-language pathologist.

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, 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 audiologist or speech-language pathologist.

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 legally authorized/appointed representative.

I. Individuals shall enroll and include persons as participants in research or teaching demonstrations/simulations 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, including humane treatment of animals involved in 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 who hold the Certificate of Clinical Competence shall use independent and evidence-based clinical judgment, keeping paramount the best interests of those being served.

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

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

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 legally authorized or required by law.

P. Individuals shall protect the confidentiality of information about persons served professionally or participants involved in research and scholarly activities. Disclosure of confidential information shall be allowed only when doing so is legally authorized or

required by law.

Q. Individuals shall maintain timely records; shall 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 shall not allow personal hardships, psychosocial distress, substance use/misuse, or physical or mental health conditions to interfere with their duty to provide professional services with reasonable skill and safety. Individuals whose professional practice is adversely affected by any of the above-listed factors should seek professional assistance regarding whether their professional responsibilities should be limited or suspended.

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 such a mechanism exists and, when appropriate, externally to the applicable professional licensing authority or board, other professional regulatory body, or professional association.

T. Individuals shall give reasonable notice to ensure continuity of care and shall provide information about alternatives for 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. ASHA 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 provide clinical services consistent with current local and state laws and regulations and with ASHA certification requirements.

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

D. Individuals who engage in research shall comply with all institutional, state, and federal regulations that address any aspects of research.

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 use technology and instrumentation consistent with accepted professional guidelines in their areas of practice. When such technology is warranted but not available, an appropriate referral should 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

In their professional role, individuals shall act with honesty and integrity when engaging with 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, or scholarly contributions.

B. Individuals shall avoid engaging in conflicts of interest whereby a personal, professional, financial, or other interest or relationship could influence their objectivity, competence, or effectiveness in performing professional responsibilities. If such conflicts of interest cannot be avoided, proper disclosure and management is required.

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

D. Individuals shall not defraud, scheme to defraud, or engage in any illegal or negligent conduct related to obtaining payment or reimbursement for services, products, research, or grants.

E. Individuals' statements to the public shall provide accurate information regarding the professions,

professional services and products, and research and scholarly activities.

F. Individuals' statements to the public shall adhere to prevailing professional standards and shall not contain misrepresentations when advertising, announcing, or promoting their

professional services, products, or research.

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 with members of their own profession and/or members of other professions, when appropriate, to deliver the highest quality of care.

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

C. Individuals' statements to colleagues about professional services, products, or research results 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, deceit, or misrepresentation.

F. Individuals who mentor Clinical Fellows, act as a preceptor to audiology externs, or supervise undergraduate or graduate students, assistants, or other staff shall provide appropriate supervision and shall comply—fully and in a timely manner—with all ASHA certification and supervisory requirements.

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

H. Individuals shall not engage in any form of harassment or power abuse.

I. Individuals shall not engage in sexual activities with persons over whom they exercise professional authority or power, including persons receiving services, other than those with

whom an ongoing consensual relationship existed prior to the date on which the professional relationship began.

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

K. 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.

L. 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.

M. Individuals shall not discriminate in their relationships with colleagues, members of other professions, or individuals under their supervision on the basis of age; citizenship; disability; ethnicity; gender; gender expression; gender identity; genetic information; national origin, including culture, language, dialect, and accent; race; religion; sex; sexual orientation; socioeconomic status; or veteran status.

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

O. 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.

P. 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.

Q. 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.

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

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

T. Individuals who have been convicted of, been found guilty of, or entered a plea of guilty or nolo contendere to (1) any misdemeanor involving dishonesty, physical harm—or the threat of physical harm—to the person or property of another or (2) any felony shall self-report by

notifying the ASHA Ethics Office in writing within 60 days of the conviction, plea, or finding of guilt. Individuals shall also provide a copy of the conviction, plea, or nolo contendere record with their self-report notification, and any other court documents as reasonably requested by the ASHA Ethics Office.

U. Individuals who have (1) been publicly disciplined or denied a license or a professional credential by any professional association, professional licensing authority or board, or other professional regulatory body; or (2) voluntarily relinquished or surrendered their license, certification, or registration with any such body while under investigation for alleged unprofessional or improper conduct shall self-report by notifying the ASHA Ethics Office in writing within 60 days of the final action or disposition. Individuals shall also provide a copy of the final action, sanction, or disposition—with their self-report notification—to the ASHA Ethics Office.

Terminology

The purpose of the following Terminology section is to provide additional clarification for terms not defined within the Principles of Ethics and Rules of Ethics sections.

ASHA Ethics Office: The ASHA Ethics Office assists the Board of Ethics with the confidential administration and processing of self-reports from and ethics complaints against individuals (as defined below). All complaints and self- reports should be sent to this office. The mailing address for the ASHA Ethics Office is American Speech- Language-Hearing Association, attn: Ethics Office, 2200 Research Blvd., #309, Rockville, MD 20850. The email address is ethics@asha.org.

Advertising: Any form of communication with the public regarding services, therapies, research, products, or publications.

diminished decision-making ability: The inability to comprehend, retain, or apply information necessary to determine a reasonable course of action.

Individuals: Within the Code of Ethics, this term refers to ASHA members and/or certificate holders and applicants for ASHA certification.

informed consent: An agreement by persons served, those with legal authority for persons served, or research participants that constitutes authorization of a proposed course of action after the communication of adequate information regarding expected outcomes and potential risks. Such an agreement may be verbal or written, as required by applicable law or policy.

may vs. shall: *May* denotes an allowance for discretion; *shall* denotes something that is required.

Misrepresentation: Any statement by words or other conduct that, under the circumstances, amounts to an assertion that is false, erroneous, or misleading (i.e., not in accordance with the facts).

Negligence: Failing to exercise a standard of care toward others that a reasonable or prudent person would use in the circumstances, or taking actions that a reasonable person would not.

nolo contendere: A plea made by a defendant stating that they will not contest a criminal charge.

Plagiarism: Representation of another person's idea, research, presentation, result, or product as one's own through irresponsible citation, attribution, or paraphrasing.

publicly disciplined: A formal disciplinary action of public record.

reasonable or reasonably: Being 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 the ASHA Ethics Office in writing and (b) sending a copy of the required documentation to the ASHA Ethics Office (see definition of "written" below).

shall vs. may: Shall denotes something that is required; may denotes an allowance for discretion.

