

**Department of Communication
Sciences & Disorders (CSD)**

**CSD GRADUATE
PROGRAM STUDENT
HANDBOOK**

2025-2026

**For all students in the Master of Science (M.S.)
program in Speech-Language Pathology**

Contents

WELCOME TO NEW STUDENTS.....	7
IMPORTANT NOTES	7
ELMHURST UNIVERSITY.....	8
MISSION STATEMENT OF THE CSD DEPARTMENT	8
MISSION STATEMENT OF THE ELMHURST UNIVERSITY SPEECH-LANGUAGE-HEARING CLINIC.....	8
ACCREDITATION OF THE PROGRAM	9
CSD Graduate Program Website.....	9
Academic Catalog Website	9
DEPARTMENTAL INFORMATION	9
Directory	10
Speech-Language-Hearing Clinic.....	11
Hours of Operation for the Elmhurst University Speech-Language-Hearing Clinic	11
Forms	11
CALIPSO Knowledge and Skills Acquisition (KASA) Summary Form	11
Advising.....	12
USE OF DEPARTMENT FACILITIES.....	12
Bulletin Boards	12
Graduate Student Work/Study Area.....	12
Email Account and Correspondence/Information to Students.....	12
Mailboxes	12
Name Badges	12
Printing.....	13
Storage	13
Telephones.....	13
Wi-Fi	13
ADDITIONAL UNIVERSITY RESOURCES	13
Access and Disability Resources.....	13
Books.....	14

Buehler Library	14
Health and Wellness Center	14
Financial Aid, Assistantships, and Other Financial Opportunities.....	14
Information Technology Services.....	14
Learning Center.....	15
GRADUATE PROGRAM REQUIREMENTS	15
Application Requirements for Speech-Language Pathology Graduate Students.....	15
Prerequisite Courses/Clinical Hours for Graduate Study.....	15
Plan of Study –Academic Requirements for the M.S. in Speech-Language-Pathology.....	15
Knowledge and Skills Standards, Form, Documentation, and Tracking.....	17
Program Summative Assessment.....	17
Master’s Thesis (CSD 530)	18
Clinical Portfolio Capstone (CSD 591)	19
Institutional Review Board.....	19
PRAXIS Exam Requirement	20
Professional Educator License (PEL) Exam Requirement.....	20
Multicultural/Multilingual Emphasis.....	21
GRADING REQUIREMENTS AND POLICIES	23
GPA Requirements in CSD Courses	23
Essential Functions for Academic and Clinical Courses.....	25
Procedures for Essential Functions:	27
Dissemination:	27
Procedure when student does not meet an Essential Function	27
Knowledge and Skills Standards and Remediation in the Graduate Program	28
Remediation within Education Courses for the Professional Educator License.....	29
Course Repeat Policy.....	30
Program Participant Agreement Statement (Appendix G)	30
ADDITIONAL PROGRAM REQUIREMENTS	30
Attendance Policy	30
Concurrent Master’s Degree	32
Continuous Enrollment Policy	32

Criminal Background Policy and Procedures.....	32
Digital Records Policy	34
Dismissal from the Program.....	34
Graduate Credit Policy	35
Graduate Program Completion	35
Graduation	35
Health Requirements	35
Reinstatement.....	35
Time Limit.....	36
Transfer Policy	36
UNIVERSITY POLICIES FOR GRADUATE STUDENTS	36
Academic Integrity	36
Academic Appeal Policy	36
Academic Probation	36
Elmhurst University Contact Hour Policy	37
Elmhurst University Safe Working and Learning Environment	37
Leave of Absence Policy	37
Procedures for Filing a Complaint at the University	37
Procedures for Filing Complaints Relevant to CAA Standards against Graduate Education Programs	38
Withdrawing from Elmhurst University	39
CERTIFICATION AND LICENSURE	39
American Speech-Language-Hearing Association CCC Requirements	39
ASHA Facts and Figures for CCC	40
Guided Observation Hours.....	40
Practicum Hours.....	41
Science Requirements.....	41
Clinical Fellowship Year	41
Membership in ASHA	42
ASHA's Website.....	42
ASHA Contact Information	42
Illinois State Licensure in Speech-Language Pathology.....	43
Illinois State Board of Education (ISBE) Requirements for Professional Educator License (PEL) for theSpeech-	

Language Pathologist (non-teaching)	43
Illinois State Board of Education (ISBE) Bilingual Special Education Approval.....	44
CLINICAL PRACTICUM WITHIN THE ELMHURST UNIVERSITY SPEECH-LANGUAGE-HEARING CLINIC	44
EXTERNAL PLACEMENTS	53
External Practicum Expectations.....	53
Externship Placement Requirements.....	54
Solicitation and Maintenance of Agreement	54
External Practicum Site Selection and Placement.....	54
Notification of Placement	55
Student and Supervisor Acknowledgment of Guidelines for External Practicums	55
Forms to be Completed during Last Semester of Program.....	56
CSD ADDITIONAL INFORMATION.....	56
Professionalism	56
CALIPSO Knowledge and Skills Acquisition Summary Form	56
National Student Speech-Language-Hearing Association (NSSLHA)	57
Observations in the EU Clinic	57
State Forms that Require our Signature	57
APPENDIX	58
Appendix A- CALIPSO Knowledge and Skills Acquisition (KASA) Form.....	58
Appendix B – MS in CSD Graduation Preparedness Checklist.....	75
Appendix C – CSD 530 Master’s Thesis Form	78
Appendix D – CSD 591 Clinical Portfolio Capstone	79
Appendix E – Academic Concerns/Essential Function Remediation Plan Form.....	85
Appendix F – Clinical Skills Concerns/Essential Function Remediation Plan Form	87
Appendix G– Program Participant Agreement.....	89
Appendix H – ASHA Code of Ethics	90
Preamble	90
Principle of Ethics I	91
Rules of Ethics	91
Principle of Ethics II	92
Rules of Ethics	92

Principle of Ethics III	93
Rules of Ethics	93
Principle of Ethics IV.....	93
Rules of Ethics	93
Terminology	94
Appendix I – Checklist for Immunizations	97
Appendix J– Student Withdraw Fee Acknowledgement Form	98
Appendix K– 2020 Standards and Implementation Procedures for the Certificate of Clinical Competence in Speech-Language Pathology	99
Appendix L– HIPAA Guidelines	109
Appendix M– Consent to Release Information	111
Appendix N – In-person Attendance Policy Agreement	112
Appendix O – Teletherapy Attendance Policy Agreement	113
Appendix P –Dress Code	114
Appendix Q –AIDS/HIV IMPLICATIONS FOR SPEECH-LANGUAGE PATHOLOGISTS AND AUDIOLOGISTS (ASHA- December1990)	115
Appendix R – Seizure Protocol	120
Appendix S - Video/Audio/Photo Publicity Waiver	121
Appendix T – Student Exit Survey Form	122
Appendix U – COVID-19 Response	124
Appendix V – Student Acknowledgement Form Re Telepractice	125
Appendix W – Authorization for Release of Student Records	126
Appendix X – External Placement Survey	127
Appendix Y – Artificial Intelligence in CSD	131
Appendix Z – Circles of Excellence Framework.....	135

WELCOME TO NEW STUDENTS

Welcome to our new Elmhurst University graduate students! We are pleased to welcome you to the Elmhurst University Speech-Language Pathology Graduate Program. You have worked hard to prepare for this important step in your professional preparation. Congratulations on this accomplishment!

