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Temple University is committed to a policy of equal opportunity for all in every aspect of its operations, including employment, service, and educational programs. The University has pledged not to discriminate on the basis of age, color, disability, marital status, national origin or ethnic origin, race, religion, sex (including pregnancy), sexual orientation, gender identity, genetic information or veteran status.

1. Clinical Practicum

Overview
The Council for Clinical Certification in Audiology and Speech-Language Pathology (CFCC) of the American Speech-Language-Hearing Association (ASHA) requires students to demonstrate knowledge and skills in supervised clinical experiences in prevention, assessment and intervention across the professional scope of practice. During the course of the Master’s program, students will have the opportunity to achieve skills during a variety of clinical settings.

Students begin clinical training at the Temple University Speech-Language Hearing Center (TUSLHC) after they are enrolled in the Master’s Degree program, have met the prerequisite coursework, and have completed a minimum of 25 hours of observation. After consultation with their academic advisor, students enroll in Basic Practica for treatment and for diagnostics during their first year. Students then begin field rotations in their second year after approval from their academic advisor and the Director of Clinical Education. Students also participate in specialty practicum at the TLC during their second for specialized training in Voice and Fluency Disorders, Aphasia, and Hearing Screenings.

Prior to beginning practicum, students are expected to thoroughly review the MA-Speech-Language-Hearing Program Manual and the Essential Skills document, and to review and adhere to the ASHA Code of Ethics.

Observations and Observation Hours
Students must complete a minimum of 25 hours of guided observations of direct Speech-Language Pathology services prior to enrolling in clinical practicum. A person holding the Certificate of Clinical Competence (CCC) in Speech-Language Pathology must supervise these observations. Students are encouraged to observe in a variety of settings outside of the TUSLHC including schools, early childhood centers, skilled nursing facilities, rehabilitation hospitals, acute care hospitals, and special needs schools. Students may observe up to 2 hours a semester in the TUSLHC. Students may also observe speech-language therapy sessions on specialized programs such as Master Clinician (masterclinician.org). Students who use Master Clinician must select a
faculty member from the department and notify that faculty member that they are submitting observations for approval. Master Clinician has a one-year membership fee (currently $35).

A clinician holding the Certificate of Clinical Competence (CCC) in Speech-Language Pathology must supervise and sign off on all observations. See Appendix C for Observation Hours Tracking forms. Use the form on Temple letterhead for any observations conducted in a Temple University academic course or in the Temple University Speech-Language Hearing Center; use the form without the Temple University logo for any observations conducted outside of Temple University. Observations must include the date of the observation, time observed (in minutes), client type (adult/child), disorder (articulation, language, fluency, voice, dysphagia/feeding, aural rehabilitation, etc.), the supervising clinician’s name, ASHA number, and signature. Observations should show evidence of active learning during the process; this could include documentation from the professor if observations were part of course or an observation worksheet (Appendix C) in which the observer identified key elements of the session (such as goals, behavior management techniques, data collection, etc).

**Summary of Clinical Experience – ASHA hours**

All students should obtain a copy of the current ASHA certification manual. These may be downloaded from the ASHA website (www.ASHA.org, 800-498-2071). Each student is responsible for knowing and keeping track of his or her clinical practical hours. Temple requirements must also be reviewed. Know the targets you need in order to graduate with your Master’s degree and become certified by ASHA. Contact your Advisor if you need help with this important responsibility.

- The Graduate Clinician (GC) is responsible for maintaining accurate logs of hours accrued during all practicum.
- The logs may be found online in the Temple MA Manual, on the shelves in the Student Workroom (Rm 109), or on the TLC Blackboard site. See Appendix D.
- The supervisor’s ASHA number, signature and initials on each entry MUST be on each hour’s log.
- Make photocopies of all logs for your own ASHA certification file, then staple the logs to the completed Training Experience Evaluation Form (TEEF); hand this in to your Temple Supervisor at your final TEEF meeting at the end of each practicum.

**E-Value**

Contact hours are also documented on E-Value. This is where you will also receive your mid-term and final evaluations and where you will complete your evaluation of your practicum experience each semester. Students can log in to E-Value through the TU Portal on the College of Public Health tab.
Student responsibilities:

- Watch tutorials if unfamiliar with the E-value system. Go to the top Righthand side of the screen. Click on the HELP icon. The next screen will have a list of users. Click on the TRAINEE icon. Scroll down to find the tutorial for your concern.
- If your field supervisor’s name is not in the e-value system, contact the Director of Clinical Education immediately so the supervisor can be added.
- Hours are to be entered daily. Do not wait and do it all at the end of the semester. Field supervisors may review and sign off on hours daily or weekly.
- Complete the Evaluation of the Supervisor and Field Site at the conclusion of the clinical rotation. Reminders will be sent to you automatically via E*value.
- All documentation must be completed by the last day of practicum.

2. Assessment of Clinical Skills

*Training Experience Evaluation Forms (TEEF):* The Dept. of Communication Sciences has developed an instrument to evaluate the performance of students during clinical practica. Students are encouraged to familiarize themselves with the elements of performance on which they will be evaluated. TEEF forms for Treatment (Tx), Diagnostics (Dx), Advanced TLC and Field practicum are posted on the TLC Blackboard Organization.

In broadest terms, clinical competence is measured over five areas: professional behavior, team interactions, goal development, consultation skills, and implementation of strategies to help the client progress toward agreed upon goals. Skills are observed over the course of clinical rotations. At the mid-term, instructors or field supervisors will formalize their observations in an individual or group conference. A mid-term TEEF enables the student to focus on areas of weakness and make necessary changes before a final grade is assigned. There is grading rubric on the second page of the TEEF that provides information about how grades are assigned.

- TEEFs should be completed at mid-term and end of term.
- Students should come to the TEEF meeting with the front of the form completely filled in with the exception of hours (TEEF forms are located on the shelves in the student workroom and on the TLC Blackboard Organization).
- All hours must be tallied and recorded on the front of the TEEF after conclusion of practicum and reviewed by your SUPERVISOR.
- Supervisor’s ASHA number and signature **must** be recorded on the front page.
- Course number and current semester year must also be recorded.
- Photocopy your completed TEEF and completed hours logs at the end of the TEEF interview with your supervisor and hand it in to your Temple supervisor.
Clinical Remediation: Students must demonstrate clinical competencies that are appropriate for entry into the profession. Should student performance not meet expectations during a practicum or be at risk of C+ or below at midterm, a clinical remediation plan will be implemented. Remediation may also be implemented for students performing at a B- level. For practicum at the TUSLHC, the clinical supervisor initiates the clinical remediation plan and develops it in consultation with the Director of Clinical Education. For field practicum, the remediation plan is developed in coordination with the field supervisor, the Temple supervisor, and the Director of Clinical Education. The clinical remediation plan document (see Appendix E) identifies the area(s) of concern and defines the remediation strategy. The plan will include a date by which expectations must be met. A copy of the plan is provided to the Program Director and placed in the student’s academic file.

Re-entry into Clinical Practica Following a Failing Clinic Grade: Reasons for failure in a practicum may be due to performance below expectations for a student (grade below a “B-”) such as lack of knowledge about the disorder areas for assigned clients or an inability to make adequate progress in developing clinical independence by the end of the semester. A student may also be removed from a clinical practicum early because of failure to meet basic professional requirements. Reasons for this might include (but are not limited to) poor attendance, tardiness, poor communication or interaction skills with clients and/or staff, lack of professional demeanor, or inability to follow through with requirements to complete clinical preparation in a timely and adequate manner.

Clinical hours are not accrued in any practicum with a failing grade (below a “B-”). If a student fails a clinical practicum, the student will begin a future practicum only at the recommendation of the faculty after the student has demonstrated progress in the deficient area(s). The process of beginning a new clinical practicum in a subsequent semester may vary depending upon the difficulties the student displayed. Possible recommendations may include (but are not limited to) repeating coursework, completing supplementary course work or an independent study coursework, or spending a semester in clinical observation or shadowing.

3. Professional Skills

Professional Conduct:
When participating in a clinical practicum (on-campus or field), students are expected to represent themselves and the University with professional conduct and dress. Students will be expected to adhere to the dress code and conduct policy of the agency in which they are placed including the TUSLHC.
For on-campus practicum, instructors are looking for the following attributes and competencies to show awareness of professional demeanor and responsibilities:

- Displays professional telephone manner. It is the responsibility of the GC to initiate phone contact with their clients at the beginning of the semester to confirm time of appointment. It is a good idea if you first ask if the person has a moment for the call/discussion to ensue.

  Identify yourself and state the purpose of the call clearly. *(Hello Mr. X. My name is Joe Blogs. I am your new graduate student clinician at the Temple University Speech and Language Center. Is this a good time to speak? You have an appointment at the Center on X Day and X Date at X time. I’m looking forward to meeting you. Do you have any questions for me? Chit chat.)*

  If you leave a message, make sure to identify yourself, the date, the time, and the purpose of your call. Note***: Never leave your personal cell phone number with a client. Use the Center number: 215-204-4482. Always identify yourself on messages

- Arrives on time
- Stays for designated allotted time
- Wears identification (this is important as we rotate through many kinds of sites)
- Maintains confidentiality and client dignity
- Uses active listening skills (see appendix)
- Demonstrates flexibility and adaptability along with a positive attitude
- Follows through with requests
- Good oral and personal hygiene
- Professional dress

**Team Interactions:** Speech-Language Pathologists become active members of many kinds of teams depending upon specialty and site of practice. Students begin to become conscious masters of their ability to set people at ease and work well with any kind of personality, outlook, religion, or cultural attribute of their fellow humans.

