Course Description:
This practicum provides practice in the analysis of baseline data, development of intervention lesson plans including goals/data collection, and the execution of intervention treatment. Cultural and linguistics variables in relation to total communication skills will be discussed for every client. The primary focus for those servicing children will be on ecological intervention using questionnaires, home and school observations, language sampling, mediated learning procedures, and age-appropriate behavior management techniques. Students will be exposed to different methods and procedures. Students may be given the opportunity to discuss and implement experimental theoretical research procedures of their own interest with Clinical Faculty (CF) approval. Students will participate in weekly clinical sessions plus staffing as assigned.

Expectations:
Clinicians are expected to plan, present, and discuss collaborative intervention techniques with Clinical Faculty. Clinicians will discuss research articles related to clinical issues, and discuss specific intervention techniques as appropriate. Clinicians will receive oral/written feedback documenting their accomplishments as well as suggestions for future performance. It is expected that clinicians will meet regularly with their Clinical Faculty to obtain additional assistance as needed.

Students will be required to complete two therapy fidelity self-evaluation logs following review of their video. Clinicians are expected to identify their own growth in clinical skills and show initiative for own learning. Specific instructions will be explained further in weekly staff meetings. No group staffing June 25, 2015, as individual conferences will be held.

Clinicians are expected to become more independent throughout the semester while given Clinical Faculty support and guidance. During the final meeting, clinicians are to bring their client files to sign off the clinic file checklist.

Group Staff meetings will be on Thursdays from 1:00-2:00, and will focus on pediatric speech language treatment. Individual meetings will be scheduled in 30-minute intervals on Thursdays before clinic, beginning at 11:00 and will be assigned according to convenience of all participants. Additional consults with supervisor are available as needed.

Resources:
Additional resources and forms are available on Blackboard in the Clinic Homeroom. Please take time to review the information posted by all supervisors as it may be applicable to your current and/or future clinical training experience.

Intervention Experiences:
Each student will participate in two experiences; however, not all experiences will be of the same design. Experiences will include Parent Child Sign & Speak, which is a small group, early intervention (EI) program including 4 parent-child dyads with one student therapist per pair. Individual and traditional pediatric treatment sessions have also been assigned. Each student is responsible for tracking their own
hours and type to be signed off at the end of the semester. Students will write SOAP notes for every session, group and individual. Clinical report summaries will be written for individual sessions, and pre-post data reports will be completed for the EI program. SDSU students must sign release waivers to visit sites off-campus (school/home) and follow visiting school policies, if you choose to observe your individual cases off-site.

Outcomes and Competencies:
*The course meets the following outcomes and standards:*

- Students will demonstrate application of the knowledge and nature of human communication including developmental, linguistic, and cultural bases as well as research theories across typical developing and disordered pediatric populations. *(SOAP Graduate Outcome: 1A, 1C)*
- Students will demonstrate competency in ethical clinical speech and language intervention under direct supervision while including the considerations of linguistic and cultural backgrounds of various pediatric populations. *(SOAP Graduate Outcome: 2A, 2B, 2D, 4B, 5A, 5B, 5C, 5E, 5F, 8A, 8B)*
- Students will exhibit professional oral and written skills by speaking with parents and related professionals, writing concise clinical summary reports, and describing preventative measures. *(SOAP Graduate Outcome: 3A, 3B, 3C)*
- Students will demonstrate respect for individuals from diverse backgrounds, and establish effective relationships with families and school professionals. *(SOAP Graduate Outcome: 6A, 7A, 7B, 7C, 7D)*
- Students will develop a portfolio comprised of on-going evaluations of their own clinical performance and experiences, as well as participation in theoretical discussions with the Clinical Faculty and group staff meetings. *(SOAP Graduate Outcome: 2B, 2C, 2E, 6B)*