IMPORTANT NOTES

Graduate students are responsible for following all policies and procedures associated with Elmhurst University and the Department of Communication Sciences & Disorders (CSD). It is the responsibility of the student to be familiar with the contents in this Graduate Student Program Handbook (GSPH), as well as the contents in the External Practicum Information Packet (EPIP).

Please think of this handbook as a guide and NOT a contract between students and the Department of Communication Sciences and Disorders. Policies and procedures may be updated at the discretion of Elmhurst University and/or the CSD Department. When applicable, University policy supersedes policies in this handbook.

This handbook has been prepared to assist graduate students in progress towards degree completion and certification. It provides department policies and procedures for student advisement as well as other requirements and conditions that must be met to satisfactorily complete the Master of Science in Communication Sciences and Disorders. We ask that you bring the GSPH with you during each advising meeting with the program director.

We encourage you to keep the GSPH throughout your time in our Department and later with your personal professional records. It contains information that will help you now as you plan and record your progress toward the Master's degree, and it may be helpful to you later if you need documentation of your graduate school experience.

Although all efforts will be made to keep the information in this handbook accurate and current, it is important that students realize the following:

- In preparing applications for ASHA certification, state licensing, and professional educator licensure, the most recent information issued by the granting agency should be consulted.
- The University's most current graduate catalog and information announcements should be consulted each term for information on academic processes, dates, services, and deadlines.
- This handbook is updated annually. University and Department policies may change, and it is the responsibility of the student to be informed about current policies.

The student is expected to become familiar with the contents of this handbook and to use it as a reference throughout their education in our CSD program. As indicated above, you, the graduate student, are responsible for adhering to the contents of this handbook. If there are points that are unclear, please seek clarification from the graduate program director, department chair, or clinic director.

This CSD Graduate Student Program Handbook is a living document and is posted on the CSD website.

Thank you.



Jennifer Kremkow, PhD, CCC-SLP
Associate Professor and Graduate
Program Director



Victoria Jay, PhD, CCC-SLP
Speech Clinic Director

ELMHURST UNIVERSITY

Founded in 1871, Elmhurst University is accredited by the North Central Association of Colleges and Schools and is a private university. Elmhurst ranks among the top colleges in the Midwest, according to “America’s Best Colleges,” the survey by *U.S. News & World Report*. The Princeton Review also lists Elmhurst among the region’s premier institutions of higher learning. The University is located in Elmhurst, Illinois, a beautiful suburb that recently ranked Number 1 in a *Chicago* magazine survey of the “best places to live.” Downtown Chicago is a 30-minute train ride away. The Elmhurst campus is a 48-acre arboretum. It boasts nearly 800 trees and shrubs, plus modern facilities required of scholarship today. Professors, not teaching assistants, teach all classes at Elmhurst. The University offers more than 70 majors, 4 Degree Completion Programs majors for adults, 15 pre-professional programs, 44 study abroad locations, 2 undergraduate and 9 graduate certificate programs, and 17 graduate programs. The University also offers the Elmhurst Learning and Success Academy (ELSA), a four-year, post-secondary certificate program for young adults, ages 18-28, with differing abilities.

MISSION STATEMENT OF THE CSD DEPARTMENT

The mission of the Program in Communication Sciences and Disorders at Elmhurst University is to prepare speech-language pathologists to achieve the highest standards of academic learning, clinical service, scientific inquiry, and creative work. The focus of the faculty and staff is to uphold and foster integrity in all areas of the profession and to promote the use of evidence-based decisions while providing a mutually respectful environment in which scholarship and intellectual curiosity are promoted, sensitivity to issues of diversity is maintained, responsible service to others is fostered, and the impact of communication disorders on individuals and significant others is emphasized. The ultimate goal of the program is to satisfy the institution’s requirements for a master’s degree in speech-language pathology and to fully prepare students for national certification as speech-language pathologists by the American Speech-Language-Hearing Association and for other related credentials as licensed speech-language pathologists by the State of Illinois, and as licensed public-school speech-language pathologists by the Illinois State Board of Education.

MISSION STATEMENT OF THE ELMHURST UNIVERSITY SPEECH- LANGUAGE-HEARING CLINIC

The Elmhurst University Speech-Language-Hearing Clinic is dedicated to being a widely recognized provider of quality services for individuals with speech, language and hearing problems. The clinic works in conjunction with the Communication Sciences and Disorders Program (CSD), which is dedicated to providing quality education for students preparing for certification in speech-language pathology and

audiology. The clinic abides by the American Speech-Language-Hearing Association (ASHA) Code of Ethics. All clinicians and clinical faculty/clinical educators must be familiar with the ASHA Code of Ethics, maintain professional standards, and show respect for human dignity.

ACCREDITATION OF THE PROGRAM

The Master of Science (M.S.) education program in speech-language pathology through the Department of Communication Sciences and Disorders at Elmhurst University is accredited by the Council on Academic Accreditation in Audiology and Speech-Language Pathology of the American Speech-Language-Hearing Association, 2200 Research Boulevard, #310, Rockville, MD 20850, 800-498-2071 or 301-296-5700. The program is accredited through June 30, 2030.

The Master of Science (M.S.) education program in speech-language pathology through the Department of Communication Sciences and Disorders at Elmhurst University is also approved by Illinois State Educator Preparation and Teacher Licensure Board of the Illinois State Board of Education.