The following attributes and skills are highly valued in the profession:

- Introduce self affably
- Establishes rapport by being genuinely warm and welcoming (but not overly sympathetic – think empathy not sympathy. You are beginning a process of change, challenge and empowerment with the client.)
- Respects values and cultural differences (many Americans will shake hands warmly upon introduction – other cultures shun such intimacy, especially from females. A watchful
awareness of body language and culture will help you determine whether a hand-shake is appropriate upon introduction).

- Displays a nonjudgmental manner
- Uses appropriate language (no jargon)
- Involve others in problem solving discussions
- Offers suggestions to team
- Writes appropriate communications
- Maintains open and continuous communication – not afraid to ask questions or appear unknowledgeable in the quest of clarification

Goals and Consultation:
- Familiarizes self thoroughly with the client’s past history, reason for concern and any previously written goals
- Obtains information from client and significant others
- Creative formulation of adaptations, compensatory and new learning strategies to aid the daily communication needs of the client
- Aware of and communicates in writing and verbally the rationale for the above ideas
- Utilizes available program resources
- Accesses new resources

Implementation of Strategies
- Good genuine rapport and warmth as evidenced by a client who is quickly put at ease and returns eagerly or curiously to session after session.
- Room arrangement – please seat your clients and yourself in an arrangement that will allow your supervisor to observe and to video-record both client and GC easily.
- Accommodates individual needs. You should sit in an open posture, as close as the client will tolerate. Avoid yawning, holding your face in your hands, slouching, crossing arms and legs. Make sure the client is comfortably seated, not too hot, able to see and hear well (seat yourself on the best side of a hard of hearing client – always check for hearing loss).
- Designs activities and implement strategies that will captivate and motivate a client to attempt changing communication skills. You must use graduated levels of complexity to ensure success at every step. Once successful, the level of complexity must be increased to continue challenge and growth. Scanning your client’s face and body posture periodically will help you predict boredom, restlessness, confusion or fatigue and allow you to change the session strategy accordingly.
- Facilitates and reinforces clients’ attempts at change. Facilitation includes prompts, cues and clues. Reinforcement may be positive or negative. You must become adept at giving correction in a way that does not discourage the client and provides accurate feedback. Practicing an error will delay meaningful change.
4. **Sharing Expectations – The Supervisor-Supervisee Expectations Dyad**

The Dept. of Communication Sciences has developed an instrument to facilitate the process of getting to know your clinical supervisors. You will undergo this process in each of the semesters that you undertake clinical work in the field. Some Center supervisors also review the Expectations Dyad.

Review the Dyad form in Appendix F. Learning to state your needs clearly and listen to the needs of others is critical to the positive outcome of your clinical experience. Sending a clear, unambiguous message is a skill that is important in all areas of life, not just the professional realm.

Expectations about a situation do not have to be identical. The most important part of this process is the conscious awareness of difference and the steps taken to assure both parties understand each other and agree on a plan of action.

5. **Clearances**

Our program prepares students for a career in agencies that require close examination of a person’s background and health status before engaging in clinical training. Affiliated agencies providing field education placements require that students obtain criminal background checks, medical clearances, and some affiliates may require drug screening. Students should begin gathering the required medical and background clearances immediately so that you have sufficient time to complete your documentation and clearances. Delays in retrieving this information in a timely manner could pre-empt a field education/internship placement and thus extend a student’s time to degree. Conviction of a misdemeanor, felony, or felonious or illegal act may prevent a graduate from becoming credentialed and/or licensed to speech-language pathology; it is the responsibility of any student with concerns to contact the state licensing board in the state in which they would like to practice early in his/her program.

**CastleBranch**

Students are required register and obtain background clearances through Castle Branch (CB) which is a 3rd party vendor for obtaining, reviewing, and storing student background checks and clearances. This program has been vetted and approved for use by Temple University Legal Counsel. For questions or concerns about how CB maintains privacy of your information, please go to [https://www.castlebranch.com/privacy-policy](https://www.castlebranch.com/privacy-policy). CB has an initial set-up fee as well as annual renewal fees but the files are available for student subscribers after graduation and can be useful in employment applications. See the CastleBranch website ([https://www.castlebranch.com](https://www.castlebranch.com)) for additional information about how to register with Certified Background.
Incoming students should register for package code “TF39” which provides access to a Pennsylvania State Police Criminal Records Check (Act 34), Pennsylvania Child Abuse History Clearance (Act 151), and FBI Clearance (Fingerprinting through the PA Department of Education). Results may take up to 14 days for the PA Child Abuse History and 4-6 weeks for the FBI Clearance to receive so leave enough time to have these clearances completed prior to the first week of classes. Students will renew their CB accounts yearly using code “TF39r”.

Students must sign the Disclosure & Authorization Form (Appendix H) and review “Your Rights Under the Fair Credit Reporting Act” (Appendix I).

**Health Requirements and Medical Clearances**

Proof of adequate immunization and updated PPD records are REQUIREMENTS for all graduate students in our program as your first clinical placement is at the Temple University Speech-Language-Hearing Center. Meeting these requirements before you matriculate is an important first step to protecting your health and the health of your patients. Failure to provide proof of compliant immunizations/ titers throughout your program will prevent you from conducting clinical work or clinical observations.

Many internship sites require that student clinicians have been vetted prior to acceptance and are eligible for placement via a typical compliance package. The typical compliance package would include background checks and, for some affiliates a urine drug screening, a physical examination and completion of identified immunizations, completion of training modules (e.g., HIPAA) and required documentation. Some of these steps may take time to complete, such as the Hepatitis B vaccine series, which can take up to **seven months** if the individual has not started this series. Please plan accordingly.

The College of Public Health (CPH) promotes and advances best practice in all matters pertaining to field education. This includes protecting the rights of students to quality and appropriate field education opportunities, and protecting the health and safety of clients and patients served by student trainees. Students will be protected from unlawful discrimination based on health condition or disability. The CPH follows the 2012 recommendations of CDC and the Society for Healthcare Epidemiology of America (SHEA) regarding the management of students who are infected with hepatitis B virus (HBV), Hepatitis C virus (HCV), and/or Human Immunodeficiency Virus (HIV). In general, students with these viruses should not be precluded from the study or practice of health related professions. Students who **do not** perform invasive procedures but who practice minimally invasive procedures should not be subject to any restrictions of their student training activities. Therefore, pre-notification to clients and patients, as well as clinical training preceptors, of the virus status of their student trainees will be discouraged in these instances. Students who do perform invasive procedures or are potentially involved with SHEA Category III activities are ethically obligated to know their infection status with respect to HBV, HCV, and to follow optimal infection control and universal precautions procedures (e.g., routinely use double
gloving procedures for evasive procedures.) Accordingly, if a health screen indicates a student tests positive for HBV, Hepatitis C and/or Human Immunodeficiency Virus the following individualized assessment procedures will be followed:

- The student will be referred to Student Health Services (SHS) for an individualized follow-up examination by a SHS physician;
- The testing results will be reviewed by an Expert Review Panel to determine recommended practice restrictions and optimal infection control procedures;
- With permission granted by the student, information regarding the student’s clinical status and recommended practice procedures appropriate to this individual case (e.g., double-gloving if the student is involved with exposure-prone minimally invasive procedures) will be shared with the student’s personal physician and his or her clinical education coordinator regarding clinical status and the recommended practice procedures.

Students must bring all medical documentation and clearances to Student Health Services AND upload clearances to Certified Background upon matriculation. Titer results and PPD results must be on the Temple University forms. If your insurance will not cover the titer or the antibody testing, you may arrange for these at a low cost at Student Health Services (SHS).

Below are the pre-matriculation requirements.

1. **DTP Booster** (within the past 10 years)
2. **PPD** (normal result or chest x-ray with clearance by SHS MD)
3. **Hepatitis B Antibody Titer** (positive or cleared by SHS MD)
4. **Measles Antibody Titer**  (positive or cleared by SHS MD)
5. **Mumps Antibody Titer**  (positive or cleared by SHS MD)
6. **Rubella Antibody Titer**  (positive or cleared by SHS MD)
7. **Varicella Antibody Titer**  (positive or cleared by SHS MD)
8. **Completed Pre-Matriculation Physical**

Annual PPD Testing is **Required**. Flu Immunization, CPR Certification for Healthcare Workers, Drug Testing, or additional background checks may be required for some field practicum. Follow this link for more information: [http://www.temple.edu/studenthealth/HSC_Annual_PPD_and_Flu_Shot.html](http://www.temple.edu/studenthealth/HSC_Annual_PPD_and_Flu_Shot.html)

Download and print out the following documents and forms to bring to your physician:

1. Pre-Matriculation Letter:
   [www.temple.edu/studenthealth/PDFs/HSC_Prematriculation_Letter_Main_Campus.pdf](http://www.temple.edu/studenthealth/PDFs/HSC_Prematriculation_Letter_Main_Campus.pdf)
2. Immunization Record:  
www.temple.edu/studenthealth/PDFs/HSC_Immunization_Record.pdf

3. Pre-Matriculation Physical:  
http://www.temple.edu/studenthealth/PDFs/HSC_Physical_Form.pdf

Background Checks and Clearances
1. **Pennsylvania State Police Criminal Records Check (Act 34):** CB will submit this clearance for you and will add it to your account records.