*Speech-Language Pathology Knowledge and Skills (KASA – ASHA/CAA) Standards:*

**III-A: Knowledge of Basic Principles**
Social/Behavior Sciences
**III-B: Basic Communication and Swallowing Processes**
Biological, neurological, acoustic, psychological, developmental, and linguistic and cultural basis
**III-C: Speech, Language, Hearing, Communication, and Swallowing Disorders and Differences**
Articulation (etiologies, characteristics, and anatomical physiological, acoustic, psychological, developmental, linguistic, & cultural correlates); Fluency (etiologies, characteristics, & anatomical physiological, acoustic, psychological, developmental, linguistic, and cultural correlates); Voice and resonance, including respiration and phonation (etiologies, characteristics, & anatomical physiological, acoustic, psychological, developmental, linguistic, and cultural correlates); Receptive and expressive language (phonology, morphology, syntax, semantics, and pragmatics) in speaking, listening, reading, writing, and manual modalities (etiologies, characteristics, & anatomical physiological, acoustic, psychological, developmental, linguistic, and cultural correlates); Hearing, including the impact on speech & language (etiologies, characteristics, & anatomical physiological, acoustic, psychological, developmental, linguistic, and cultural correlates); Cognitive aspects of communication (e.g., attention, memory, sequencing, problem solving, executive functioning) (including etiologies, characteristics, and anatomical physiological, acoustic, psychological, developmental, linguistic, and cultural correlates), Social aspects of communication (behavioral and social skills affecting communication) (etiologies, characteristics, & anatomical physiological, acoustic, psychological, developmental, linguistic, and cultural correlates); Communication modalities (e.g., oral, manual, and augmentative and alternative communication techniques & assistive technology) (etiologies, characteristics, & anatomical physiological, acoustic, psychological, developmental, linguistic, & cultural correlates).
III-D: Principles and Methods of Prevention, Assessment and Intervention
Principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders across the life span, including consideration of anatomical physiological, psychological, developmental, linguistic, and cultural correlates of the disorders. Interaction and interdependence of speech, language, and hearing in the discipline of human communication sciences and disorders

III-E: Standards of Ethical Conduct
Demonstrates knowledge of the principles and rules of the current ASHA Code of Ethics

Clinical Skills and Processes
IV-B: Oral and written or other forms of communication
IV-G: Prevention, evaluation, and intervention of communication disorders and swallowing disorders; Interaction and personal qualities, including counseling, collaboration, ethical practice, and professional behavior; Effective interaction with patients, families, professionals, and other individuals, as appropriate
IV-F: Delivery of services to culturally and linguistically diverse populations
III-F: Application of the principles of evidence-based practice
V-A: Self-evaluation of effectiveness of practice

California Commission on Teaching Credentialing (CTC) Standards:
General Program Standards
1: Program Design, Rationale and Coordination
2: Professional, Legal and Ethical Practices
3: Educating Diverse Learners
4: Effective Communication and Collaborative Partnerships
5: Assessment of Students
6: Using Educational and Assistive Technology
7: Transition and Transitional Planning

Speech-Language Pathology Standards
2: Child Development and Speech, Language, and Hearing Acquisition
3: Speech, Language, Hearing, and Swallowing Disorders
4: Assessment of Speech and Language Disorders
5: Management of Speech and Language Disorders
7: Consultation and Collaboration

Required Preparation: Review blackboard and read packet for resources discussed at orientation. Watch client videos as assigned at orientation.

Remediation:
Students in the M.A. program in speech-language pathology as well as doctoral students working toward clinical certification will be reviewed every Fall and Spring semester by the faculty of the Speech and Language Sciences Division. Each student's academic and clinical progress will be addressed, and the faculty of the Division, if any, will determine remediation recommendations.
Grading Guide:
Grades will be based on performance and reported in each student’s clinic file. Two mandatory conferences will be held (mid-term, final) to discuss clinical competencies and additional conferences will be scheduled as needed. A grading rubric will be used for written reports, which will be integrated in the final grade determination at the end of the semester based on cumulative clinical performance. Students in clinic will be given oral/written feedback on a regular basis. Students are expected to meet with the Clinical Faculty if they are experiencing difficulties or have questions. Refer to Appendix B in the clinician’s handbook for the counseling/remediation policy regarding deficient clinical performance.

Students will be required to submit hours accrued each week to their supervisors via Calipso (www.calipsoclient.com/sdsu) by 4:00 each Friday. This requirement is part of the professionalism competency for your clinical evaluations. Failure to submit hours by the deadline will impact your grade in clinic. Supervisors will make every attempt to review and approve the hours by 4:00 the following Monday.

Clinical requirements may differ among Clinical Faculty due to client needs or to enhance student’s clinical development. Be sure to ask questions if you are unclear of assignments, discussion, and/or directions. All students are expected to integrate coursework, prior knowledge, and research theories into their clinical experiences. Assignment dates and/or topics may be changed at the discretion of the Clinical Faculty.