CSD Graduate Program Website

The CSD website provides a thorough composite overview of our program. You may view it at <https://www.elmhurst.edu/academics/departments/communication-sciences-disorders/programs/m-s-communication-sciences-disorders/>

Academic Catalog Website

The Elmhurst University Academic Catalog containing information about the CSD graduate program can be viewed at: <https://www.elmhurst.edu/wp-content/uploads/2022/06/elmhurst-university-2022-2023-academic-catalog.pdf>

DEPARTMENTAL INFORMATION

The academic and clinical faculty members are certified by the American Speech-Language-Hearing Association (ASHA) and licensed by the State of Illinois. A listing of the faculty and staff of the department with brief biographies can be found on the website at <https://www.elmhurst.edu/academics/departments/communication-sciences-disorders/faculty-staff/>

Mailing Address: Department of Communication Sciences and Disorders
Jean Koplin Memorial Hall #210
Elmhurst University 190 S. Prospect Avenue
Elmhurst, IL 60126

Department Location: Second floor, Jean Koplin Memorial Hall

Department Phone: 630-617-3555

Department Fax: 630-617-6461

Website: <https://www.elmhurst.edu/academics/departments/communication-sciences-disorders/>

Directory

Name	Position	Office #	Phone	Email
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Name	Position	Office #	Phone	Email
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Speech-Language-Hearing Clinic

The Speech-Language Pathology Program was established in 1946 as a program in speech correction. Both the program and the clinic were established by Marjorie Cochran-Hessler with the support of C.C. Arends, Chairman of the Speech Department. Ms. Cochran had just completed her master's degree under the direction of Helmut Myklebust at Northwestern University. The Program and the Clinic were moved from Kranz Hall to Irion Hall in 1979 and then to one of the University's newest buildings, Jean Koplin Memorial Hall, dedicated in the fall of 2004. The clinic contains seven treatment rooms with adjacent observationrooms, a well-equipped voice and swallowing center, a hearing screening booth, faculty offices, a well-equipped materials room, student resource room and child-size restroom. The Communication Sciences and Disorders Program and the Speech-Language-Hearing Clinic serve two functions:

1. To provide training for students in speech-language pathology and audiology; and
2. To provide clinical services for clients with speech, language, and/or hearing problems.

All services, whether part of the clinical practicum or part of an academic course, are the responsibility of the Speech-Language-Hearing Clinic and fall under its direct review.

Hours of Operation for the Elmhurst University Speech-Language-Hearing Clinic

The typical hours of operation for the Speech-Language-Hearing Clinic (EUSLHC) are as follows (except on holidays): Monday-Friday 8:00am-6:00pm. Any time that a student is not in class is considered an available time for clinical opportunities. Please be mindful of room and resource availability during busy clinical times.

If a responsible administrative or faculty person is not present in the EUSLHC, it will be locked and unavailable for use.

Forms

All department and clinic forms will be made available to students once they are enrolled in the graduate program and have attended the orientation meeting and their first practicum. The forms accessed by students are organized into two categories: CSD Department forms, which are in the Graduate Program Handbook (GSPH), and Speech-Language-Hearing Clinic Forms, which are found on BlackBoard.

CALIPSO Knowledge and Skills Acquisition (KASA) Summary Form

We use a web-based tracking application, CALIPSO, to enable you to have access at any time to your academic and clinical progress through the program. At the end of fall terms of each academic year, you and the clinic director will update your progress through the program by using the KASA Summary Form (Appendix A). The summary form will summarize your progress through the program. It will also help you verify that your degree completion is on track and that the prerequisites for your Clinical Fellowship (CF) are up to date.

Advising

The graduate program director, Dr. Kremkow, serves as your advisor. You will meet with her at least once per semester for an advising session. During each session, the advisor and student will discuss the following: program, certification and licensure requirements; the student's progress toward meeting these requirements; policies and procedures; student support within the University; and other relevant areas regarding the program and profession that the student would like to discuss. The advisor meets with students for at least one advising session per term to discuss and document completed and upcoming program requirements, ASHA CCC requirements, Illinois requirements, emphasis (if enrolled) requirements, and their progress toward graduation using a Graduation Preparedness Checklist (Appendix B). If there are any concerns with a student completing requirements, that is also discussed and documented on the checklist. Following the advising session, the advisor provides the student with an individualized written advising letter to make sure each student understands their progress and needed next steps for completion of requirements and places a copy of the letter in the student's digital file. Students can request access to their student files from the graduate program director. Students are also encouraged to review and report any discrepancies and to maintain copies for their records. The Office of Records and Registration also maintains records of students' course completion and official transcripts, and students have access to this information through their online accounts.

USE OF DEPARTMENT FACILITIES

Bulletin Boards

The bulletin board in the Graduate Student Work Room is specifically for graduate students. Please check this board as you walk through this area for important information, such as research, employment, and volunteer opportunities.

Graduate Student Work/Study Area

The graduate student computer lab/office space is in Jean Koplin Memorial Hall, Room 250. If the door to Room 250 is locked, please see the Clinic or Department Administrative Assistant or a faculty member. When using this space (like all other spaces in the Department), students are responsible for ensuring that lights and instruments are turned off upon leaving. Computers and printers are also available in Rooms 108 and 110 in Daniels Hall, which has open access labs available to all University students.

Email Account and Correspondence/Information to Students

Information for students will be sent electronically to their Elmhurst University email address. Students must use the Elmhurst University email account for all clinic-related correspondence. This is related to HIPAA guidelines. Further discussion of this will occur in CSD 500.

Mailboxes

Graduate student mailboxes are located in Jean Koplin Memorial Hall #250.

Name Badges

It is mandatory to wear a Name Badge when in the clinic while providing services to clients. EU will provide the first badge. If lost, there will be a nominal replacement fee charged to the student. EU Badges are worn during Externships, unless the site requires that its own facility's badge be worn. The badge should be returned to the clinic when it is no longer needed.

Printing

Students may use the speech clinic printer/copier ONLY for materials used in treatment planning and for direct contact with a client. Students may use the speech clinic printer/copier for therapy materials and for supervisor meetings. Personal use is not permitted, including any materials relating to classes, assignments, or PowerPoints. However, through their technology account, students have access to free color and black and white printing services in the library and black and white printing in the computer labs in Daniels Hall. Students also have free access to the scanners in the library. The reference librarians are there to assist.

Storage

Storage lockers are available in the hallway outside the clinic. Locker assignments are arranged with the Clinic Administrative Assistant.

Telephones

The use of department telephones for personal reasons is restricted. Students may use department phones for communicating with clinic clients only. These activities require permission of the clinic director, the clinic administrative assistant, the department administrative assistant, a faculty member, or clinical faculty/educator supervisor.

Wi-Fi

Students may access the Internet in any area of the Department or Clinic. Students can connect to the WiFi from their personal computers or from the Department laptops which are available to check out.