2. **Pennsylvania Child Abuse History Clearance (Act 151):** Student interns who are engaged with minors during field education must provide evidence of a satisfactory background report on child abuse. After registering for CB, you will be instructed to go to the Pennsylvania Department of Public Welfare website (https://www.compass.state.pa.us/CWIS/Public/ClearanceLearnMore) to complete this clearance which requires a $10 payment in addition to your Certified Background Set-up fee. Results are mailed to you within 14 days. This document must be uploaded to your Certified Background account.

3. **Pennsylvania Department of Education FBI Fingerprinting (Act 114):** The Act requires that all student teachers provide a copy of their Federal Criminal History Record. CB will instruct you to register for fingerprinting at www.pa.cogentid.com/index_pdeNew.htm. Select “Department of Education” at the website. Many local post offices and UPS stores also offer fingerprinting. A fee is paid directly to the agency conducting the fingerprinting. When you complete fingerprinting, make sure you request that copies of the results be sent to you. Results may take 4-6 weeks to receive. Upload results to your CB account. If you do not receive your results from Cogent or if you forgot to request that results be sent to you, then you may request a copy from the School of Education’s main office (150 Ritter Annex) using your registration code on your receipt.

6. **Liability and Health Insurance Coverage**

**Student Liability Coverage**
The University provides general professional liability coverage for students whenever they are acting in the course and scope of their academic requirements. If you are an MA-SLH student registered and enrolled in a class, including fieldwork, you are covered by the University’s professional liability policy.

**Student Health Insurance**
There is no University mandate that students must have personal health insurance. However, the College of Public Health strongly urges that all students have personal health insurance. Students are offered opportunity for a group health insurance plan at a modest cost through the
Additional information about obtaining health information can be found at www.healthcare.gov. Note that some field affiliates may require that student maintain personal health insurance; additionally, some field affiliates may require students to provide evidence of health insurance.

Accident Insurance
Currently, all CPH students pay an additional fee for supplemental “accident insurance” which protects students in the event of an accident (e.g., falls, strains from lifting, needle sticks) while engaged in required curricular activities such as clinical and field education. See http://www.temple.edu/hr/students/accident.htm.

7. Accommodations for Students with Disabilities
Students with documented disabilities requiring accommodations in clinical practicum should consult with the Office of Disability Resources and Services (DRS) at the start of the graduate program to develop appropriate and reasonable accommodations. DRS is located in 100 Ritter Annex (215-204-1280). Students should then request to meet privately with the Director of Clinical Education to discuss their accommodations so that can accommodation can be requested from outside field affiliates in a timely manner.

Accommodations must adhere to the Essential Skills document for the MA-Speech-Language Pathology program. Additional information may be at https://disabilityresources.temple.edu/.

8. Temple University Speech-Language-Hearing Center

Statement of Purpose
The Temple University Speech-Language-Hearing Center (TUSLHC) is an educational and training facility for graduate students in speech-language pathology. When working in the Center, students are known as Graduate Student Clinicians (GC).

The TUSLHC has a proud tradition of service to the neighborhoods of the city of Philadelphia as well as the suburbs surrounding the city. Graduate Student Clinicians provide the highest quality services under the supervision of ASHA certified Speech-Language Pathologists to individuals in need of speech and language intervention in the areas of articulation, child and adult language, fluency, voice, accent reduction, adult and child diagnostics and aural rehabilitation. Evaluation and treatment in Spanish are also available.
Student clinicians are responsible for reading and acknowledging understanding of content of this manual prior to beginning clinical training. Students should refer back to this manual throughout their graduate student training and prior to beginning clinical work each semester.

**TUSLHC Practicum / Sequence**
Students who have completed prerequisite coursework are assigned to and enroll in two semesters of Introduction to the Diagnostic Process (CSCD 8187) and two semesters of Introduction to the Therapy Processes (CSCD 8287 in their first year (across Fall, Spring, and Summer semesters). In some cases, it may be necessary to extend a student’s on campus clinic placements if sufficient progress is not made.

In the second year (Fall, Spring, Summer), students complete Advanced Practica at the TUSLHC concurrent with their field practicum. These include Advanced Practicum in Fluency Disorders (CSCD 9287), Advanced Practicum in Voice Disorders (CSCD 9187) and Practicum in Hearing Screenings/Aural Rehabilitation (CSCD 8147). Students may also elect to enroll in Advanced Practicum in the Assessment and Treatment of Aphasia (CSCD 9587).

**Center Regulations**

**Mailboxes**
All faculty, M.A. and Ph.D. level students and staff have a mailbox. Faculty and staff mailboxes are located inside the reception area, Rm 110. Clinical Supervisors also have mailboxes in the Client File Room (Room 109) for any client related communication or reports. Student boxes are located in the Student Workroom (Room 109). Please check your mailbox at least daily for messages. Client cancellation notices are placed in the students' boxes.

**Name Tags**
Students must wear their clinic nametag (see Lisa Melvin to obtain one at least one week prior to starting clinic) at all times when they are providing services in the Center.

**Telephone Use**
- No calls are to be made from the Department Coordinator’s phone.
- All telephone calls to clients are to be made on the phone in your supervisor’s office or from the phone in the student clinical workspace in Rm 109.
- All personal calls must be made on personal cell phones.

**Waiting Room 121**
- This area is reserved for clients. Socializing is not appropriate in this room. Discussion of cases must not be conducted here.
• Inform your clients of the waiting room and check here for the arrival of clients.

Reception – Room 110 – Ms. Lisa Melvin, Department Coordinator
• Ms. Lisa Melvin is responsible for Center billing, phone reception, client files and diagnostic test maintenance.

Student Work Space - Room 109
• This room is for quiet review of client files and tests. Please respect the area, keep noise to an absolute minimum, and do not remove office equipment (stapler, hole punch, pens, laminator etc.) from this area.
• A “Shred” Box is located in this room for ALL Client Related or Protected Health Information (PHI) that needs to be discarded. Do not place non-PHI paperwork in the shred box.
• Students may print client reports on the computer in 109 or in the back of room 110.

Keys
• Keys are available to unlock therapy, evaluation and material rooms. Please see Ms. Melvin for keys. GC’s are responsible for unlocking and relocking their own therapy rooms, diagnostic rooms, and Audiology booths.

Equipment and Materials
• iPads: Four iPads are available to use in Therapy and Diagnostic sessions. They may be signed out/in with the Clinic Coordinator (Lisa Melvin) in Room 110. Note the number of the iPad (1 – 4) on the sign out sheet. Please return the iPads charged and with the power cords/stylus.
• Sign out/in all therapy materials and test materials.
• Voice Lab and Audiological Equipment: Available for student use. Please speak with Ann Addis regarding Voice equipment and with Bridget Mancano for Audio Screening equipment. Students are responsible for cleaning and returning all equipment to locked rooms.

TUSLHC Schedule
• Holidays: The Center follows the Temple University Calendar for holidays. We are closed on University recognized holidays only.
• Snow Emergencies: The Center follows the Temple University Calendar for snow emergencies. If the University is closed due to weather, the Center will be closed. Student clinicians should remain in touch with their clinic supervisor or Clinic Director who may cancel an individual clinical practicum for changes in weather.
8. **TUSLHC Safety, Medical Emergencies, and General Emergency Procedures**

**Temple Police**
- Phone
  - Emergency Phone number: (215) 204-1234
  - Emergency Phone number from a Campus Phone: 1-1234
- Locations
  - Police Administration: 1101 W. Montgomery Avenue, Philadelphia
  - Administrative Building: 1801 N. 11th Street, Philadelphia
  - Center Station: Beasley and Polett Walks, Philadelphia
  - Police Mini Station: 1600 N. Park Avenue, Philadelphia

**Walking Escort Program**
- Security Bike Officers provide escort services and maintain communication with Temple Police
- For more information: [http://safety.temple.edu/operations-programs/services/walking-escorts](http://safety.temple.edu/operations-programs/services/walking-escorts)
- Students and clients may request a walking escort daily from 4:00 pm – 6:00 am
- To request an escort, call:
  - From a campus phone: 8-9255
  - From a cell phone: (215) 777-9255

**Client Safety**
- Graduate student clinicians should escort their pediatric clients from the waiting room to a therapy room and bring the child directly back to the parent/caregiver in the observation room or waiting room after a session.
- Children must not be left unattended. If a child needs to go to a restroom during a session, the parent/caregiver may take them. When the client is with a student clinician, the clinician is responsible for guarding against any injury or exposure to hazards (e.g., climbing on the furniture, playing with electrical outlets, running in the hallways, etc.).
- Call 911 immediately if a client or family member appears to be having a medical emergency (for example, stroke, seizures, heart attack, etc.)