Clinic III Summer

<table>
<thead>
<tr>
<th>Grade</th>
<th>GPA</th>
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<tbody>
<tr>
<td>A</td>
<td>5.2-6.0</td>
</tr>
<tr>
<td>A-</td>
<td>4.8-5.19</td>
</tr>
<tr>
<td>B+</td>
<td>4.4-4.79</td>
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<tr>
<td>B</td>
<td>4.01-4.39</td>
</tr>
<tr>
<td>B-</td>
<td>3.6-4.0</td>
</tr>
<tr>
<td>C+</td>
<td>3.01-3.59</td>
</tr>
<tr>
<td>C</td>
<td>2.01-3.00</td>
</tr>
<tr>
<td>F</td>
<td>1.0-2.0</td>
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</tbody>
</table>

UNIVERSITY POLICIES

Students with Disabilities: Americans with Disabilities Act (ADA) Accommodation
The University is committed to providing reasonable academic accommodation to students with disabilities. The Student Disability Services Office provides university academic support services and specialized assistance to students with disabilities. Individuals with physical, perceptual, or learning disabilities as addressed by the Americans with Disabilities Act should contact Student Disability Services for information regarding accommodations. Students who need accommodation of their disabilities should contact me privately, to discuss specific accommodations for which they have received authorization. If you need accommodation due to a disability, but have not registered with Student Disability Services at 619-594-6473 (Calpulli Center, Suite 3101), please do so before making an appointment to see me.

Religious Observances
The University’s policy on absence for religious observances is as follows: “By the end of the second week of classes, students should notify the instructors of affected courses of planned absences for
religious observances. Instructors shall reasonably accommodate students who notify them in advance of planned absences for religious observances.”

Commitment to Diversity and Inclusion
The University is committed to cultivating “…a campus climate that promotes human dignity, civility, and mutual appreciation for the uniqueness of each member of our community...Freedom from discrimination, harassment, and violence against persons or property is a basic right and is requisite for learning. Freedom of speech shall be protected. By the same token, the campus community shall denounce and confront acts of intolerance, abusive behaviors, and the beliefs and past events that have separated us as a people.”

Academic Honesty

Students are expected to maintain the highest standards of academic honesty and respect. According to SDSU’s Center for Student Rights and Responsibilities, students may be expelled, suspended, or put on probation for academic dishonesty. Per SDSU’s STANDARDS FOR STUDENT CONDUCT, examples of academic dishonesty include cheating that is intended to gain unfair academic advantage; plagiarism that is intended to gain unfair academic advantage; furnishing false information to a University official, faculty member, or campus office; forgery, alteration, or misuse of a University document, key, or identification instrument; misrepresenting oneself to be an authorized agent of the University or one of its auxiliaries; encouraging, permitting, or assisting another to do any act that could subject him or her to discipline.

Examples of cheating include unauthorized sharing of answers during an exam, use of unauthorized notes or study materials during an exam, altering an exam and resubmitting it for re-grading, having another student take an exam for you or submit assignments in your name, participating in unauthorized collaboration on coursework to be graded, providing false data for a research paper, or creating/citing false or fictitious references for a term paper. Submitting the same paper for multiple classes may also be considered cheating if not authorized by the instructors involved.

Examples of plagiarism include any attempt to take credit for work that is not your own, such as using direct quotes from an author without using quotation marks or indentation in a paper, paraphrasing work that is not your own without giving credit to the original source of the idea, or failing to properly cite all sources in the body of your work.

Please be advised that even the mere appearance of these behaviors falls within the definition of dishonesty.

California State University Executive Order 969 mandates faculty reporting of all incidents of academic misconduct.

Course Conduct:

1) Professionalism: It is expected that students show respect to all supervisors, clients, & families (therapy and staffing), as well as their fellow colleagues. This includes arriving on-time and be prepared to participate in treatment and discussions from all readings.

2) Cell Phones: TURN OFF cell phones, as even in the vibration mode they can be a nuisance to others. NO TEXT MESSAGING will be allowed during
therapy or staffing. A student observed text messaging or talking on the phone will be asked to leave the room immediately. See supervisor for emergencies.

3) Computers: Laptop computers will be allowed for note-taking purposes only. If a student is observed during staffing to use the computer in ways that are distracting for the clinic faculty or other students, the laptop access will be limited during staffing.