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

Written: Encompasses both electronic and hard-copy writings or communications.

14. Appendix C: ASHA Scope of Practice in Speech Language Pathology

Scope of Practice

View PDF Version

Ad Hoc Committee on the Scope of Practice in Speech-Language Pathology

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

Table of Contents

Introduction

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

delineation of speech-language pathology service delivery areas, domains of professional practice, references, and resources.

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

As part of the review process for updating the *Scope of Practice in Speech-Language Pathology*, the committee revised the previous scope of practice document to reflect recent advances in knowledge and research in the discipline. One of the biggest changes to the document includes the delineation of practice areas in the context of eight domains of speech-language pathology service delivery: collaboration; counseling; prevention and wellness; screening; assessment; treatment; modalities, technology, and instrumentation; and population and systems. In addition, five domains of professional practice are delineated: advocacy and outreach, supervision, education, research and administration/leadership.

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

Statement of Purpose

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

1. delineate areas of professional practice;

2. inform others (e.g., health care providers, educators, consumers, payers, regulators, and the general public) about professional roles and responsibilities of qualified providers;

3. support SLPs in the provision of high-quality, evidence-based services to individuals with communication, feeding, and/or swallowing concerns;

4. support SLPs in the conduct and dissemination of research; and

5. guide the educational preparation and professional development of SLPs to provide safe and effective services.

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

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

Speech-language pathology is a dynamic profession, and the overlapping of scopes of practice is a reality in rapidly changing health care, education, and other environments. Hence, SLPs in various settings work collaboratively with other school or health care professionals to make sound decisions for the benefit of individuals with communication and swallowing disorders. This *interprofessional collaborative practice* is defined as "members or students of two or more professions associated with health or social care, engaged in learning with, from and about each other" (Craddock, O'Halloran, Borthwick, & McPherson, 2006, p. 237). Similarly, "interprofessional education provides an ability to share skills and knowledge between professions and allows for a better understanding, shared values, and respect for the roles of other healthcare professionals" (Bridges et al., 2011, para. 5).

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

Definitions of Speech-Language Pathologist and Speech-Language Pathology

Speech-language pathologists , as defined by ASHA, are professionals who hold the ASHA

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

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

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

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

Figure 1. Schematic representation of speech-language pathology practice, including both service delivery and professional domains.

Framework for Speech-Language Pathology Practice

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

An important characteristic of the practice of speech-language pathology is that, to the extent possible, decisions are based on best available evidence. ASHA defines *evidence-based practice* in speech-language pathology as an approach in which current, high-quality research evidence

is integrated with practitioner expertise, along with the client's values and preferences (ASHA, 2005). A high-quality basic and applied research base in communication sciences and disorders and related disciplines is essential to providing evidence-based practice and high-quality services. Increased national and international interchange of professional knowledge, information, and education in communication sciences and disorders is a means to strengthen research collaboration and improve services. ASHA has provided a resource for evidence-based research via the [Practice Portal](#).

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

Professional practice domains:
- advocacy and outreach
- supervision
- education
- administration/leadership
- research

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

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

The domains of speech-language pathology service delivery complement the *ICF,* the WHO's multipurpose health classification system ([WHO, 2014](#)). The classification system provides a standard language and framework for the description of functioning and health. The ICF framework is useful in describing the breadth of the role of the SLP in the prevention, assessment, and habilitation/rehabilitation of communication and swallowing disorders and the

enhancement and scientific investigation of those functions. The framework consists of two components: health conditions and contextual factors.

Health Conditions

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

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

Contextual Factors

Environmental Factors: These make up the physical, social, and attitudinal environments in which people live and conduct their lives. Relevant examples in speech-language pathology include the role of the communication partner in augmentative and alternative communication (AAC), the influence of classroom acoustics on communication, and the impact of institutional dining environments on individuals' ability to safely maintain nutrition and hydration.

Personal Factors: These are the internal influences on an individual's functioning and disability and are not part of the health condition. Personal factors may include, but are not limited to, age, gender, ethnicity, educational level, social background, and profession. Relevant examples in speech-language pathology might include an individual's background or culture, if one or both influence his or her reaction to communication or swallowing.
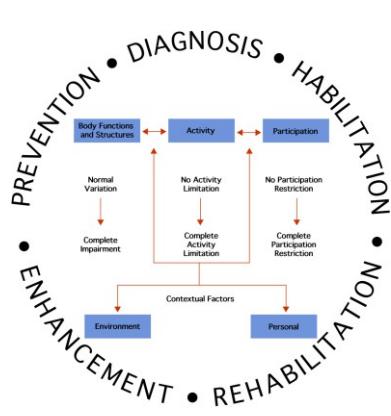
The framework in speech-language pathology encompasses these health conditions and contextual factors across individuals and populations. **Figure 2** illustrates the interaction of the various components of the ICF. The health condition component is expressed on a continuum of functioning. On one end of the continuum is intact functioning; at the opposite end of the continuum is completely compromised function. The contextual factors interact with each other and with the health conditions and may serve as facilitators or barriers to functioning. SLPs influence contextual factors through education and advocacy efforts at local, state, and national levels.

Figure 2. Interaction of the various components of the ICF model. This model applies to individuals or groups.

Domains of Speech-Language Pathology Service Delivery

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

Collaboration

SLPs share responsibility with other professionals for creating a collaborative culture. Collaboration requires joint communication and shared decision making among all members of the team, including the individual and family, to accomplish improved service delivery and functional outcomes for the individuals served. When discussing specific roles of team members, professionals are ethically and legally obligated to determine whether they have the knowledge and skills necessary to perform such services. Collaboration occurs across all speech-language pathology practice domains.

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

- educate stakeholders regarding interprofessional education (IPE) and interprofessional practice (IPP) (ASHA, 2014) principles and competencies;

- partner with other professions/organizations to enhance the value of speech-language pathology services;

- share responsibilities to achieve functional outcomes;

- consult with other professionals to meet the needs of individuals with communication and swallowing disorders;

- serve as case managers, service delivery coordinators, members of collaborative and patient care conference teams; and

- serve on early intervention and school pre-referral and intervention teams to assist with the development and implementation of individualized family service plans (IFSPs) and individualized education programs (IEPs).