**Injury**
- If a client or clinician injures himself/herself, the student clinician is to report it to the clinical supervisor and clinic secretary.
- A written incidence report may be required. Band-Aids for minor cuts are kept in the materials cabinet in the back hallway.
Building Evacuation (Weiss Hall)

- Alarms: Everyone (students, staff, and clients) must immediately exit the building through the main lobby of Weiss Hall and wait across 13th street so that the steps to Weiss Hall are clear.
- Doors of rooms being vacated are to be closed but unlocked.
- Student clinicians should assist their clients with evacuation and must stay with them until they can return to the building.
- If directed by security personnel, student clinicians, employees, and clients will walk to the designated “Rally Point G” (on Liacouris walk).
  [Link to map](http://safety.temple.edu/sites/campussafety/files/MainCampusEvacuationRallyPointMap3-3-11%20%281%29%20%281%29.pdf)
- Blocked Exit: If the Lobby exit is unusable, the exit in the back hallway next to room 156 and the student lockers will be used as the alternative route out of Center.

Universal Precautions Training

- Students must attend the Bloodborne Pathogen and Universal Precautions Training offered by Environmental Health and Safety prior to beginning clinical practicum in the fall of their first semester of graduate school.
- In each subsequent year, students are required to self-enroll and complete annual online Bloodborne Pathogen and Universal Precautions Training annually.

  Instructions:
  - Go to Blackboard and log in using your AccessNet Account name and password.
  - Under “Quick Links”, select “Course Catalog”.
  - On the next page (“Browse Course Catalog”): Type in “Annual Bloodborne” in the Search box, and hit “Go”.
  - Select the following Course: “EHRS-Annual Bloodborne Pathogens Training”.
  - Click on “Dunkerly_BBP101” and a small arrow will show up.
  - Click on the error and “enroll”.
  - Complete the Training and [Screenshot](#) your results.
  - Upload results to Castle Branch.

9. **TUSLHC Clinical Procedures**

In order to ensure both adequate training and service provision in the Center, GCs are required to observe the following regulations and procedures.

**Clients**
Priority scheduling for evaluation and treatment is given to those clients whose communication needs are consistent with students’ training needs. Priority is also given to Temple University
students and staff. Because TLC is a training center, fees for services are lower than those offered by fully certified clinicians. We also offer a sliding scale of fee reduction based on financial need. TLC services are available at no charge to graduate students in Temple University’s Speech-Language Pathology program for students who may need Voice, Fluency, or Articulation therapy.

**Privacy and Confidentiality**

Students are responsible for protecting the rights of their clients under The Health Insurance Portability and Accountability Act (HIPAA). Failure to do so makes the student liable for federal prosecution and ASHA sanctions. Students are responsible for distributing the Temple University Health System Booklet Personal Health Information Privacy Practices and having the client sign a letter stating they have received it. Letters and booklets are located in Room 109.

Information regarding clients is confidential. Students may discuss case information with their clinical instructors and student members of their practicum team when it necessary for treatment and education purposes in an approved secure area within the Center. Client information should not be discussed in the waiting room, faculty offices with open doors, hallways, or other areas where individuals may overhear the conversation.

The Center is fully equipped for audio and visual digital recording and playback to enable review by students. **BEFORE ANY RECORDING IS BEGUN, A CONSENT FORM MUST BE SIGNED BY THE CLIENT.** All recordings are the property of TUSLHC and may be used for review and teaching purposes. Students may record AUDIO ONLY on their password-protected audio digital recorders. Use of any other personal video-recording devices, cameras, cell phones, laptops, and tablets is strictly prohibited.

**Therapy Practicum**

**Scheduling**

- Scheduling of client appointments is done by Director of Clinical Services or the Center Coordinator.
- Clients will be assigned to the practicum block in which they will be best served.
- Students will be assigned clients during the first meeting of the therapy block by their supervisors. Some supervisors may also notify students of their assigned client(s) prior to the start of the therapy block.
- Students must thoroughly read and review their client’s file carefully prior to first contact. Files are located in Rm. 109.
- It is the responsibility of the student to telephone their client before the first scheduled therapy session to reconfirm the appointment. This initial contact is important and could influence whether the client will commit to or benefit from therapy. Please review the telephone protocol suggestions listed under ‘professional behavior’ below. If you are in
doubt about how to proceed with this call, please consult your supervisor. This telephone call must be documented on a “Contact Sheet” in the client’s file.

- Any time changes the client requests must be reported to the Director of Clinical Services in writing and to your Supervisor. Do not schedule appointment changes on your own.

**Client Files**
- Files are located in a locked cabinet in Room 109.
- Files are available for review between the hours of 9am and 5pm.
- Files must be reviewed at a student work desk in Room 109 **ONLY**. Review of client files in the student lounge or any other location is a violation of privacy regulations.
- Files and contents of files **MUST NOT** leave the building nor be photocopied.

**Therapy Sessions**
- Therapy sessions must begin on time. Graduate Clinicians should arrange to be in the Center well in advance of the appointment or conference time. If coming from a class immediately before therapy session, please make sure you have set up prior to class.
- Therapy rooms should be opened and checked for cleanliness, ventilation and camera soundness.
- Students are responsible for ensuring the Video Recording system is recording their therapy room.
- Clients should receive 50 minutes of therapy. The last 10 minutes may be devoted to discussing progress and home initiatives with parents or caregivers. All conferences with parents, family members or significant others must be conducted in the privacy of a therapy room, the diagnostic room or your supervisor’s office. Failure to do so is a violation of client’s rights to privacy and confidentiality as protected by HIPAA.
- Use the “Therapy Session Checklist” (Appendix G)

**Cancellations**
- In the event of client tardiness, the graduate clinician should wait the full period unless otherwise notified. The client should receive therapy for the time that remains in the session, unless other arrangements have been made.
- If the GC cancels, the GC **must** schedule an alternative time to make up the missed session at a mutually agreed upon time. Any makeup session must be conducted under the supervision of a CCC-SLP.
- If the client cancels, therapy may be made up if all parties are agreeable.
- If the client fails to come for therapy 3 times, report this in writing to the Director of Clinical Services or the Center Secretary. The client may be discharged for non-attendance at the discretion of the supervisor or Director of Clinical Services. A final discharge/progress note (one page) must be written and submitted to your supervisor who will then pass it on to the Center Secretary for mailing.
Center Records

- During your initial session with your client, have your client fill out a Client Contact Information Update Form. Ensure that the following information is completed: last and first name of client, their current phone numbers including work and cell, address, and billing information. Also add: your name, your contact phone number, your supervisor’s name, therapy room number, day and time of session, date of first session.
- Daily attendance logs – Client’s must sign in prior to each session in Room 110. GC’s must verify that their client signed in BEFORE beginning a session and escort the client to the front office prior to beginning the therapy session if the client has not signed in.
- Weekly therapy plans, results of therapy and anecdotal reports must be reviewed by your supervisor and filed WEEKLY in the client’s file.
- GC may not disclose information to persons who request information about a client (other professionals, place of employment, doctor’s offices etc.) without permission with clinical supervisor AND written consent from the client. Refer these requests to your supervisor or the Director of Clinical services.
- It is the responsibility of the GC to make sure that all client records are current so that other professionals may review the file for information pertinent to IEP’s, placements, progress notes etc.

Therapy Plans and Logs

- Weekly therapy plans should be written for each client, reviewed and approved prior to the day of therapy by the block supervisor.
- If a session is missed, this must be recorded on top of the plan, along with the reason for cancellation, whether due notice was given and the reason for cancellation.
- All phone calls to and from clients (including “no answer”), their physicians, parents, caregiver or other professionals involved in the case must be recorded on the Contact log located on the inside page of the file.
- Therapy results and anecdotal reports must be written promptly and submitted to your supervisor for approval and signature. They are then to be filed promptly in the client’s file. There is a hole puncher located in Room 109 which can be set to punch two holes. Consult a second year clinician if you are unsure how to do this.

Progress Reports

- Progress reports must be written at the end of each semester. They are to be reviewed and approved by your supervisor two weeks prior to the last session and should be finished and available for review with your client during the last session.
- Long term recommendations and specific therapy goals with measurable short term objectives must be included under Summary and Recommendations of the report.
- Prognostic statements may be included at the discretion of your supervisor.
Initial Evaluation Procedure Conducted over time in Therapy Block

- If your client is new to the center and has had no evaluation, a preliminary intake summary form will be in the client’s white envelope. The graduate clinician should write the client’s last name and first name in pencil in the upper left corner along with date of birth.
- All interview notes, case history, testing results and impressions should be placed in the folder at the end of the session and returned to the Client Files cabinet. These notes may not be taken out of the Center. Ms. Melvin will make up a current file after the evaluation report has been completed.
- This file, like all other client information, is protected under HIPAA and must not leave the building. Results, impressions and reports are to be written in the student computer lab in Rm. 205. Students may request permission from their supervisor to work on personal computers if time requirements do not allow working in the lab. Files are to be saved only on your encrypted flash drives; no files are to be saved to hard drives of desktops or laptops. All data on flash drives must be deleted each semester.