ADDITIONAL UNIVERSITY RESOURCES

Access and Disability Resources

Elmhurst University will make reasonable accommodations for students with disabilities based on the presentation of appropriate documentation. If you believe that you have a disability that may impact your work in CSD courses, contact Linda Harrell, ADS Coordinator, at disability.services@elmhurst.edu or 630-617-6448. The Access and Disability Services (ADS) office is located on the main floor of the A.C. Buehler Library. Students needing academic accommodations are required to provide required disability-related documentation. Although they may request an accommodation at any time, in order to best meet their individual needs, they are urged to register and submit necessary documentation eight weeks prior to the time the student wishes to receive accommodations. Classroom accommodations must be renewed each term. Concerns or questions related to the accessibility of programs and facilities at EU may be brought to the attention of the Dean's office or the Office of Affirmative Action and Equal Opportunity. Please see the University ADS website for additional information at <https://www.elmhurst.edu/student-life/support-services/access-disability-services/>.

- It is at the discretion of the student to provide the letter to any professor or the CSD Department
- Letters are only valid for one term
- Accommodations are provided, by the professor, only from the date that the student presents the letter to the professor
- Only accommodations listed on the letter are provided to the student

Books

The University offers eCampus.com, an Online Bookstore and Spirit Shop provider, offering a comprehensive course materials solution for the University. You can visit the Elmhurst University Online bookstore at <https://elmhurst.ecampus.com>.

Buehler Library

The most prestigious professional association for college libraries has named the A.C. Buehler Library winner of its 2010 Excellence in Academic Libraries Award. Phone: 630-617-3167; <http://library.elmhurst.edu/>. The library currently has nearly 100 computers for study and research and has a print collection of over 220,000 volumes and thousands of audio-visual materials. The library's Rudolf G. Schade Archives and Special Collections preserve the history of the College in its nearly 140-year history. The library is also proud to be home to a collection of twentieth-century art, primarily of the Chicago imagists, and a growing collection of student pieces as well.

Health and Wellness Center

Students sometimes experience difficulties that undermine success in their academic and personal lives. The University's Health and Wellness Center provides a variety of free basic health and counseling services to help students achieve more satisfying relationships, improve their academic performance, and make more effective career and life choices. The University's Health and Wellness Center is located in the lower level of Niebuhr Hall (Room 010). For more information, please call 630-617-3565 or visit <https://www.elmhurst.edu/student-life/health-and-wellness/>.

Financial Aid, Assistantships, and Other Financial Opportunities

EU offers a variety of possibilities to students for financial assistance. Currently available are the merit-based Goodban Fellowship, Graduate Assistantships, and endowed scholarships.

Criteria for the Goodban Fellowship includes completion of all prerequisite CSD requirements, minimum 3.5 undergraduate GPA, strong letters of recommendation, NSSLHA involvement with leadership potential, and a focused statement of purpose.

Two graduate students will be offered a graduate assistantship which is designed to cover one-quarter of the total graduate tuition and will involve five hours per week (180 per year) of research, teaching, and/or administrative work that will benefit the department and the student. The assistantship award continues into Year 2 of the graduate program so long as the student remains in good academic standing (course grades of B- or higher) to successfully fulfill academic and assistantship responsibilities.

Additionally, first-year Elmhurst University graduate students can apply for Endowed scholarships.

Information Technology Services

The Office of Information Services provides general-access computing and communications facilities for the entire Elmhurst University community, including a high-speed campus network linked to the Internet, personal computing labs, central e-mail service, and online computing resources through the A.C. Buehler Library. For specific technology help and support, please contact help desk services at servicedesk@elmhurst.edu.

Learning Center

The Learning Center offers services to support the academic performance of all Elmhurst University students. Sessions are structured to promote principles of self-regulated learning and academic management. During the Fall and Spring terms, areas of tutoring offered in the Learning Center include biology, chemistry, French, kinesiology, math, physics, political science, psychology, Spanish, statistics, and writing, along with study strategies, critical reading and test preparation for standardized exams like the GRE. Additional tutoring is available at other locations on campus. You can find more information about the learn center at <https://www.elmhurst.edu/academics/academic-centers/the-learning-center/>. The Learning Center is located on the main floor of the A.C. Buehler Library.

GRADUATE PROGRAM REQUIREMENTS

Application Requirements for Speech-Language Pathology Graduate Students

Students applying for graduate acceptance in speech-language pathology must complete their bachelor's degrees no later than the end of the term prior to the beginning term of their graduate program. Applicants may petition the Department's Speech-Language Pathology Admissions Committee if extenuating circumstances exist.

Prerequisite Courses/Clinical Hours for Graduate Study

Anatomy and Physiology of the Speech and Hearing Mechanism

Clinical Methods

Introduction to Audiology

Introduction to Communication Sciences and Disorders

Normal Child Language Development

Phonetics

Speech Science

Speech Sound Disorders (Articulation and Phonology)

25 Guided Observation Hours

One course each in the biological sciences (human or animal biology, such as biology, human anatomy and physiology, neuroanatomy and neurophysiology, human genetics, or veterinary science), physical sciences (physics or chemistry), social/behavioral sciences (psychology, sociology, anthropology, or public health), and statistics (a stand-alone course).

Prerequisites courses may be completed as part of the student's undergraduate coursework, transferred from another college or university, or taken at Elmhurst University, prior to applying to the CSD program.

Plan of Study –Academic Requirements for the M.S. in Speech-Language-Pathology

Course Number and Name	Required credits	Optional credits
SUMMER- YEAR ONE		
CSD 505 Introduction to Professional Clinical Procedures	2	
CSD 519 Neurology	3	
Total	5	