NEW CLINIC DOCUMENTATION FORMATS:
See Blackboard for traditional
• LESSON PLAN
• SOAPS
• PROGRESS REPORT

CALIPSO Performance Rating Scale

<table>
<thead>
<tr>
<th>Score</th>
<th>EVALUATION &amp; TREATMENT SKILLS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>PREPAREDNESS, INTERACTION &amp; PERSONAL QUALITIES</td>
</tr>
<tr>
<td>1</td>
<td>No evidence presented by student for skill/competency; absent preparation/follow-through</td>
</tr>
<tr>
<td>2</td>
<td>Reviewed required materials, minimal preparation, required guidance for administration/scoring/observations/ and/or to complete administrative duties</td>
</tr>
<tr>
<td>3</td>
<td>Reviewed required materials, practiced procedures, assistance required for administration/scoring, completed administrative duties with reminders, required assistance with interpretation</td>
</tr>
<tr>
<td>4</td>
<td>Reviewed required materials, practiced procedures, asked questions to clarify administration/scoring/etc., completed administrative duties, used resources to formulate interpretation</td>
</tr>
<tr>
<td>5</td>
<td>Preparation evidenced, presents own ideas/rationale for materials, practiced procedures/scoring, used resources to formulate interpretation, completed administrative duties, requires reminders/additional practice/independence</td>
</tr>
<tr>
<td>6</td>
<td>Well prepared, showed initiative, appropriate independence, integrates suggestions and utilizes resources effectively for own learning</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Score</th>
<th>WRITTEN DOCUMENTATION</th>
</tr>
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<tbody>
<tr>
<td>1</td>
<td>Unable to complete task without maximum specific directions. Report was not submitted as specified re: formatting and timeframe for submission. Incorrect grammar and/or content, typos in report</td>
</tr>
<tr>
<td>2</td>
<td>Correct grammar/less than 3 typos. <strong>HX/SOAPS:</strong> Includes information reported, however needed &gt;50% clarification, elaboration and additional information; weak proof-reading <strong>GOALS/BASELINE/EVIDENCE:</strong> Goal and baseline mismatch, goals unclear/incomplete, or evidence lacking/inappropriate to goal. <strong>PROGRESS/SUMMARY:</strong> Not accurate (Missing some test results, results are not reported clearly) Requires maximum supervisor input. &gt;60% editing</td>
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<td></td>
<td>Correct grammar/no typos</td>
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<td>3</td>
<td>HX/SOAPS: includes all of the elements as specified in the report guidelines, however clarification/elaboration was required for &gt;20% of section</td>
</tr>
<tr>
<td></td>
<td>GOALS/BASELINE/EVIDENCE: Includes all elements, accurate but may not be thorough/appropriate &amp; evidence supports goals</td>
</tr>
<tr>
<td></td>
<td>PROGRESS/SUMMARY: Basic recommendations, significant supervisor input. &gt;40% editing</td>
</tr>
<tr>
<td>4</td>
<td>HX/SOAPS: Includes all of the elements as specified in the report guidelines, however clarification/elaboration was required for &gt;15% of section</td>
</tr>
<tr>
<td></td>
<td>GOALS/BASELINE/EVIDENCE: All three sections are organized, reported accurately/completely. Easy to follow</td>
</tr>
<tr>
<td></td>
<td>PROGRESS/SUMMARY: Starting to integrate results to formulate complex recommendations. Some preceptor directions still required.&lt;30% editing</td>
</tr>
<tr>
<td>5</td>
<td>HX/SOAPS: Includes all of the elements as specified in the report guidelines, however clarification/elaboration was required for &gt;5% of the section</td>
</tr>
<tr>
<td></td>
<td>GOALS/BASELINE/EVIDENCE: All three sections are organized, well-written. All results reported accurately</td>
</tr>
<tr>
<td></td>
<td>PROGRESS/SUMMARY: Appropriate. Integrating/interpreting results correctly to form recommendations with minimal supervisor input. No typos.&lt;20% editing</td>
</tr>
<tr>
<td>6</td>
<td>HX/SOAPS: Includes all of the elements as specified in the report guidelines, however clarification/elaboration was required for &gt;5% of the section</td>
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<tr>
<td></td>
<td>GOALS/BASELINE/EVIDENCE: All three sections are organized, well-written. All results reported accurately</td>
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<tr>
<td></td>
<td>PROGRESS/SUMMARY: Appropriate. Integrating/interpreting results correctly to form recommendations with minimal supervisor input. No typos.&lt;10% editing</td>
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**Syllabus**

*Syllabus is Subject to Change:*

This syllabus and schedule are subject to change in the event of extenuating circumstances. If you are absent from staffings, it is your responsibility to check on announcements made while you were absent.