Termination of Therapy

- Graduate clinicians may not terminate therapy or discharge a client without prior discussion with the clinical supervisor.
- Clients must be notified in writing of intent to discharge.
- Final progress notes/discharge report should be written and presented to client at last session.
- No graduate clinician may terminate Center (or Field) therapy with a client or a practicum because they have met their ASHA or Department hours requirements.

Maintenance of Materials Cabinets

- The Center maintains a small children’s library, a host of toys and arts and crafts supplies, therapy resources and materials and many other useful therapeutic props and contexts.
- Graduate Clinicians may use these materials and are responsible for the maintenance and tidiness of the cabinets.
- PLEASE RETURN ALL MATERIALS TO WHERE YOU FOUND THEM.
- DO NOT LEAVE MATERIALS IN THERAPY ROOMS OR REMOVE THEM FROM THE BUILDING.
- Each TX block is assigned at least one week to straighten up the Materials Cabinets each semester.
- IPads are available for use in TUSLHC Clinical Practicum. You may sign out an iPad before a session with Ms. Melvin in Rm 110. Return the charged iPad immediately after the session with its power cord. Shut down the iPad completely (“power off”) before returning it.
Diagnostic Practicum

Assessment Materials
- Most standardized diagnostic materials are located in room 109. Tests should be reviewed and practiced carefully at least twice before administered to a client.
- Tests must be signed out (and signed back in). The sign-out book is located on the file cabinet above the Test Materials.
- **NO TEST MAY LEAVE THE BUILDING** without specific permission from the Director of Clinical Services. As an aid to learning how to administer and score the tests they are permitted to go home with graduate clinicians between 4:30 pm Friday and 8:30 am Monday with prior permission from Director. It is very important that a record card be left in place until the test is returned.

Diagnostic Procedure
- Students are required to be at diagnostic practicum 30 minutes before the scheduled test time unless otherwise noted by your supervisor.
- Planning sessions usually take place the week before the Dx is to be conducted. The supervisor will meet with students and plan the events of the session.
- Each Dx includes assessment of articulation, expressive and receptive language, voice, fluency, oral peripheral examination and a hearing screening. Often an impression recording behavioral components is added if relevant.
- Your supervisors will guide you through test selection. It is up to the Graduate Clinician to review the test manual, learn the administration and scoring protocol, and transform raw scores into standardized scores, percentiles and age equivalencies. Tests should be administered in practice first at least twice before being administered to a client.
- On the day of the evaluation, GC’s should present themselves in **professional** attire.
- Your supervisor will walk you through the procedure of opening up the Dx suites, preparing the cameras and Video room.
- The following forms must be presented FIRST to the client: consent to video and audio tape, consent to obtain information, and consent to disclose information, HIPAA Privacy and Confidentiality booklet and signature forms. These forms are located in Room 109.
- The order of testing procedures will be determined with your supervisor in the planning session.
- Reports must be completed in rough draft by the next week’s planning session. Reports should be edited, copied in triplicate, and ready to be mailed to clients no later than one month after the evaluation has been completed. Reports will be mailed out ONLY by the Department Secretary.
Student Conferences
- Weekly practical conferences are held either before or after Tx or the week before Dx depending on the preference of the supervisor. You will be informed of your conference time at the first meeting of the practica team. ALL TEAM MEMBERS ARE EXPECTED TO ATTEND CONFERENCES EVERY WEEK UNLESS OTHERWISE ARRANGED WITH YOUR SUPERVISOR. Please be prompt, come prepared to discuss your case and to present your ideas for the upcoming session.
- Semester review conferences are held at mid-term and end of term.
- Students may request individual conferences with their supervisors as needed.

Audio and Video Recordings
- All recordings made in Diagnostic and Therapeutic practica are the property of Temple University.
- They must be reviewed in the Center Video Observation lab; they will be deleted three times a year.
- Students may not record audio or video on personal laptops, tablets, or phones.

10. FIELD PRACTICUM

Students begin advanced practicum (“FIELD”) in their second year after satisfactory completion (no grade lower than B-) of one to two Diagnostics Practica, two Treatment Practica, and approval from their academic advisor and the Director of Clinical Education. Before taking the practica, students must have completed relevant coursework. In some cases, this may be done concurrently.

Placements
Students meet with their academic advisor in the fall and spring of each academic year to review academic and clinical progress. At this meeting, advisors complete a Clinical Advising Form notifying the Director of Clinical Education of the clinical placements for which a student has met the eligibility requirements. The student will also fill out a schedule (work, study, and other commitments) and transportation availability before submitting this to the Director of Clinical Education. A variety of factors are considered in determining a students’ placement each semester including their schedule, prior coursework completed, clinical preparation, and semester in the program. While transportation mode (public versus car) is considered in placement, distance from a student’s home is not a factor in student placement. Students may commute up to 1 ½ hours for some field practicum (driving or on public transportation).

The Director of Clinical Education arranges all practicum placements with our field affiliates. Students may not arrange their own placement with an outside facility. This is the preference of
the affiliates in the Greater Delaware Valley for all of the graduate programs in our area. A student may not be placed in an agency with whom they have had a previous relationship as an employee or volunteer or that employs a family member.

Students are notified of their field placement approximately 3-6 weeks prior to the start date via email. Students should then contact their field supervisor(s) or the site’s student coordinator via phone or email to introduce themselves. Occasionally, acceptance at a field site for a practicum requires a student interview prior to the start date. Students should treat these as “real” interviews including preparing a professional student resume, bringing clearances to the interview, researching the site (type of facility, populations treated, etc.), and reviewing relevant course material.

All students in a field practicum in a state other than Pennsylvania should review the licensing requirements and scope of practice for their discipline in that state. Completion of an internship/field experience in another state does NOT assure that you will be eligible to be licensed in that particular state. Review the following link to assist you in understanding state licensure for Speech-Language Pathology: http://www.asha.org/advocacy/state/. As a student competing an internship in a state other than Pennsylvania, you must be notified of your rights regarding grievances, your rights and responsibilities as a student, and our university’s academic policies. Please review the information found at: http://bulletin.temple.edu/graduate

Clearances
Students are responsible for maintaining their annual clearances (medical and criminal background checks) on CastleBranch and for completing any additional site-specific clearances by a field affiliate prior to the start date of the practicum. Students should review and sign the Disclosure & Authorization Regarding Background Investigation (Appendix H), and upload it to the MA-Speech-Language-Hearing Canvas organization prior to the start of by September 1 in the first year. Students should also review the Summary of Rights Under the Fair Credit Reporting Act (Appendix I).

Some field affiliates may require drug or alcohol testing with the associated costs paid for by the student. Students who are rejected from a field site based on those results will not be placed in an alternative practicum that semester and will be removed from any on-campus practicum for that semester as well.

Students whose field sites require the university to review and submit background checks and medical clearances directly from the university rather than from the student must complete the Authorization to Release Information to Placement Site (Appendix J) and submit this to the Director of Clinical Education prior to the start of the field practicum; failure to do so may delay the start of the student’s field practicum.
Personal Safety
There are assumed risks associated with attending school in an urban environment. Our program requires that students travel to community sites for outside of classroom learning and for field education. The University does not assume responsibility for students’ safety while traveling off-campus for academically related activities such as community service learning or field education.

Events such as home visits and meetings in the community are a regular part of most placements. Agencies are expected to take appropriate measures to ensure student safety; minimally, students should receive the same consideration as staff. Additionally, students are expected to exercise common sense and follow the safety guidelines of their agencies. If concerns regarding safety arise, these should be discussed with the field liaison and if necessary, the Director of Clinical Education.

Travel
Students assume all risks when using personal vehicles for travel to and from and during field education and other required curriculum activities. Personal auto insurance must cover the student and any other passengers. Students are NOT to transport clients/constituents they are serving during their field placement in their personal vehicle for any reason.

Schedules
Advanced field practicum include schools, preschools, and early intervention (CSCD 9387) or hospitals, rehabilitation facilities, home care, or skilled nursing facilities (CSCD 9487). Students typically complete 3 rotations (one school, one pediatric non-school, and one adult setting). Each field practicum is one semester long (10 - 13 weeks). Students spend 3-5 full days a week at their field site; the exact schedule is determined by the type of site, supervisor schedule and preference, the student’s academic schedule, and the Director of Clinical Education. For the school-based practicum, a minimum of 12-weeks on site, is required for all students. Generally, students are expected be at practicum on all days and times their supervisor is on site with the exception of during academic classes or on-campus practicum (such as Fluency, Voice, or Hearing Screenings).

At off campus sites, students follow the schedule of the field affiliate not the Temple University calendar. For example, if a student is completing a rotation that is open during Thanksgiving week or on Thanksgiving Day, the student follows the field site’s schedule even though Temple does not hold classes that week. Students are expected to be at their field placements during Temple’s Fall (Thanksgiving week) Break and Spring Break (usually in March). Students may not withdraw from the internship once the semester has begun.
Some field affiliates may require additional training sessions prior to the start date of the practicum. These may include, but are not limited to, CPR, restraint training, and digital documentation. Sites may require additional clearances include drug testing or a health physical.