Counseling

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

behaviors that result from living with the communication disorder, feeding and swallowing disorder, or related disorders.

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

- empower the individual and family to make informed decisions related to communication or feeding and swallowing issues.

- educate the individual, family, and related community members about communication or feeding and swallowing disorders.

- provide support and/or peer-to-peer groups for individuals with disorders and their families.

- provide individuals and families with skills that enable them to become self-advocates.

- discuss, evaluate, and address negative emotions and thoughts related to communication or feeding and swallowing disorders.

- refer individuals with disorders to other professionals when counseling needs fall outside of those related to (a) communication and (b) feeding and swallowing.

Prevention and Wellness

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

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

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

- *Language impairment:* Educate parents, teachers and other school-based professionals about the clinical markers of language impairment and the ways in which these impairments can impact a student's reading and writing skills to facilitate early referral for evaluation and assessment services.

- *Language-based literacy disorders:* Educate parents, school personnel, and health care

providers about the SLP's role in addressing the semantic, syntactic, morphological, and phonological aspects of literacy disorders across the lifespan.

- *Feeding:* Educate parents of infants at risk for feeding problems about techniques to minimize long-term feeding challenges.

- *Stroke prevention:* Educate individuals about risk factors associated with stroke

- *Serve on teams:* Participate on multitiered systems of support (MTSS)/response to intervention (RTI) teams to help students successfully communicate within academic, classroom, and social settings.

- *Fluency:* Educate parents about risk factors associated with early stuttering.

- *Early childhood:* Encourage parents to participate in early screening and to collaborate with physicians, educators, child care providers, and others to recognize warning signs of developmental disorders during routine wellness checks and to promote healthy communication development practices.

- *Prenatal care:* Educate parents to decrease the incidence of speech, hearing, feeding and swallowing, and related disorders due to problems during pregnancy.

- *Genetic counseling:* Refer individuals to appropriate professionals and professional services if there is a concern or need for genetic counseling.

- *Environmental change:* Modify environments to decrease the risk of occurrence (e.g., decrease noise exposure).

- *Vocal hygiene:* Target prevention of voice disorders (e.g., encourage activities that minimize phonotrauma and the development of benign vocal fold pathology and that curb the use of smoking and smokeless tobacco products).

- *Hearing:* Educate individuals about risk factors associated with noise-induced hearing loss and preventive measures that may help to decrease the risk.

- *Concussion /traumatic brain injury awareness:* Educate parents of children involved in contact sports about the risk of concussion.

- *Accent/dialect modification:* Address sound pronunciation, stress, rhythm, and intonation of speech to enhance effective communication.

- *Transgender (TG) and transsexual (TS) voice and communication:* Educate and treat individuals about appropriate verbal, nonverbal, and voice characteristics (feminization or masculinization) that are congruent with their targeted gender identity.

- *Business communication:* Educate individuals about the importance of effective business

communication, including oral, written, and interpersonal communication.

- *Swallowing:* Educate individuals who are at risk for aspiration about oral hygiene techniques.

Screening

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

- select and use appropriate screening instrumentation;

- develop screening procedures and tools based on existing evidence;

- coordinate and conduct screening programs in a wide variety of educational, community, and health care settings;

- participate in public school MTSS/RTI team meetings to review data and recommend interventions to satisfy federal and state requirements (e.g., Individuals with Disabilities Education Improvement Act of 2004 [IDEIA] and Section 504 of the Rehabilitation Act of 1973);

- review and analyze records (e.g., educational, medical);

- review, analyze, and make appropriate referrals based on results of screenings;

- consult with others about the results of screenings conducted by other professionals; and

- utilize data to inform decisions about the health of populations.

Assessment

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

guide decision making. The assessment process can be carried out in collaboration with other professionals. SLPs

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

- review medical records to determine relevant health, medical, and pharmacological information;

- interview individuals and/or family to obtain case history to determine specific concerns;

- utilize culturally and linguistically appropriate assessment protocols;

- engage in behavioral observation to determine the individual's skills in a naturalistic setting/context;

- diagnose communication and swallowing disorders;

- use endoscopy, videofluoroscopy, and other instrumentation to assess aspects of voice, resonance, velopharyngeal function and swallowing;

- document assessment and trial results for selecting AAC interventions and technology, including speech- generating devices (SGDs);

- participate in meetings adhering to required federal and state laws and regulations (e.g., IDEIA [2004] and Section 504 of the Rehabilitation Act of 1973).

- document assessment results, including discharge planning;

- formulate impressions to develop a plan of treatment and recommendations; and

- discuss eligibility and criteria for dismissal from early intervention and school-based services.

Treatment

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

- design, implement, and document delivery of service in accordance with best available practice appropriate to the practice setting;

- provide culturally and linguistically appropriate services;

- integrate the highest quality available research evidence with practitioner expertise and individual preferences and values in establishing treatment goals;

- utilize treatment data to guide decisions and determine effectiveness of services;

- integrate academic materials and goals into treatment;

- deliver the appropriate frequency and intensity of treatment utilizing best available practice;

- engage in treatment activities that are within the scope of the professional's competence;

- utilize AAC performance data to guide clinical decisions and determine the effectiveness of treatment; and

- collaborate with other professionals in the delivery of services.

Modalities, Technology, and Instrumentation

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

- the full range of AAC technologies to help individuals who have impaired ability to communicate verbally on a consistent basis-AAC devices make it possible for many individuals to successfully communicate within their environment and community;

- endoscopy, videofluoroscopy, fiber-optic evaluation of swallowing (voice, velopharyngeal function, swallowing) and other instrumentation to assess aspects of voice, resonance, and swallowing;

- telehealth/telepractice to provide individuals with access to services or to provide access to a specialist;

- ultrasound and other biofeedback systems for individuals with speech sound production, voice, or swallowing disorders; and

- other modalities (e.g., American Sign Language), where appropriate.