FALL - YEAR ONE		
CSD 500 Clinical Practicum I	3	
CSD 507 Research Methods CSD	3	
CSD 509 Language/Literacy Young Children Assessment and Treatment	3	
CSD 510 Advanced Study in Phonology & Articulation	3	
CSD 515 Language Disorders in Adults	3	
CSD 586: Multicultural and Multilingual Issues in CSD: Research and Best Practice		2
Total	15	
JANUARY TERM - YEAR ONE		
CSD 518 Cultural & Linguistic Issues in Communication Sciences and Disorders	3	
CSD 381 Special topics: The China Experience: Transcultural View of Rehabilitation Medicine (Elective)		2
CSD 518 Cultural & Linguistic Issues in Communication Sciences and Disorders: Ecuador Experience (Elective)		3
Total	3	
SPRING - YEAR ONE		
CSD 501 Clinical Practicum II	3	
CSD 516 Language and Academic Literacies in K-12 Classrooms: Assessment and Intervention (required to fulfill the reading methods and content area reading course requirements for the PEL)	3	
CSD 521 Dysphagia & Feeding Disorders	3	
CSD 528 Motor Speech Disorders Across the Lifespan	3	
CSD 530 Thesis Research (optional, must choose either CSD 530 or CSD 591)		2
MTL 532 Methods Learners Exceptionalities for PEL		3
Total	12	
SUMMER – YEAR TWO		
CSD 502 Clinical Practicum III	2	
CSD 525 Public School Methods in a Diverse Society	2	
CSD 382 Special topics: Global Perspectives in Communication and Disability: Costa Rica Experience (Elective, TBD)		4
CSD 587 Bilingual Assessment in Public School Settings. (Optional for M&M emphasis, but required of bilingual SLPs in schools by ISBE)		3
Total	4	
FALL – YEAR TWO		
CSD 503 Practicum in Educational Settings, part time <u>OR</u> CSD 504 Practicum in Medical Settings, part time	2	
CSD 522 Augmentative/Alternative Communication	3	
CSD 527 Fluency and its Disorders	2	
CSD 526 Voice Disorders	2	
CSD 530 Thesis Research (optional, must choose either CSD 530 or CSD 591)		2
CSD 455 Aural Rehabilitation (Elective)		4

Total	9	
SPRING – YEAR TWO		
CSD 523 CSD Practicum in Educational Settings, Full-Term <u>OR</u> CSD 524 CSD Practicum in Medical Settings, Full-Term <u>OR</u> CSD 513 CSD Practicum in Educational Settings, Half-Term <u>AND</u> CSD 514 CSD Practicum in Medical Settings, Half-Term	12	
CSD 530 Thesis Research <u>OR</u> CSD 591 Clinical Portfolio Capstone	2	
Total	14	
SUMMER – YEAR THREE (Optional)		
CSD 592 Independent Study CSD 502 Clinical Practicum III <u>OR</u> CSD 503 CSD Practicum in Educational Settings, Part-Time, <u>OR</u> CSD 504 CSD Practicum in Medical Settings, Part-Time		2-3 2
Program Total	61	

Notes: Clinical Practica Registration is by Instructor Consent. Full-time status requires a minimum of 3 course equivalents or 12 credit hours. Maximum credits allowable by University policy without additional credit hour charges are 19 credit hours (4.75 Courses) for fall/spring, 10 credit hours (2.5 Courses) for summer/J-Term.

The curriculum sequence for full-time students is illustrated above. Please note that credits are listed in semester hours. Four semester hours is equivalent to 1 course credit in the Elmhurst University system, so a 3-semester hour course is listed as .75 course credits on the University registration system (Self-Service).

Knowledge and Skills Standards, Form, Documentation, and Tracking

The M.S. SLP program is designed to prepare students for their Clinical Fellowship (CF), which, in turn, is a requirement for earning the Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP). To be eligible for the CF, students must demonstrate that they have achieved the standards defined by ASHA's Council for Clinical Certification (CFCC). These standards are listed on the CALIPSO KASA Summary Form in Appendix A of this handbook. Student progress is documented on this form each semester, accessible to both the program director and the student. The content areas in biological sciences, physical sciences, statistics, and the social/behavioral sciences are expected to be completed at the undergraduate level (3 credit hours with "C" or better). If you have not met these prerequisite requirements at program entry, please discuss this with your advisor. All of these courses address the Knowledge and Skill Standards.

Program Summative Assessment

Elmhurst University's summative assessments address student learning outcomes in the three areas of research, clinical knowledge and skills, and academic knowledge and skills. These areas are systematically evaluated by multiple faculty and clinical faculty/clinical educators.

Research: Graduate students will complete either a Master's Thesis or a Report as part of the requirements for a Master's degree. For summative assessment of research knowledge and skills, students are required to complete and submit their written product for CSD 530 Research Thesis or

CSD 591 Clinical Portfolio Capstone prior to graduation; faculty evaluate these products using an established rubric to document how proficiently students apply research processes to address clinical questions. Students are required to submit a poster or oral talk proposal to a conference (e.g., ASHA, ISHA, Elmhurst University Research and Performance Showcase) for CSD 530 or complete clinical Grand Rounds for CSD 591.

Clinical: All assessment of clinical skills on and off campus is conducted via grading rubrics in CALIPSO.

Academic: Summative academic assessment is conducted by verifying that each student achieves the knowledge and skills required of each academic course. The knowledge and skills are aligned with those of CAA and the 2023 Standards for the Certificate of Clinical Competence (CCC) in Speech-Language Pathology. These are documented using CALIPSO before graduation. These three sources of summative information are included in students' final **records**. In addition, students create a portfolio, compiling evidence of their ability to meet competencies. More information about the portfolio can be found in Appendix Y. Finally, students take two additional tests, which supplement the summative assessment for their portfolio; all students take the PRAXIS exam, and all students pursuing Illinois licensure (Professional Educator License) to work as speech-language pathologists in public schools take the Illinois Speech-Language Pathologists: Nonteaching (232) Exam which is taken by the summer of the first year. The PRAXIS exam is taken during the final semester prior to graduation.

Master's Thesis (CSD 530)

Students who have earned at least a B in the Research Methods course (CSD 507) are eligible to consider a Master's Thesis as part of their graduation requirements. Students who earn a B- or less in CSD 507 are not eligible for the thesis option and must complete the research paper option.

Guidelines for the Thesis Process. Students initiate the thesis process by identifying and obtaining consent from a faculty member. Appendix C, which includes the title of the thesis, must be signed by the student and research mentor by the end of the term in which CSD 507 is completed. Students must register for CSD 530 for 4 thesis credit hours (1 Elmhurst University course credit) over at least two terms and must be registered for thesis credits in the term the thesis is completed. The University registration form must be signed by the student and the faculty member in order to grant the student permission to enroll in CSD 530 in the following spring term. A thesis requires the design of a research project with data collection and analysis, an appropriate written document and an oral presentation. The thesis may alternatively involve an original analysis of data that has already been collected. The research design may include a single subject design or a series of case studies, as appropriate to the research question. The intent is to complete an original analysis of data and to use the research design best suited to the question.

The completion of a thesis develops skills in research and writing, as well as knowledge within a specialized area of study. It is an outstanding addition to a professional resume. A student who elects to complete a thesis will work with their thesis advisor to develop a course of study and clinical work that will provide the student with time to complete the thesis and the necessary knowledge and skills standards.

The thesis is a highly individualized learning process that requires independent effort from the student, guided by the faculty member. Students develop the ability to bring together numerous facets of the knowledge and skills gained in graduate study and direct them toward the solution of a particular problem. Students who elect to complete a thesis as a part of their graduate program must be in good

academic standing and demonstrate adequate research and writing skills. The faculty mentor has the right to recommend to the Graduate program director that a student move from the thesis track to the Research Paper II track if a student is not progressing in a satisfactory manner. The Graduate program director will make the final determination in this case.