**Student Right to Privacy**
Under the *Family Educational Rights and Privacy Act (FERPA)* faculty are not permitted to share information related to academic performance with a field placement site unless given written permission by the student. Students may provide site with academic performance history. Students seeking accommodations at a field affiliate must be registered with Temple University’s office of Disability Resources and Services (DRS). Prior to the start of a practicum, it is the responsibility of the student to disclose any request for accommodations to the field affiliate and/or field supervisor or to request in writing that the Temple instructor disclose the request for accommodations to the field supervisor.

**Harassment and Discrimination Policy**
Temple University is committed to providing a learning and working environment that emphasizes the dignity and worth of every member of its community, free from harassment and discriminatory conduct. Harassment is unwelcome conduct that is based on race, color, sex, religion, national origin, disability, and/or age. Discrimination and harassment in any form or context is contrary to this commitment and will not be tolerated. Harassment subverts the mission and the work of the university, and can threaten the career, educational experience, and well-being of students.

During your internship, you are encouraged to report to your internship site supervisor or other site official any concerns you have about safety, harassment/discrimination, or other issues. You should also report your concerns the Director of Clinical Education and/or your faculty instructor so that they can assist the site with a prompt resolution for your concerns. If you are uncomfortable reporting your concerns to the site directly, you should notify the Temple faculty member supervising your field experience to request assistance with resolving your concerns.

**Documentation**
On initial meeting with the field supervisor (whether prior to the start date or on the first day of the practicum, students should present the field supervisor with Temple’s required paperwork. This information is updated in the Field Orientation Training Session each semester and can also be found in the Field Orientation PowerPoint on the Clinical Education section of the department MA-SLH Blackboard organization.
Assessment of Performance
Students should set personal development goals each semester in conjunction with their field supervisor and their TU supervisor. Students should also proactively seek feedback on their clinical performance from their field supervisor.

The field supervisor will use Temple University’s Training Experience Evaluation Form-Field (TEEF-Field) to evaluate the progress of the student’s performance at mid-term and at the end of the semester. S/he will also provide feedback both informally and formally throughout the semester. Students struggling with maintaining a “B” or above will participate in remediation with the field supervisor and TU supervisor to help provide the student with tools to improve. (Final grade below a “B-” does not accrue clinical clock hours). Continued unsatisfactory performance which interferes with the supervisor’s ability to provide quality services to her clients, or unsatisfactory professional behavior at any time, will result in termination of the practicum.

This manual is intended as an introduction to Clinical Practice and is not a comprehensive document. Please feel free to discuss anything with your clinical supervisors, instructors, and professors.
Appendix A

Castle Branch: Clearance Compliance and Tracking

To place your order, go to www.certifiedprofile.com. In the “Place Order” field, enter the package code depending upon clearances needed. You will be asked for personal identifying information needed for security or compliance purposes. Supplying accurate, comprehensive information is important to the speed in which your order is completed.

The email address you use when placing your order will become your username for your CastleBranch account and will be the primary form of communication for alerts and messages. You will receive alerts if information is needed to process your order. Access your CastleBranch account anytime to view order status. Authorized users at your school will have access to view your compliance status from a separate CastleBranch portal.

INCOMING STUDENTS – Please Order:

TF39 – Background Check Trackers, PA Child Abuse Tracker, Medical Document Manager, HIPAA Training Tracker, Bloodborne Pathogen Training Tracker, & Department of Education Fingerprint Tracker (Cost: $107.75; An additional fee of $28.75 will be payable directly to Cogent for fingerprinting and an additional $10 fee will be payable directly to PA Dept. of Public Welfare)

RETURNING STUDENTS – Please Order:

TF39r – PA State Police Background Check, PA Child Abuse Registry, Repeat PPD tracker, Repeat Bloodborne Path Training Tracker (Cost: $34; an additional $10 fee will be payable directly to PA Dept. of Public Welfare).

The following items are required for some field placements for second year students. Order these only if required by Field Affiliate for your field placement.

DRUG TESTING

TF39dt – 10 panel urine drug screen – Quest Diagnostics. If you are required to obtain a 10 panel drug test and would like to visit a Quest Diagnostics location, please order this package. (Cost $40)

TX05dt: 12 panel urine drug screen – Quest Diagnostics. If you are required to obtain a 12 panel drug test and would like to visit a Quest Diagnostics location, please order this package. (Cost $68)

TF39tdt – 10 panel urine drug screen – Temple Employee Health Services. If you are required to obtain a drug test and would like to visit Temple’s Employee Health Services, please order this package. (Cost: $5; An additional $20 fee will be payable directly to Temple Employee Health.)
TF39tdt – 12 panel urine drug screen – Temple Employee Health Services. If you are required to obtain a drug test and would like to visit Temple’s Employee Health Services, please order this package. (Cost: $5; An additional $XX fee will be payable directly to Temple Employee Health.

CPR

TF39cpr – If you have been notified by Clinic Director that CPR Course is required, please order this package. (No charge for CPR Tracker. Student will pay cost of the course directly to the course provider.)

FINGERPRINTS

TF39doe – If you are requirement to obtain a new fingerprinting from the Department of Education, please order this package. (Cost $5; An additional fee of $23.85 will be payable directly to IDEIA.) First order this package from CB, then go to http://www.dhs.pa.gov/citizens/clearancesbackgroundchecks/index.htm and select fingerprinting service code 1KG6RT.

TF39dpw – If you are a required to obtain fingerprinting from the Department of Human Services, please order this package. (Cost $5; An additional fee of $23.85 will be payable directly to IDEMIA.). First order this package from CB, then go to http://www.dhs.pa.gov/citizens/clearancesbackgroundchecks/index.htm and select fingerprinting service code 1KG6ZJ.
Appendix B

Grading in Clinical Course

The guidelines below are meant to provide consistency in grading clinical performance. In deciding which descriptors are most appropriate, careful consideration is given to the student’s academic coursework, clinical training, and prior experience with the population seen in the practicum. A particular grade is earned when the performance descriptors in a grade category apply.

A and A minus indicate work of superior quality
A: exceeds all mandated requirements; majority of clinical competencies exceed the quality and expectations for students at this level of training; shows minimal need for direct or prescriptive instruction; shows excellent ability applying previous or ongoing coursework and experiences, and/or is able to hypothesize and appropriately apply conceptual and/or theoretical constructs to treatment, even when specific content has not been taught; shows the ability to recognize, analyze, and revise relevant aspects of treatment; shows insightful observational and interpretive skills; shows excellent awareness of client’s perspective and needs.
A-: exceeds most and satisfies all mandated requirements; majority of clinical competencies surpass the quality and expectations for students at this level of training; requires occasional direct or prescriptive instruction but generally extrapolates and applies generatively very quickly; shows ability to create own procedures; shows very good ability applying previous or ongoing coursework and experiences, conceptual or theoretical constructs to treatment given general, non-prescriptive information; shows good ability to recognize, analyze, and revise relevant aspects of treatment given occasional feedback; shows good observational and interpretive skills; shows good awareness of client’s perspective and needs.

B+, B and B minus indicate work of satisfactory quality
B+: exceeds some and satisfies all mandated requirements; clinical competencies show steady growth; shows ability to abstract and generatively apply outlined principles of treatment given examples; integrates and utilizes the information provided; learns quickly from past mistakes in attempting to explain behavior conceptually/theoretically; showing steady growth in observational and interpretive skills; is developing good ability to recognize and revise relevant aspects of treatment given feedback.
B: has satisfied all mandated requirements; shows steady growth in a specified set of clinical competencies; requires frequent direct or respective information, but can integrate and utilize information provided given intermittent review; understands and attempts to apply information given regarding: conceptual, theoretical constructs; is beginning to show growth in observational and interpretive skills; now recognizes some aspects of treatment which need revision given feedback; shows emerging awareness of client’s perspective and needs.
B-: has satisfied most, but not all, mandated requirements; is beginning to show growth in a specified set of clinical competencies; requires direct or prescriptive information; requires assistance integrating and utilizing the information provided; requires direct assistance applying information conceptually/theoretically; requires 27 assistance in observational and interpretive skills, and in assessing client’s perspective and needs; incorporates suggested revisions; continues to need help recognizing the necessity and rationale for revisions.

C+, C and C- indicate work of marginal quality
(Clinical practicum hours are not accrued to either department or ASHA required hours for any practicum experience given grades below a B-)
C+: has satisfied only a few of the mandated requirements; is showing minimum growth only in very few clinical competencies; requires a great deal of direct and prescriptive information; needs much assistance integrating and utilizing the information provided; requires much time and attention in applying information conceptually/theoretically; requires a great deal of assistance in observational and interpretive skills in assessing
client’s perspective and needs; appears to benefit only from such assistance; in the main, does not appropriately incorporate suggested revisions; interprets suggestions with only a minimal understanding of why revisions are necessary relative to this client; shows only occasional instances of ability to independently recognize need or rationale for revisions.

C: has inadequately attempted to meet most mandated requirements; is not yet showing growth in a specified set of clinical competencies; requires repeated direct or prescriptive information; needs repeated assistance integrating and utilizing information provided; shows little evidence of abstracting underlying principles of treatment; requires repeated direct assistance applying information conceptually/theoretically; requires repeated assistance in observational and interpretive skills, and in assessing client’s perspective and needs; does not appear to benefit from such assistance.