Population and Systems

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

- use plain language to facilitate clear communication for improved health and educationally relevant outcomes;

- collaborate with other professionals about improving communication with individuals who have communication challenges;

- improve the experience of care by analyzing and improving communication environments;

- reduce the cost of care by designing and implementing case management strategies that focus on function and by helping individuals reach their goals through a combination of direct intervention, supervision of and collaboration with other service providers, and engagement of the individual and family in self-management strategies;

- serve in roles designed to meet the demands and expectations of a changing work environment;

- contribute to the management of specific populations by enhancing communication between professionals and individuals served;

- coach families and early intervention providers about strategies and supports for facilitating prelinguistic and linguistic communication skills of infants and toddlers; and

- support and collaborate with classroom teachers to implement strategies for supporting student access to the curriculum.

Speech-Language Pathology Service Delivery Areas

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

Fluency

- Stuttering

- Cluttering

Speech Production

- Motor planning and execution

- Articulation

- Phonological

Language- Spoken and written language (listening, processing, speaking, reading, writing, pragmatics)

- Phonology

- Morphology

- Syntax

- Semantics

- Pragmatics (language use and social aspects of communication)

- Prelinguistic communication (e.g., joint attention, intentionality, communicative signaling)

- Paralinguistic communication (e.g., gestures, signs, body language)

- Literacy (reading, writing, spelling)

Cognition

- Attention

- Memory

- Problem solving

- Executive functioning

Voice

- Phonation quality

- Pitch

- Loudness

- Alaryngeal voice

Resonance

- Hypernasality

- Hyponasality

- Cul-de-sac resonance

- Forward focus

Feeding and Swallowing

- Oral phase

- Pharyngeal phase

- Esophageal phase

- Atypical eating (e.g., food selectivity/refusal, negative physiologic response)

Auditory Habilitation/Rehabilitation

- Speech, language, communication, and listening skills impacted by hearing loss, deafness

- Auditory processing

Potential etiologies of communication and swallowing disorders include

- neonatal problems (e.g., prematurity, low birth weight, substance exposure);

- developmental disabilities (e.g., specific language impairment, autism spectrum disorder, dyslexia, learning disabilities, attention-deficit disorder, intellectual disabilities, unspecified neurodevelopmental disorders);

- disorders of aerodigestive tract function (e.g., irritable larynx, chronic cough, abnormal respiratory patterns or airway protection, paradoxical vocal fold motion, tracheostomy);

- oral anomalies (e.g., cleft lip/palate, dental malocclusion, macroglossia, oral motor dysfunction);

- respiratory patterns and compromise (e.g., bronchopulmonary dysplasia, chronic obstructive pulmonary disease);

- pharyngeal anomalies (e.g., upper airway obstruction, velopharyngeal insufficiency/incompetence);

- laryngeal anomalies (e.g., vocal fold pathology, tracheal stenosis);

- neurological disease/dysfunction (e.g., traumatic brain injury, cerebral palsy,

cerebrovascular accident, dementia, Parkinson's disease, and amyotrophic lateral sclerosis);

- psychiatric disorder (e.g., psychosis, schizophrenia);

- genetic disorders (e.g., Down syndrome, fragile X syndrome, Rett syndrome, velocardiofacial syndrome); and

- Orofacial myofunctional disorders (e.g., habitual open-mouth posture/nasal breathing, orofacial habits, tethered oral tissues, chewing and chewing muscles, lips and tongue resting position).

This list of etiologies is not comprehensive.

Elective services include

- Transgender communication (e.g., voice, verbal and nonverbal communication);

- Preventive vocal hygiene;

- Business communication;

- Accent/dialect modification; and

- Professional voice use.

This list of elective services is not comprehensive.

Domains of Professional Practice

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

Advocacy and Outreach

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

- Advise regulatory and legislative agencies about the continuum of care. Examples of service

delivery options across the continuum of care include telehealth/telepractice, the use of technology, the use of support personnel, and practicing at the top of the license.

- Engage decision makers at the local, state, and national levels for improved administrative and governmental policies affecting access to services and funding for communication and swallowing issues.

- Advocate at the local, state, and national levels for funding for services, education, and research.

- Participate in associations and organizations to advance the speech-language pathology profession.

- Promote and market professional services.

- Help to recruit and retain SLPs with diverse backgrounds and interests.

- Collaborate on advocacy objectives with other professionals/colleagues regarding mutual goals.

- Serve as expert witnesses, when appropriate.

- Educate consumers about communication disorders and speech-language pathology services.

- Advocate for fair and equitable services for all individuals, especially the most vulnerable.

- Inform state education agencies and local school districts about the various roles and responsibilities of school-based SLPs, including direct service, IEP development, Medicaid billing, planning and delivery of assessment and therapy, consultation with other team members, and attendance at required meetings.

Supervision

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

- possess service delivery and professional practice skills necessary to guide the supervisee;

- apply the art and science of supervision to all stakeholders (i.e., those supervising and being supervised), recognizing that supervision contributes to efficiency in the workplace;

- seek advanced knowledge in the practice of effective supervision;

- establish supervisory relationships that are collegial in nature;

- support supervisees as they learn to handle emotional reactions that may affect the therapeutic process; and

- establish a supervisory relationship that promotes growth and independence while providing support and guidance.

Education

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

- serve as faculty at institutions of higher education, teaching courses at the undergraduate, graduate, and postgraduate levels;

- mentor students who are completing academic programs at all levels;

- provide academic training to students in related disciplines and students who are training to become speech-language pathology assistants; and

- provide continuing professional education to SLPs and to professionals in related disciplines.

Research

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

Administration and Leadership

SLPs administer programs in education, higher education, schools, health care, private practice, and other settings. In this capacity, they are responsible for making administrative decisions related to fiscal and personnel management; leadership; program design; program growth and innovation; professional development; compliance with laws and regulations; and cooperation with outside agencies in education and healthcare. Their administrative roles are not limited to speech-language pathology, as they may administer programs across departments and at

different levels within an institution. In addition, SLPs promote effective and manageable workloads in school settings, provide appropriate services under IDEIA (2004), and engage in program design and development.