Each thesis student must prepare a prospectus prior to the initiation of data collection. The prospectus should consist of a literature review that provides the background for the project and a detailed methods section. This prospectus needs to be approved by the student's faculty mentor. The student should also apply for IRB approval, if necessary. For the data collection and analysis, the student works with faculty mentor to complete data collection and analysis.

Students are required to submit a poster or oral talk proposal to a conference (e.g., ASHA, ISHA, Elmhurst University Research and Performance Showcase). Electronic archiving of student theses is planned, and will be maintained by the Department. Mentors should allow sufficient time for the student to make any necessary corrections prior to final submission to the Department. The thesis must be submitted electronically by the end of the spring term in the second year of the program or no later than 5 weeks prior to graduation. There are very few, if any, extensions given. Students who miss the thesis deadline will have their graduation date deferred.

Clinical Portfolio Capstone (CSD 591)

Students who do not elect or who are not eligible for the thesis option are required to enroll in CSD 591 Clinical Portfolio Capstone. This course requires students to develop a professional portfolio outlining academic and clinical knowledge and skills learned during the MS CSD program, culminating in an electronic portfolio and clinical presentation.

The Elmhurst University Master of Science in Speech-Language Pathology (MS-SLP) program is committed to fostering well-rounded clinicians equipped with the knowledge and skills to excel in the field. This portfolio serves not only as a showcase of student academic achievements but also as a springboard for future professional success. By compiling evidence of the student's ability to apply theoretical knowledge to real-world scenarios, students will demonstrate competency across various communication domains, mirroring the documentation and presentation skills expected of practicing SLPs. This portfolio format will ultimately prepare students to seamlessly integrate into clinical settings, where effective communication and evidence-based practice are paramount. The portfolio requirements are outlined in Appendix X and contain elements from student work in academic courses, clinical courses and practicums, and a clinical Grand Rounds presentation.

Before the end of the January term, students must decide which option – CSD 530 or CSD 591 – they are pursuing as their capstone. Students choosing CSD 591 should enroll in 2 credit hours of CSD 591 for the second spring term. Students choosing this option are required to present their Grand Rounds presentation to the Department before graduation.

Institutional Review Board

Any study involving observation of or interaction with human subjects that originates at EU—including a course project, report, or thesis project—must be reviewed and approved by the Institutional Review Board (IRB) <https://www.elmhurst.edu/academics/research/institutional-review-board/> for the protection of human subjects in research and research-related activities.

The IRB meets at least once each term. Proposals must be submitted for review at least fifteen working

days before each meeting. You should consult with your course instructor early in the term to determine if your project needs to be reviewed by the IRB and/or to secure information or appropriate forms and procedures for the IRB review. Your instructor must sign the application for approval by the IRB. The IRB categorizes projects into three levels depending on the nature of the project: exempt from further review, expedited review, or full board review. If the IRB certifies that a project is exempt from further review, you need not resubmit the project for continuing IRB review as long as there are no modifications in the exempted procedures.

A copy of the *IRB Policy and Procedures Manual* is available at <https://www.elmhurst.edu/academics/research/institutional-review-board/>

PRAXIS Exam Requirement

Passing the PRAXIS national examination in speech-language pathology is a requirement for national certification in speech-language pathology (CCC-SLP) administered by Educational Testing Service (ETS). This exam is the PRAXIS Series test 5331.

All students must take the PRAXIS no later than the end of March of their second year and must pass the PRAXIS prior to graduation in May. It is the student's responsibility to determine when they have completed sufficient coursework to attempt the PRAXIS examination; however, under no circumstances should they take the examination during the first term of graduate study.

Students must allow sufficient time following the examination date for the Department to receive the student's test results prior to their graduation. PRAXIS scores are sent to institutions once per month between the 11th - 16th. This means the last date for students to take the PRAXIS and have a passing score by graduation is the end of April. Please note, students are allowed to register for the PRAXIS once every 28 days. For this reason, many students elect to complete this examination early in their final semester.

If a passing PRAXIS score is not received prior to graduation, degree conferral will be delayed. The student will receive an incomplete for the clinical course in which they are enrolled for the final semester until a passing score on the PRAXIS is earned.

Also, see "National Examination in Speech-Language Pathology" in this Handbook for additional important information about the PRAXIS exam.

At the time of the examination, students must request that a copy of their test results be sent to the Department. To make this request, designate "Elmhurst University-SLP 0072" as a score recipient when you register for the test. This ensures that the University receives essential information for program improvement and reporting.

ASHA publishes a book to use for the review of the PRAXIS exam. For additional information, also see www.asha.org/certification/PRAXIS/

For more information, including disability accommodations, see: <https://www.ets.org/praxis/>

Professional Educator License (PEL) Exam Requirement

The Illinois Speech-Language Pathologist Nonteaching exam is a requirement for the Professional Educator License (PEL) for practicing speech-language pathology in educational settings in the state of Illinois. This exam

is administered by the Illinois Licensure Testing System (ILTS) and is called the Speech-Language Pathologist: Nonteaching 232.

All students assigned an educational placement must take and pass the PEL prior to the start of the placement. To ensure students meet this requirement, students should take and pass the PEL exam during the summer after their first year.

For more information, including disability accommodations, see:

https://www.il.nesinc.com/TestView.aspx?f=HTML_FRAG/IL232_TestPage.html

Multicultural/Multilingual Emphasis

This emphasis is designed for students who wish to pursue specialized academic, research, and clinical experiences to meet the needs of culturally and linguistically diverse populations in a variety of settings. This emphasis is well-aligned with Elmhurst University's mission to prepare students intellectually and personally for meaningful and ethical work in a multicultural, global society and to foster learning and enrich culture through pedagogical innovation.