**Report Deadlines**

1. Portions of *New Patient Preparation Form* for your individual clients is due at our staff meeting on Thursday June 11, 2015
   - a. Identifying information
   - b. Previous long term goals
   - c. Previous levels
   - d. Proposed assessments or probes
   - e. Current baselines
   - f. Proposed goals

2. *Finalized goals for your individual clients must be submitted no later than 2 pm on the Friday following your sixth* meeting with client

3. *Therapy plans for individual clients are due no later than 8 am every Monday*
4. First drafts of case summaries and treatment plan for your individual clients are due by 11a.m. on Thurs July 25, 2015 and must include:
   a. Statement of Presenting Concern
   b. Background Information
   c. Status at Onset of Treatment
   d. 2 Long Term Goals
   e. 1 Short Term Goal per Long term goals
   f. Baselines
   g. Brief and Concise Rationales

5. SOAP notes are due to supervisor by 5 pm every Fri

6. SOAP notes and data collection must be reviewed with supervisor at weekly, individual meetings

7. Data must be graphed either manually on graph paper or on MS Excel (or similar program) and updated weekly.

8. Case summaries for your individual clients, including all the edited and revised documents PLUS METHODS and MATERIALS must be submitted no later than on Thursday July 9, 2015 at your individual supervisory meeting and must include:
   a. Specific methods and materials used to target each goal
   b. Rough draft of progress, summary and recommendations

9. Two 15-minute observational coding sheets must be completed on your own treatment sessions.
   • At your individual staff meeting with supervisor the weeks of July 2 and 16, 2015

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**CLINICAL PREPARATION**

**May 28** (1pm-5pm) Group Introduction Meeting
- Staffing Procedures Overview
- Review assigned cases
- File Review / assign videos (as applicable)
- Discuss forms/phone calls, etc.
- Schedule 1-1 Meetings
- View videos of past sessions with your clients, if available
- Review assignments and confirm appointments with families
- Email any questions regarding your cases to ksearcy@mail.sdsu.edu
- PPT: Parent Child Sign & Speak

**Week 1**

**June 2** (2pm-5pm) Clinic Starts: Supervisor will directly participate in first group session

**June 4** (1-5) Group and 1:1 Staffings as needed
- Group Case reviews/exchange (1-2pm)
- Review Baseline Data (Gillam & Gillam: 2006)
- Debrief: Parent Child Sign & Speak
- Discuss and plan school/home visits
- Review parent interview
- Submit Part I of new patient prep form

### Week 2

**June 9**  
Therapy only

**June 12**  
Group Staffing: Discuss viewing videos and coding  
Case review  
Individual and Group Sessions  
Due –Client History, Statement, Background, Baselines, Draft Therapy Plan (Baseline/Methods/Rationale)

### Week 3

**June 16, 2015**  
Initial Parent/Client Conferences/confirm semester goals (10-15 minutes)  
Treatment begins on drafted goals

**June 18, 2015**  
Group Staffing: Reflective process  
Review first 3 sessions and baseline information

### Week 4

**June 23, 2015**  
Treatment on goals

**June 25, 2015**  
No Group Staffing: 45 minute individual review  
First draft of case summary part 1 is due

### Week 5

**June 30, 2015**  
Treatment on goals

**July 2, 2015**  
Group Staffing: PPT on Blending Therapy (Naturalistic vs Behavioral)  
VIDEO Coding fidelity chart 1

### Week 6

**July 7, 2015**  
Modify treatment approach/targets based on client/clinician performance

**July 9, 2015**  
Group Staffing:  
PPT on Redefining Natural Environment  
Case summaries for your individual clients, including all the edited and revised documents PLUS METHODS and MATERIALS, and rough draft of progress and recommendations

### Week 7

**July 14, 2015**  
Treatment on goals

**July 16, 2015**  
Group Staffing: Clinical Exchange  
Video Coding II is due

### Week 8

**July 21, 2015**  
Treatment on goals

**July 23, 2015**  
Review Case Summaries with families (Last clinic day)