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15. Appendix D: Core Functions in Speech-Language Pathology

Core Functions are intended as a guide for educational programs in speech-language pathology or audiology and individuals seeking a career in these professions. It identifies the core functions that individuals of such programs typically are expected to employ in didactic and clinical experiences to acquire the knowledge and demonstrate the competencies that will lead to graduation and successful entry into professional practice. This document replaces the Essential Functions document created by the Council of Academic Programs in Communication Sciences and Disorders (CAPCSD) in 2008. The document was updated to differentiate core functions from individual program requirements and to be inclusive of differences in behavioral and learning preferences associated with race, ethnicity, culture, sexual orientation, gender identity, language, and sensory, physical, or neurological status. (CAPCSD Essential Functions Committee Report, 2023).

The following list of Core Functions are revisions of the CAPCSD Essential Functions Committee report (2023): https://growthzonecmsprodeastus.azureedge.net/sites/1782/2023/04/Core-Functions-for-AUD-and-SLP-Approved-4-3-23- rev-4-25-23-4b25d025-b102-44d3-80ee-2323381d68ab.pdf

Communication

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

interpreters, and other non-verbal communication modes.

- Employ oral, written, auditory, and non-verbal communication at a level sufficient to meet academic and clinical competencies.

- Adapt communication style to effectively interact with colleagues, clients, patients, caregivers, and stakeholders of diverse backgrounds in various modes such as in person, over the phone, and in electronic format.

Motor

Statements in this section acknowledge that clinical practice by audiologists and speech

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

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

- Respond in a manner that ensures the safety of clients and others

Sensory

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

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

- Access sensory information to correctly differentiate anatomical structures and diagnostic imaging findings.

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

Intellectual/Cognitive

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

- Retain, analyze, synthesize, evaluate, and apply auditory, written, and oral information at a level sufficient to meet curricular and clinical competencies.

- Employ informed critical thinking and ethical reasoning to formulate a differential diagnosis and create, implement, and adjust evaluation and treatment plans as appropriate for the client/patient's needs

- Engage in ongoing self-reflection and evaluation of one's existing knowledge and skills.

- Critically examine and apply evidence-based judgment in keeping with best practices for client/patient care.

Interpersonal

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

- Display compassion, respect, and concern for others during all academic and clinical interactions.

- Adhere to all aspects of relevant professional codes of ethics, privacy, and information management policies.

- Take personal responsibility for maintaining physical and mental health at a level that ensures safe, respectful, and successful participation in didactic and clinical activities.

Cultural Responsiveness

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

- Engage in ongoing learning about cultures and belief systems different from one's own and the impacts of these on healthcare and educational disparities to foster effective provision of services.

- Demonstrate the application of culturally responsive evidence-based decisions to guide clinical practice.

16. Appendix E: Student Clinical Four-Square Reflection Tool

Name: _____   **Date:** _____

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

17. Appendix F: Practicum Instructor Clinical Four-Square Reflection Tool

Graduate Student Name: _____

CU Faculty/Supervisor: _____

Date of Observation: _____

Date of Conference: _____

Trimester/Year: _____

Location: _____

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

18. Appendix G: Academic Remediation Plan

Section A – Plan
Student Name:_____Trimester:_____
Course Title:_____

Reason for Remediation:

Remediation Objectives:

Remediation Activities:

Time Frame for Completion:

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

Section B – Completion
Student Name:_____   Trimester:
_____

Course Title:_____

Outcomes:

Remediation Plan Completion Date:

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

19. Appendix H: Clinical Remediation Plan

Section A – Plan
Student Name:_____   Trimester:_____

Clinical Practicum Course:_____

Reason for Remediation:

Remediation Objectives:

Remediation Activities:

Time Frame for Completion:

Acknowledgement of Program Plan for Remediation	
Director of Clinical Education Signature:	Date:
Student Performance Professionalism Ethics Committee Member Signature:	Date:
Student Signature:	Date:

Section B – Completion

Student Name:_____   Trimester:_____

Clinical Practicum Course:_____

Outcomes:

Remediation Plan Completion Date:

Acknowledgement of Program Plan for Remediation	
Director of Clinical Education Signature:	Date:
Student Performance Professionalism Ethics Committee Member Signature:	Date:
Student Signature:	Date:

20. Appendix I: Clinical Student Learning Contract

Due to below average midterm evaluation clinical rating(s) on ASHA standard(s) there is concern of failure to meet CSD clinical practicum course objective(s) resulting in clinical remediation. As a result, a learning contract for <u>Student Name</u> is being implemented through the remainder of this trimester. The goal of this contract is to outline specific clinical practicum objectives to promote clinical skill progression and ultimately successful completion of your clinical practicum rotation.

Clinical Standards (ASHA, CFCC, CAA)	Clinical Rating	Objective	Timeline
		Student will demonstrate ___.	Objective to be met by _____
		Student will demonstrate ___.	Objective to be met by _____

You have read and understand the contents of the following:

•   The ASHA standard(s), my clinical rating(s), the stated outlined objective(s), and timeline for each expected behavior to be demonstrated.
•   The level of clinical performance to be attained and agreed objectives as clearly specified in this Learning Contract.

If criteria are not achieved by _____, student may be at risk of failure in this clinical experience.

I agree to abide by the policies and procedures and agreed upon expected performance standards as stated in
the above listed materials."

Student Signature _____Date
_____

Student Performance Professionalism Ethics Committee Member Signature
_____

Date: _____

21. Appendix J: Clinical Standards (ASHA, CFCC, CAA)

Evaluation

CFCC V-B, 1a	Conducts screening and prevention procedures, including prevention activities.
CFCC IV-D	Demonstrates current knowledge of the principles and methods of prevention and assessment, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates.
CFCC V-B, 1b	Collects case history information and integrates information from clients/patients, family, caregivers, teachers, and relevant others, including other professionals.
CFCC V-B, 1c	Selects appropriate evaluation procedures. May include behavioral observations, non-standardized and standardized tests and instrumental procedures.
CFCC V-B, 1c	Administers non-standardized and standardized tests correctly. Includes scoring when applicable.
CFCC V-B, 1d	Adapts evaluation procedures to meet the needs of individuals receiving services.
CFCC IV-C	Demonstrates knowledge of communication and swallowing disorders and differences. Includes appropriate etiologies, characteristics and anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates.
CFCC V-B, 1e	Interprets, integrates, and synthesizes all information to develop diagnoses.
CFCC V-B, 1e	Interprets, integrates, and synthesizes all information to make appropriate recommendations for intervention.
CFCC V-B, 1f	Completes administrative and reporting functions necessary to support evaluation.
CFCC V-B, 1g	Refers clients/patients for appropriate services. • Following evaluation, students appropriately refer patients for speech-language pathology services and/or other professional services. • An "appropriate" referral constitutes referring when necessary and not referring when not necessary. Please note: Student should receive a score, as verification of this particular skill, in each of the 9 disorder areas of which are being evaluated.