Objectives

The Multicultural/Multilingual Emphasis will foster student's knowledge and skills in these critical areas:

- Cultural sensitivity and responsiveness: the ability to recognize and respond to cultural factors that affect the delivery of support services to students and families from a variety of cultural and linguistic communities.
- Normative Processes: the ability to describe the process of normal speech and language acquisition for both bilingual and monolingual L2-speaking individuals and how those processes are manifested in oral and written language.
- Assessment: the ability to select, administer, and interpret valid formal and informal assessment measures to appropriately assess the skills of and differentiate typical versus atypical skills in individuals from a variety of cultural and linguistic communities.
- Intervention: the ability to develop and implement appropriate treatment plans and select, modify, and utilize relevant and culturally and linguistically affirming materials to meet the needs of clients and their families.
- Language Proficiency: proficiency in another language is an asset but is not required to participate in the M&M Emphasis

Requirements

Coursework

- CSD 518: Cultural and Linguistic Issues in Communication Sciences and Disorders
- CSD 525: Public School Methods in a Diverse Society
- CSD 586: Multicultural and Multilingual Topics in CSD. This course is designed to provide students with advanced level knowledge of evidence-based assessment and intervention methods for multilingual clients.
- CSD 587: Bilingual Assessment in Public School Settings. This course meets a course requirement to earn *Bilingual Special Education Approval* from the Illinois State Board of Education.
- Multicultural/multilingual content is also emphasized in coursework for all students (e.g., CSD 509 Language and Literacy in Young Children; CSD 510 Advanced Studies in Phonology and Articulation, CSD 516 Language and Literacy in School-Age and Adolescence; CSD 515 Adult Language Disorders)

Master's Thesis/Clinical Portfolio Capstone

- Completion of a Master's Thesis or Clinical Portfolio Capstone is required for all graduate students in CSD. Students pursuing the M&M emphasis will complete their capstones with a multicultural/multilingual focus under the guidance of a research mentor with expertise in M&M issues.

Clinical Practicum

- Minimum 25 clinical hours (client and/or family) with multicultural/multilingual clients.

Language Proficiency

- Students pursuing a placement in which they assess and/or provide direct treatment in another language must demonstrate language proficiency sufficient for the placement. They must demonstrate/provide documentation of proficiency no later than the first summer during the program to the department administrative assistant for placement in the student file. Proficiency for determining clinical placement can be provided through one or more of the following options:
 - Illinois Target Language Proficiency Test(s) (www.il.nesinc.com/) through the Illinois License Testing System with passing score.
 - Illinois Seal of Biliteracy documented on their high school transcript.
 - *(Options a or b are preferred, as both options fulfill the proficiency requirement for the ISBE Bilingual Special Educator Approval.)*
 - ACTFL (www.actfl.org) in the target language(s) at a level of intermediate high or higher.
 - Letter from a university world language instructor verifying the student's proficiency in the target language at a level of intermediate high or higher.
 - Informal evaluation from an Elmhurst University instructor.

Recognizing that language skills are dynamic and vary across contexts:

- For the EUSLHC, to ensure that language skills at the time are sufficient to provide the required level of assessment and/or treatment in the additional language for a specific client/family/caseload, students will schedule a conversation with the Elmhurst faculty supervisor to demonstrate their clinical language skills (i.e., at this time, in Spanish) prior to assignment. Assignments will be made based on faculty/supervisor recommendations and client/caseload needs.
- For external placements, the student may also be asked to schedule a conversation with or submit an audio recording demonstrating the student's communication skills in the target language(s) for review by the external supervisor.

Additional Optional Opportunities

- Study abroad opportunities
 - CSD 381 The China Experience: Transcultural View of Rehabilitation Medicine
 - CSD 382 Global Perspectives in Communication and Disability: Costa Rica Experience
 - CSD 518 Culturally and Linguistically Responses Services: Ecuador Experience
 - SPN 315 Cultural and Linguistic Immersion in Argentina

Measurement of outcomes/competency

- Successful completion of 1-7 above; 8 required for students who want to meet ISBE requirement.
- Supplemental clinical evaluation to rate students' knowledge and skill of objectives (above).

Admission process

- See specific guidelines for admission to the graduate program on the Department website. Applicants for the M&M emphasis will write a separate paragraph in the personal statement of their application on CSDCAS. Students who are accepted into the graduate program will then also be considered for the emphasis.

GRADING REQUIREMENTS AND POLICIES

GPA Requirements in CSD Courses

Maintenance of a minimum overall GPA of 3.0 is expected at the graduate level. Continuation in the program may be denied for any graduate student who receives unsatisfactory grades. For CSD courses, the Department has set a competency of 80% or higher in course activities to meet ASHA standards. Therefore, academic and clinical final CSD course grades of “B-” (80%) or higher are acceptable for continuing in the graduate program. As stated earlier, students must also continue to meet the Essential Functions to continue in the graduate program.

If a student receives a final grade lower than a “B-” in any CSD graduate class, the instructor will complete an Academic Concerns/Remediation Plan Form (Appendix E), and the student will be required to complete the work necessary to achieve the course learning outcomes (i.e., knowledge and skill) in which the student was deficient. This work will not result in the replacement of the original low grade on the student transcript. If the student received two “C” s or one “D” in any courses, the student will be dismissed from the graduate program.

Clinician Evaluation and Practicum Grades

In accordance with ASHA guidelines, student learning will be evaluated using both **formative** and **summative** forms of assessment. All students will be formally evaluated and graded by their clinical supervisors at mid-term and at the end of the semester via the clinical performance evaluation in CALIPSO based upon the Knowledge and Skills Standards, as well as the Essential Functions of the program.

Knowledge and skill areas to be assessed include:

- Evaluation
- Treatment
- Preparedness, Interaction, and Personal Qualities

In addition to supervisor evaluations, students will be required to self-assess their skill development throughout the semester (ASHA Standards V-A, B) in the same areas noted above via CALIPSO.

The Performance Evaluation Score at final will determine a student’s final grade. If a student has more than one performance evaluation completed during a semester, CALIPSO will generate a cumulative score and corresponding grade. This grade is based upon the students average score, taking into account each individual evaluation’s weight. CALIPSO assigns higher/lower weight to evaluations dependent upon the clinical hours associated with that evaluation.

Students must receive a minimum cumulative final rating of 3.03 or more (within the B range) on the Practicum Evaluation in order to be eligible to move ahead in the practicum sequence. A score of 3.0 indicates competency for individual skill areas. A total score at midterm that falls at or below 2.72 will initiate the development of a competency remediation plan for the student, developed by supervisor,

clinic director and/or external fieldwork coordinator. . At the discretion of the supervisor, a remediation plan to address specific skill deficiencies may be implemented even if the overall grade falls outside the range indicated above. The Graduate Program Handbook outlines the remediation procedure for clinical courses.