C: has not met most mandated requirements; shows little growth in any area of case management; despite repeated prescriptive information, shows complete dependence on supervisor to determine goals, rationales, procedures and techniques appropriate for this client’s treatment; relies totally on supervisor to collect and analyze data; shows no independent ability to recognize or understand need or rationale for revisions.

F indicates Failure
F: does not meet all essential functions of the program, or displays repeated professional conduct concerns, or mandated requirements have not been met despite intensive corrective feedback and supervisor support including but not limited to: records and reports are incomplete; shows minimal ability to change irresponsible behavior or to grow clinically; should be discouraged from continuing in a clinical discipline.
### RECORD OF OBSERVATION EXPERIENCE

Observations at Temple University
in Class or at the Temple University Speech-Language-Hearing Center (TUSLHC)

<table>
<thead>
<tr>
<th>Site</th>
<th>Date</th>
<th>Client Type</th>
<th>Age Group</th>
<th>Live or Video</th>
<th>Evaluation (✓)</th>
<th>Treatment (✓)</th>
<th>Time 3</th>
<th>Clinician Name</th>
<th>Clinician Signature</th>
<th>ASHA Acct. #</th>
</tr>
</thead>
</table>

1. Language, Articulation, Fluency, Voice, Dx Audiology, Rehabilitative Audiology, Dysphagia
2. A= Adult; C= Child
3. Times are to be entered in exact minutes observed (Does not include conversation with clinician, chart reviews, observation of scoring, or time in between sessions; includes direct clinician and client contact only).

Student Name: _____________________________

rev January 2019
# RECORD OF OBSERVATION EXPERIENCE

Speech-Language Pathology and Audiology

Student Name: ____________________________

<table>
<thead>
<tr>
<th>Site</th>
<th>Date</th>
<th>Client Type ¹</th>
<th>Age Group²</th>
<th>Evaluation (✓)</th>
<th>Treatment (✓)</th>
<th>Time³</th>
<th>Name of Clinician</th>
<th>Clinician Signature</th>
<th>ASHA Acct. #</th>
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</table>

¹ Language, Articulation, Fluency, Voice, Dx Audiology, Rehabilitative Audiology, Dysphagia
² A= Adult; C= Child
³ Times are to be entered in exact number of minutes observed (does not include record review, discussion with clinician, time between clients, etc. It is only the face-to-face time the clinician is working with the client)
Department of Communication Sciences and Disorders
Guided Treatment Observation Form

Observation Date: ____________ (mm/dd/yy)       Facility: ______________

Client (circle): 0-5 School-age Adult       Type (circle): Live Video
Communication Disorder(s): ______________________ Session (circle): Individual Group
Session Start Time: ______  Session End Time: ______  Session Duration: ______ minutes
Clinician Name: ________________  Signature ___________________ ASHA#: _______

1. What were the goals of therapy?

2. What materials/activities were used to address the objectives?

3. What teaching strategies did the clinician use to enhance performance to achieve objectives?

4. Describe modifications made according to the client’s responses.

5. Describe how the clinician collected data.

6. What was the type and schedule of reinforcement?

7. Were the objectives accomplished?

8. Describe how the clinician managed client behaviors during the session.
Department of Communication Sciences and Disorders
Guided Diagnostic Observation Form

Observation Date: ________________ (mm/dd/yy)       Facility: ______________________
Client (circle): 0-5 School-age Adult       Type (circle): Live Video
Communication Disorder(s): ______________________ Session (circle): Individual Group
Session Start Time: ______    Session End Time: ______    Session Duration: ______ minutes
Clinician Name: __________________ Signature __________________ ASHA#: __________

1. Why was the client/family seeking an assessment?

2. Was a client/family interview conducted?

3. What type of testing procedures were used?

4. Describe how the clinician managed client behaviors during the session.

5. How were the evaluation results presented to the client/family?
Appendix E

REMEDIATION CONTRACT FOR STUDENT ACADEMIC AND CLINICAL ISSUES

Student:________________________  Semester:________________________  Date of Referral _____________
Instructor:____________________  Advisor:___________________________
Committee: Full Faculty or Subcommittee: _________________________________________________________
Date of Meeting: ____________________  Present: ______________________________________________

Indicate course, progress, concerns, reason for remediation:

Academic or Clinical issue(s):

Plan of Action (include measurable performance and specific recommendations)

Evaluation Procedures (include interval for evaluation, follow-up procedures, and responsible faculty members):

Other Comments:

Were there previous referrals?  ____No  ____Yes; When? ________________________________

Summarize:

Signatures

Student ____________________________  Date Signed __________________________
Referral Faculty Member ____________________________  Date Signed __________________________
Faculty Witness ____________________________  Date Signed __________________________

cc: Program Director, Chair, Director Clinical Education, Advisor (if not referring)
FOLLOW-UP FOR STUDENT ACADEMIC AND CLINICAL REMEDIATION

Date: ____________________________ Evaluator: _____________________________________

Committee: ______________________________________________________

Observation (Include date and initials of the observer):

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Needs Improvement</th>
<th>Improvement Noted</th>
<th>Satisfactory</th>
<th>Exceeds</th>
</tr>
</thead>
</table>

Comments:

Include additional recommendations if needed:

Signatures

____________________________  ___________________
Student  Date Signed

____________________________  ___________________
Referral Faculty Member  Date Signed

____________________________  ___________________
Faculty Witness  Date Signed

cc: Program Director, Chair, Director Clinical Education, Advisor (if not referring)
SHARING EXPECTATIONS

THE SUPERVISOR – SUPERVISEE DYAD

CHECK ONE: SUPERVISOR __________ SUPERVISEE __________

It has been shown that when supervisor and supervisee hold similar expectations, the clinical experience is more profitable and pleasant for both supervisor and supervisee. This experimental procedure has been found to help the supervisor and supervisee understand each other’s expectations. The supervisor and supervisee are each to complete this form independently. They are then expected to share responses with each other in a conference time set aside for this purpose. Where expectations differ, discussion should follow and hopefully some consensus be reached. It is most profitable if this experience in understanding each other’s expectations more explicitly is completed before completing the Training Experience Contract which will specify the goals and the supervisory style for this practicum.


<table>
<thead>
<tr>
<th>Stages</th>
<th>Evaluation Feedback</th>
<th>Transitional</th>
<th>Self-Supervision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Styles</td>
<td>Direct/Active</td>
<td>Collaborative</td>
<td>Consultative</td>
</tr>
</tbody>
</table>

Please draw a line through this model at the point which you feel best represents where you and the supervisee/or you and the supervisor are currently functioning. You may also find it beneficial to refer to this model to determine changes in independence and supervisory style needed over time, with differing clients, et cetera.

Please give your assessment of what you expect will happen during your future individual supervisory conferences. Circle the number that best represents the expected level of occurrence of the behaviors suggested by each item. The numbers correspond to the following categories.

1—To a very little extent
2—To a little extent
3—To some extent
4—To a great extent
5—To a very great extent

1. Supervisors should help set goals for clients.  
2. Supervisors should use conference time to discuss ways to improve materials.  
3. Supervisors should motivate supervisees to perform at their highest potential.  
4. Supervisees should expect to state the objectives of supervisory conferences.  
5. Supervisees should expect supervisors to pay attention to what they are saying whenever they talk with them.
6. Supervisors should expect supervisees to ask many questions during conferences.
7. Supervisees should expect their supervisors to use their ideas in discussion during conferences.
8. Supervisors should expect to function as a teacher who is instructing the supervisee.
9. Supervisees should inform supervisors of their needs.
10. Supervisors should be willing to tell supervisees of the weaknesses in their clinical work.
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<tbody>
<tr>
<td>11.</td>
<td>Supervisees should use conference time to provide information about clinical sessions to supervisors.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>12.</td>
<td>Supervisors should be willing to listen to supervisees professional problems.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>13.</td>
<td>Supervisors should be available to talk to supervisees immediately after their clinical sessions.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>14.</td>
<td>Supervisors should be the superiors and supervisees subordinates in the supervisory relationship.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>15.</td>
<td>Supervisees should give value judgements about their clinical work.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>16.</td>
<td>Supervisors should give suggestions on therapy techniques to be used in subsequent sessions.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>17.</td>
<td>Supervisors should be supportive of supervisees.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>18.</td>
<td>Supervisors should focus discussion on clients’ behaviors rather than on supervisees’ behaviors.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>19.</td>
<td>Supervisors should give rationales for their statements or suggestions.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>20.</td>
<td>Supervisors should demonstrate how to improve performance to supervisees.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>21.</td>
<td>Supervisors should give supervisees the opportunity to express their opinion.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>
22. Supervisors should ask supervisees to think about strategies that might have been done differently or that may be done in the future.

23. Supervisors should be willing to listen to supervisees’ personal problems

Describe how often and in what circumstances you think the supervisor and supervisee should meet for individual conferences.

Circle the number that best describes the sources which have influenced your response to questions during this experience.