Treatment

CFCC IV-D, V-B, 2a	Develops setting-appropriate intervention plans with measurable and achievable goals that meets client/patient needs, demonstrating knowledge of the principles of intervention and including consideration of anatomical/physiological, developmental, and linguistic cultural correlates. Collaborates with clients/patients and relevant others in the planning process.
CFCC V-B, 2b	Implements intervention plans that involve clients/patients and relevant others in the intervention process.
CFCC V-B, 2c	Selects or develops and uses appropriate materials and instrumentation.
CFCC V-B, 2d	Measures and evaluates clients'/patients' performance and progress.
CFCC V-B, 2e	Modifies intervention plans, strategies, materials, or instrumentation to meet individual client/patient needs.
CFCC V-B, 2f	Completes administrative and reporting functions necessary to support intervention.
CFCC V-B, 2g	Identifies and refers patients for services as appropriate. During intervention, the student identifies the need and makes appropriate recommendations for continued speech-language pathology management and/or other professional services. Please note: Student should receive a score, as verification of this particular skill, in each of the 9 disorder areas of which are being managed.

Additional Clinical Skills

	Sequences tasks to meet objectives.
	Provides appropriate introduction/explanation of tasks.
	Uses appropriate models, prompts, or cues. Allows time for patient response.
	Demonstrates effective behavior management skills.
CAA 3.4B	Practices diversity, equity and inclusion.
CAA 3.4B	Addresses culture and language in service delivery that includes cultural humility, cultural responsiveness, and cultural competence.
CAA 3.1.6B	Demonstrates clinical education and supervision skills. Demonstrates a basic understanding of and receives exposure to the supervision process.

	Students should demonstrate a basic understanding of and receive exposure to the supervision process (Per CAA Update Webinar Q/A 5/11/2022).

Professional Practice, Interaction, and Personal Qualities

CFCC IV-B; CAA 3.1.6B	Demonstrates knowledge of basic human communication and swallowing processes. Demonstrates the ability to integrate information pertaining to normal and abnormal human development across the life span. This includes • the appropriate biological, neurological, acoustic, physiological, developmental, and linguistic cultural bases. • Integrates and applies knowledge of the interdependence of speech, language and hearing.
CFCC IV-F; CAA 3.1.1B	Demonstrates knowledge of processes used in research and integrates research principles into evidence-based clinical practice. • Accesses and critically evaluates information sources, applies information to appropriate populations, and integrates evidence in provision of Speech- Language Pathology services.
CFCC IV-G; CAA 3.1.1B	Demonstrates knowledge of contemporary professional issues that affect Speech- Language Pathology. • Includes trends in professional practice; academic program accreditation standards; ASHA practice policies and guidelines; cultural competency and diversity, equity, and inclusion (DEI); educational legal requirements or policies; and reimbursement procedures. • Engages in contemporary professional issues and advocacy.
CFCC IV-H	Demonstrates knowledge of entry level and advanced certifications, licensure, and other relevant professional credentials, as well as local, state, and national regulations and policies relevant to professional practice.

CFCC V-B, 3a; CAA 3.1.1B Effective Communication Skills, CAA 3.1.6B	Communicates effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the individual(s) receiving services, family, caregivers, and relevant others. • Communicates in a responsive and responsible manner with clients/patients/students, communities, and interprofessional team colleagues and other professionals. • Demonstrates professionalism and professional behavior that is reflective of cultural and linguistic differences. • Demonstrates interaction skills and interpersonal qualities, including counseling and collaboration.
CFCC V-B, 3c; CAA 3.1.6B	Provides counseling regarding communication and swallowing disorders to clients/patients, family, caregivers, and relevant others. • Demonstrates clinical counseling skills appropriate to the individual, family members, caregivers, and others involved in care.
CFCC V-B, 3b; CAA 3.1.1B	Manages the care of individuals receiving services to ensure an interprofessional, team-based collaborative practice. • Works effectively as a member of an interprofessional team.
CFCC V-A	Demonstrates skills in oral and other forms of communication sufficient for entry into professional practice. • Demonstrates speech and language skills in English, which, at a minimum, are consistent with ASHA's current position statement on students and professionals who speak English with accents and nonstandard dialects.
CFCC V-A	Demonstrates skills in written communication sufficient for entry into professional practice. • Writes and comprehends technical reports, diagnostic and treatment reports, treatment plans, and professional correspondence in English.
CFCC IV-E, V-B, 3d; CAA 3.1.1B- Accountability;	Demonstrates knowledge of standards of ethical conduct, behaves professionally and protects client welfare. • Adheres to the professional code of ethics.

3.8B	
	• Adheres to the Speech-Language Pathology scope of practice documents. • Adheres to professional fiduciary responsibility for each client/patient/student served. • Adheres to federal, state, and institutional regulations and policies related to the profession of Speech-Language Pathology and its services, including compliance with confidentiality issues related to HIPAA and FERPA.
CAA 3.1.1B - Accountability	Demonstrates an understanding of the effects of own actions and makes appropriate changes as needed.
CAA 3.1.1B - Professional Duty, 3.1.6B	Demonstrates professionalism. • Demonstrates knowledge of one's own role and those of other professions to appropriately assess and address the needs of the individuals and populations served. • Demonstrates knowledge of the roles and importance of interdisciplinary/interprofessional assessment and intervention and coordinates care effectively with other disciplines and community resources. • Demonstrates knowledge of the roles and importance of individual and collective (e.g., local, national organizations) advocacy for clients/patients/students' right to care. • Demonstrates knowledge of the role of clinical teaching and clinical modeling as well as supervision of students and other support personnel. • Demonstrates professionalism and professional behavior that is reflective of cultural and linguistic differences.

22. Appendix K: Practicum Course Incomplete Plan

Section A – Plan

Student Name:_____ Trimester:_____

Clinical Practicum Course:_____

Reason for Incomplete:

Incomplete Plan Objective(s):

Incomplete Activities(s):

Time Frame for Completion:

Acknowledgement of Program Plan for Incomplete Practicum Course	
Director of Clinical Education Signature:	Date:
Student Performance Professionalism Ethics Committee Member Signature:	Date:
Student Signature:	Date:

Section B – Completion

Student Name:＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿ Trimester:＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿

Clinical Practicum Course: ＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿

Outcomes:

Incomplete Plan Completion Date:

Acknowledgement of Program Plan for Incomplete Practicum Course	
Director of Clinical Education Signature:	Date:
Student Performance Professionalism Ethics Committee Member Signature:	Date:
Student Signature:	Date:

23. Appendix L: CSD Performance Agreement

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

_____   _____
Student Name (PRINT)   Student Signature   Date

_____
Faculty Advisor Signature   Date

24. Appendix M: Student Sexual Misconduct Policy

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

The University's goal is an open and safe community where these behaviors are deemed unacceptable, where those who are affected are provided support, and where a fair and impartial review process is provided to all parties. The University's response to allegations of prohibited conduct is grounded in the fair application of policy and procedure. Please see the Chapman University Title IX website at Policy (https://www.chapman.edu/students/health-and-safety/title-ix/index.aspx).

Reporting Options:

Colleen Wood, *Assistant Vice President and Associate Dean of Students*
Title IX Coordinator
Argyros Forum 101
titleix@chapman.edu

Rachel Bargoot, *Program Coordinator for Student Affairs*
Argyros Forum 205
bargoot@chapman.edu
(714) 532-6056

Dean of Students Office: (714) 997-6721

Public Safety: (714) 997-6763

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

Sexual Misconduct, Sex-Based/Gender Discrimination and Title IX :
https://www.chapman.edu/students/health-and- safety/title-ix/

Privileged and Confidential Resources:
The University has identified individuals on campus who have a professional requirement to maintain confidentiality* of a conversation with a complainant, respondent, or witness who wants someone to talk to but does not want to report the incident to the University. The

following are individuals on campus who are privileged and confidential resources when working in the following roles:

Support Services
Student Psychological Counseling Services
(714) 997-6778

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

Privileged Support People
- Reverend Nancy Brink, Executive Director, Fish Interfaith Center
  (714) 628-7246
  brink@chapman.edu
- Father Rafael Luévano
  (714) 532-6098
  luevano@chapman.edu
- Shaykh Jibreel Speight, Director of Muslim Life
  (714) 628-2646
  jspeight@chapman.edu
- Rabbi Cassi Kail, Director of Jewish Life
  (714) 744-2123
  kail@chapman.edu
- Reverend Jack Veatch, Director of Church Relations
  (714) 628-7256
  veatch@chapman.edu

Privileged and Confidential website: https://www.chapman.edu/students/health-and-safety/title-ix/title-ix- resources.aspx

*While the individuals listed above have a professionally required duty to refrain from disclosing information reported to them, there are certain, specific situations in which they are not able to keep the disclosure private. Those situations are: (1) if someone may be a danger to themselves or others, (2) information about any minor or elder currently being subjected to abuse or neglect – including intentional access to unlawful sexual images, or (3) in some cases if the information is subpoenaed for court proceedings.

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

Consent is defined as an affirmative, conscious, voluntary agreement by all participants to engage in sexual activity, communicated through mutually understandable words and/or actions. Affirmative consent must be continuously present throughout an interaction, for all

sexual activities, and may be modified, withdrawn, or revoked at any time. It is the responsibility of each person involved in the activity to ensure that affirmative consent has been obtained from the other or others before engaging in any sexual activity. Existence of a dating relationship between the persons involved, or the fact of past sexual relations between them, can never by itself be assumed to be an indicator of consent.

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

For full definitions of these policies, please read the Student Sexual Misconduct Policy at https://www.chapman.edu/students/health-and-safety/title-ix/

Interim and Supportive Measures
Supportive measures are available to students who may have experienced the above behaviors regardless of whether or not they make a formal report to the University or law enforcement. Supportive measures shall be confidential, to the extent that maintaining confidentiality does not impair the University's ability to provide such measures. When a student or employee reports to the University that they have experienced intimate partner violence, sexual assault, sexual battery, sexual exploitation, stalking, harassment, or discrimination, whether the incident(s) occurred on or off campus, the University shall provide the individual with written information about resources and options. The University shall also provide the individual with written notification of health and mental health resources as well as other referrals as requested and available. For more information about available interim and supportive measures and how to request support, please visit the Chapman University Title IX website.

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

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

25. Appendix N: Student FERPA Training

These instructions will guide you through self-enrolling in the training course for the Family Educational Rights and Privacy Act, commonly called **FERPA**, provided by the Vector Solutions training platform.

Navigate to the site by clicking this URL - https://chapmanstudents-ca.vectorlmsedu.com/login

Log In with your Chapman Student Email and Password.

Self-Enrollment for Student FERPA Training

Training about the Family Educational Rights and Privacy Act, commonly called FERPA, may be required by your manager. These instructions will guide you through self-enrolling in the FERPA training course provided by the Vector Solutions training platform.

Navigate to the site by clicking this URL - https://chapmanstudents-ca.vectorlmsedu.com/login. Log In with your Chapman Student Email and Password.