1 (least) 2 3 4 5 (most) peer group
1 (least) 2 3 4 5 (most) graduate student clinician
1 (least) 2 3 4 5 (most) clinical supervisors
1 (least) 2 3 4 5 (most) academic courses
1 (least) 2 3 4 5 (most) training policies
1 (least) 2 3 4 5 (most) other: specify__________________

Do you have any expectations about supervision which have not been covered in the previous? If so, please specify in the space below.
### Appendix G

#### Therapy Session Checklist

Note: **DO NOT TAKE ANY PHI INFORMATION OUT OF THE CLINIC!**

<table>
<thead>
<tr>
<th>Before session</th>
<th>✓</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Call client to confirm appointment</td>
</tr>
<tr>
<td>2</td>
<td>Check mailbox for last minute cancellations</td>
</tr>
<tr>
<td>3</td>
<td>Print logs (prior week) and plans (this week)</td>
</tr>
<tr>
<td>4</td>
<td>Place last week’s logs in client’s file</td>
</tr>
<tr>
<td>5</td>
<td>Provide this week’s plan to supervisor</td>
</tr>
<tr>
<td>6</td>
<td>Collect and arrange therapy materials</td>
</tr>
<tr>
<td>7</td>
<td>Check that tx room is open, clean, video/audio is working, and client is visible to camera</td>
</tr>
<tr>
<td>8</td>
<td>Turn on video recording system</td>
</tr>
<tr>
<td>9</td>
<td>Confirm that client signed in Room 109 and escort the client from the waiting room (room 110) to therapy room</td>
</tr>
<tr>
<td>10</td>
<td><strong>If it is the first session, have client read/sign/fill out HIPAA authorization, audio/video consent and client information update forms</strong></td>
</tr>
</tbody>
</table>

#### During Session

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</thead>
<tbody>
<tr>
<td>1</td>
<td>Unlock door to therapy room and keep door closed</td>
</tr>
<tr>
<td>2</td>
<td>Unlock door to observation room and keep door closed</td>
</tr>
</tbody>
</table>

#### After Session

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<table>
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<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Wipe clean any surfaces used during therapy</td>
</tr>
<tr>
<td>2</td>
<td>Move all tables and chairs back to original place</td>
</tr>
<tr>
<td>3</td>
<td>Replace all outlet covers that were removed for session</td>
</tr>
<tr>
<td>4</td>
<td>Turn off lights</td>
</tr>
<tr>
<td>5</td>
<td>Last client of the day? If so, lock tx and observation room doors (push bottom button in)</td>
</tr>
<tr>
<td>6</td>
<td>Return any therapy materials to tx cabinets (neatly)</td>
</tr>
<tr>
<td>7</td>
<td>Receive supervisor feedback and signature for tx hours</td>
</tr>
<tr>
<td>8</td>
<td>Document therapy session (tx provided; client cancelled; no show) in client contact sheet</td>
</tr>
</tbody>
</table>
Appendix H

DISCLOSURE & AUTHORIZATION REGARDING BACKGROUND INVESTIGATION

DISCLOSURE:
Temple University – Of The Commonwealth System of Higher Education (the “School”) may obtain information about you from a third party consumer reporting agency for purposes of evaluating your application for participation in clinical, experiential, residency, externship, or other education or degree requirements at a health care facility or clinical program, which may be deemed to be “employment purposes” under the Fair Credit Reporting Act (“FCRA”). Thus, you may be the subject of a “consumer report” which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may contain information regarding your criminal history, social security verification, motor vehicle records (“driving records”), verification of your education or employment history, drug testing, or other background checks. These reports may include a drug test and the results of that test. These reports will also include immunization records and other medical information to be used for the above stated permissible purposes, specifically verifying your compliance with program or health care facility requirements for accessing the facility and participating in clinical, experiential, residency, or other education or degree requirements at the facility.

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you and to request a copy of your report. These searches will be conducted by CastleBranch Corporation, 1844 Sir Tyler Drive, Wilmington, NC 28405, 888-723-4263, www.castlebranch.com. The scope of this disclosure is all-encompassing, however, allowing the School to obtain from any outside organization all manner of consumer reports throughout the course of your participation in the educational program or clinical, experiential, residency, or other education or degree requirements to the extent permitted by law.

AUTHORIZATION:
I hereby authorize the obtaining of “consumer reports” by the School at any time after receipt of this authorization and throughout my participation in the educational program or clinical, experiential, residency, or other education or degree requirements, if applicable. I further authorize and consent to the obtaining by the School of my immunization records and other medical information to be used for verifying my compliance with program or health care facility requirements for accessing the facility and participating in clinical, experiential, residency, or other education or degree requirements at the facility. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by CastleBranch Corporation, 1844 Sir Tyler Drive, Wilmington, NC 28405, 888-723-4263, www.castlebranch.com, and/or the School. I agree that a facsimile (“fax”), electronic or photographic copy of this Authorization shall be as valid as the original.

Signature:  
Print Name:  
Date:  

[End of Document]
Appendix I

SUMMARY OF RIGHTS UNDER FCRA

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under FCRA. For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

• You must be told if information in your file has been used against you. Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.

• You have the right to know what is in your file. You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identity theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

• You have the right to ask for a credit score. Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

• You have the right to dispute incomplete or inaccurate information. If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.

• Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information. Inaccurate, incomplete, or unverifiable information must be removed or corrected,
usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).

- The following FCRA right applies with respect to nationwide consumer reporting agencies:

\[\text{CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE}\]

You have a right to place a “security freeze” on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is placed on a consumer’s credit file. Upon seeing a fraud alert display on a consumer’s credit file, a business is required to take steps to verify the consumer’s identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

**Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).
Appendix J

AUTHORIZATION FOR TEMPLE UNIVERSITY TO RELEASE INFORMATION TO PLACEMENT SITE

I, the undersigned, acknowledge that Temple University may be requested by a field training placement site (the “SITE”) to provide information about my health status and criminal background check and child abuse clearances. I hereby authorize Temple University to provide such information to the SITE, including copies of my health and vaccination records as well as the results of my criminal background check and child abuse clearances. I acknowledge that the SITE may share such information with departments within the SITE that the SITE may deem necessary in the SITE’s sole discretion. I acknowledge that this is a requirement of my participation in the program at the SITE and not a requirement of my degree program at Temple, and that if I do not wish to share such information, Temple will attempt to find an alternative placement. I hereby release and hold harmless Temple University from any liability, claims, losses, or demands that I may now or later have as a result of Temple’s sharing the foregoing information with the SITE.

SITE Name: ____________________________________________

Student Signature:

Signed: _______________________________________________  Date:_____________________

Print Name: ___________________________________________
CODE OF ETHICS
PREAMBLE

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

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

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

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

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

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

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

**TERMINOLOGY**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**nolo contendere** – No contest.

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

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

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

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

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

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

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

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

## PRINCIPLE OF ETHICS I

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

## RULES OF ETHICS

A. Individuals shall provide all clinical services and scientific activities competently.
B. Individuals shall use every resource, including referral and/or interprofessional collaboration when appropriate, to ensure that quality service is provided.
C. Individuals shall not discriminate in the delivery of professional services or in the conduct of research and scholarly activities on the basis of race, ethnicity, sex, gender identity/gender expression, sexual orientation, age, religion, national origin, disability, culture, language, or dialect.

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

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

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

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

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

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

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

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

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

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

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

O. Individuals shall protect the confidentiality and security of records of professional services provided, research and scholarly activities conducted, and products dispensed. Access to these records shall be
allowed only when doing so is necessary to protect the welfare of the person or of the community, is legally authorized, or is otherwise required by law.

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

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

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

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

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

PRINCIPLE OF ETHICS II

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

RULES OF ETHICS

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

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

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

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

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

F. Individuals in administrative or supervisory roles shall not require or permit their professional staff to provide services or conduct clinical activities that compromise the staff member’s independent and objective professional judgment.
G. Individuals shall make use of technology and instrumentation consistent with accepted professional guidelines in their areas of practice. When such technology is not available, an appropriate referral may be made.

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

PRINCIPLE OF ETHICS III

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

RULES OF ETHICS

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

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

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

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

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

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

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

PRINCIPLE OF ETHICS IV

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

RULES OF ETHICS

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

B. Individuals shall exercise independent professional judgment in recommending and providing professional services when an administrative mandate, referral source, or prescription prevents keeping the welfare of persons served paramount.
C. Individuals’ statements to colleagues about professional services, research results, and products shall adhere to prevailing professional standards and shall contain no misrepresentations.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

S. Individuals who have been convicted; been found guilty; or entered a plea of guilty or nolo contendere to (1) any misdemeanor involving dishonesty, physical harm—or the threat of physical
harm—to the person or property of another, or (2) any felony, shall self-report by notifying ASHA Standards and Ethics (see Terminology for mailing address) in writing within 30 days of the conviction, plea, or finding of guilt. Individuals shall also provide a certified copy of the conviction, plea, nolo contendere record, or docket entry to ASHA Standards and Ethics within 30 days of self-reporting.

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

**Clinical Manual: Review and Acknowledgement**

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I acknowledge that I have received a copy of the TLC Clinical Manual dated **August 2019**. I have read and thoroughly reviewed the Clinical Education Manual including the above sections.

Student Signature ____________________________________________________________

Student name ______________________________________________________________

Date ______________________________