Login Screen –
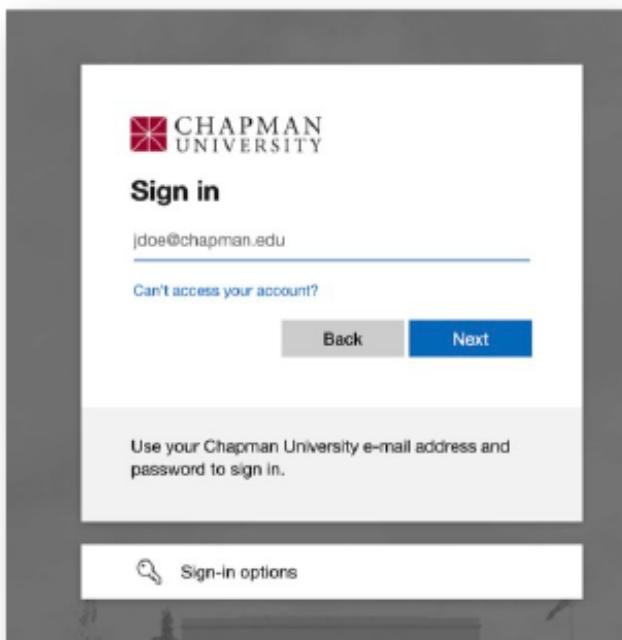
Figure 1- Sign On Screen

Self-Enrollment for Student FERPA Training

Ensure that your name shows in the upper left corner of the screen –
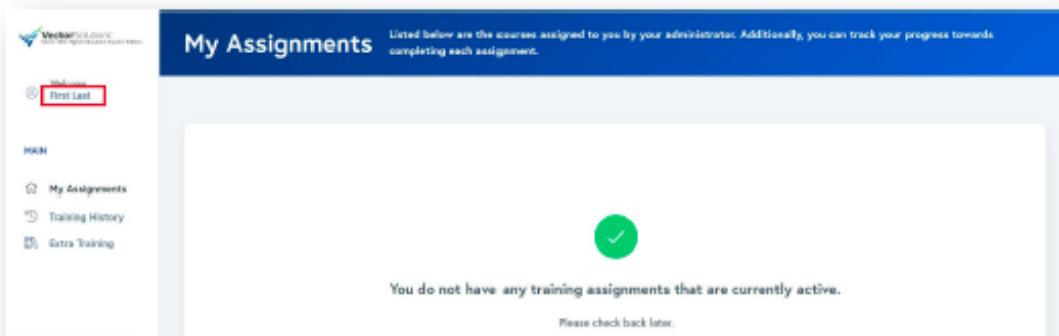
Figure 2 - My Assignments Screen

Go to "Extra Training" in the left side navigation –
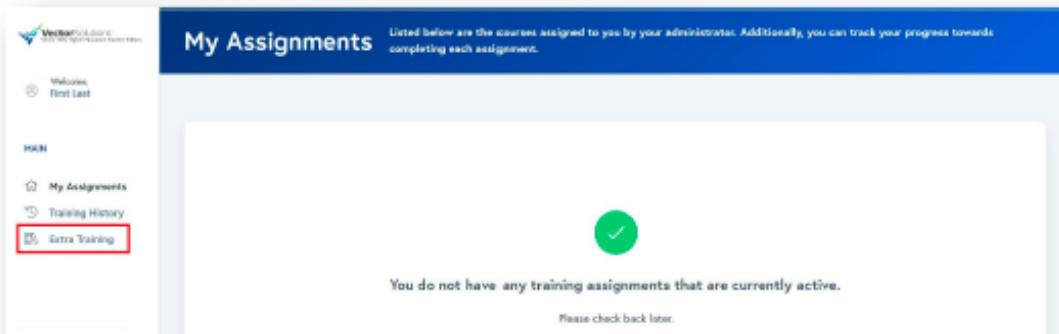
Figure 3 - Extra Training Menu

![Chapman University logo]

Self-Enrollment for Student FERPA Training

In the Search field titled "Search for a course" type in FERPA –
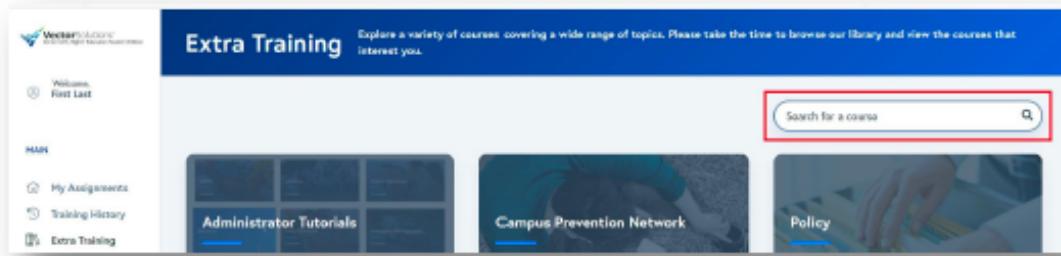
Figure 4 - Search for Course

The name of the course is "FERPA : Family Educational Rights and Privacy Act". Click on the arrow next to Full Course to start the course –

Figure 5 -FERPA Couse Selection

Accept the disclaimer and terms, then complete the course.

CHAPMAN UNIVERSITY

Self-Enrollment for Student FERPA Training

After the course is completed click on the "Certificate" button –
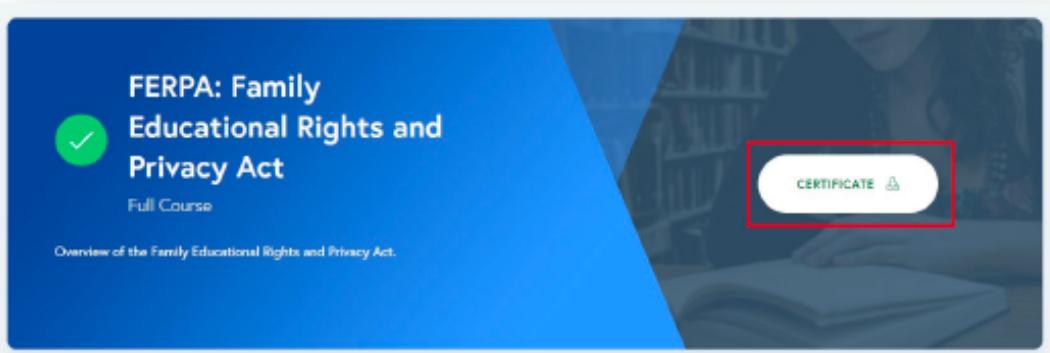
Figure 6 - Course Completion Certificate

Download the certificate and email your Supervisor.

If you have completed the course previously you can go to your Training History to download the certificate and email it to your Supervisor. You will need to change the From and To Dates for your certificate to display.


Figure 7 - Training History Certificates