Letter grades in CALIPSO will be based on the following scale for second year graduates, though a student's final course grade may be lowered as noted within syllabus for failure to complete coursework and/or discussion boards:

4.27-5.00	A
3.96-4.26	A-
3.65-3.95	B+
3.34-3.64	B
3.03-3.33	B- (may require <i>Competency Remediation Plan</i>)
2.72-3.02	C+ (requires <i>Competency Remediation Plan</i>)
2.41-2.71	C
2.10-2.40	D
1.00-2.09	F

To reiterate, if a student earns a practicum grade of C (C+ or C), the practicum must be repeated with a grade of B- or better. A student may not register for any other clinical course until the practicum course is successfully completed (B- or better). A second grade of C (C+ or C) will result in dismissal from the graduate program. If a student earns a grade of F in a practicum course, the student will be dismissed from the graduate program. **Grades are earned.**

Assignments are used to meet the learning objectives and standards of this class and therefore mandatory for successful course completion. ***Failure to complete any course assignments will result in failure to meet learning objectives of course and inability to pass course.***

At midterm and at the end of each semester an evaluation of each student's clinical performance is made by the clinical faculty/clinical educators who have observed the student's clinical work. The practicum grade is based on:

1. Written Work: Lesson Plans, SOAP notes, therapy progress reports judged on content, grammar, organization, professionalism and neatness.
2. Therapeutic Skill: Clinicians are judged on their ability to spontaneously adapt to the need for change, use of a variety of therapeutic techniques, management of the client, relationship to the client and appropriateness of techniques.
3. Professional Behaviors and Attitudes: Conscientiousness, ethics, punctuality, ability to relate to the client and the client's family members, and appropriate attire.
4. Responsibility in monitoring of equipment and supplies, and following clinic policies and procedures.
5. Attendance and participation in supervisory meetings.
6. Adhering to standards listed in the Essential Functions document.

Student Evaluations/Practicum Grades

Clinical faculty/educators will provide written and/or verbal feedback each week. A formal evaluation will occur via CALIPSO at midterm and the end of the term. Greater independence and initiative is expected each term and prior to placement in external sites. In addition, clinicians will also be graded on professional behaviors and attitudes (related to KASA standards). Students should also review the Essential Functions below. Individual therapy sessions will be evaluated throughout the term by supervising clinical faculty/educators. Clinical faculty/educators will provide both verbal and written feedback regarding individual therapy sessions. Please reference the rating scale below. A score below 3.03 on your evaluation warrants formal remediation.

Performance Rating Scale

1. Not evident: Skill not evident most of the time. Student requires direct instruction to modify behavior and is unaware of need to change. Supervisor must model behavior and implement the skill required for client to receive optimal care. Supervisor provides numerous instructions and frequent modeling (skill is present <25% of the time).
2. Emerging: Skill is emerging, but is inconsistent or inadequate. Student shows awareness of need to change behavior with supervisor input. Supervisor frequently provides instructions and support for all aspects of case management and services (skill is present 26 - 50% of the time).
3. Present: Skills is present and needs further development, refinement or consistency. Student is aware of need to modify behavior, but does not do this independently. Supervisor provides on-going monitoring and feedback; focuses on increasing student's critical thinking on how/when to improve skill (skill is present 51-71% of the time).
THIS IS THE CRITERIA FOR BASE LEVEL OF COMPETENCY FOR GRADUATE STUDENTS.
4. Adequate: Skill is developed/implemented most of the time and needs continued refinement or consistency. Student is aware and can modify behavior in-session, and can self-evaluate. Problem solving is independent. Supervisor acts as a collaborator to plan and suggest possible alternatives (skill is present 76-90% of the time).
5. Consistent: Skill is consistent and well developed. Student can modify own behavior as needed and is an independent problem-solver. Student can maintain skills with other clients, and in other settings, when appropriate. Supervisor serves as consultant in areas where student has less experience; provides guidance on ideas initiated by student (skill is present >90% of the time).

Essential Functions for Academic and Clinical Courses

(This document is based on information developed at Eastern Illinois University, April 2007)

In addition to the program requirement of satisfactory academic achievement, students must demonstrate competence in cognitive, physical, professional, and behavioral abilities that are necessary for satisfactory mastery of the curriculum and appropriate clinical service delivery. Admission and retention decisions are based not only on satisfactory prior and ongoing academic achievement but also on the abilities that are included in what are known as the Essential Functions of the academic and

clinical program required for graduation.

The undergraduate and graduate programs in communication sciences and disorders at Elmhurst University adhere to the standards set by the American Speech-Language-Hearing Association (ASHA). Faculty in the program have a responsibility for the welfare of clients tested, treated, or otherwise affected by students enrolled in the speech-language pathology program. Thus, it is important that persons admitted, retained, and graduated possess the intelligence, integrity, compassion, humanitarian concern, and physical and emotional capacity necessary to practice speech-language pathology. Students must demonstrate competence in cognitive, physical, professional, and behavioral abilities that are necessary for satisfactory mastery of the curriculum and appropriate clinical service delivery.

In order to fulfill this responsibility, the program has established academic standards and minimum essential requirements to participate in the clinical program and graduate. When requested, the University will provide reasonable accommodations to otherwise qualified students with properly documented disabilities who meet the minimum CDS requirements. Admission and retention decisions are based not only on satisfactory prior and ongoing academic achievement but also on non-academic factors/abilities that are listed below. Essential Functions, as distinguished from academic standards, refer to those cognitive, physical, and behavioral abilities that are necessary for satisfactory completion of all aspects of the curriculum, and the development of professional attributes required by the faculty of all students at graduation.

COGNITIVE ABILITIES

- Demonstrate the mental capacity to learn and assimilate professional information, including the ability to comprehend professional literature and reports.
- Solve clinical problems through critical analysis.
- Seek relevant case information, synthesize, and apply concepts and information from various sources and disciplines.
- Generate discipline-specific documents and clinical reports in English.
- Analyze, synthesize, and interpret ideas and concepts in academic and diagnostic treatment settings.
- Maintain attention and concentration for sufficient time to complete clinical activities for up to four-hour blocks of time with one or two breaks.
- Demonstrate university-level writing skills as evidenced on written assignments.

PHYSICAL ABILITIES

- Participate in professional responsibilities/activities for up to four-hour blocks of time with one or two breaks.
- Move independently to, from, and in work settings.
- Provide for one's own personal hygiene.
- Manipulate screening/diagnostic materials, including completion of screening evaluation protocols.
- Effectively implement necessary treatment/behavior plans appropriate for clients, including use of materials/instrumentation and data collection.
- Provide a safe environment for others in responding quickly to emergency situations such as including fire or choking, and in the application of universal precautions.
- Visually monitor client responses and materials.
- Make accurate judgments about linguistic and/or acoustic signals.

BEHAVIORAL AND SOCIAL ATTRIBUTES

- Maintain emotional and mental health required for use of intellectual abilities.
- Complete academic and clinical responsibilities by established due dates.
- Demonstrate regular and on-time class and meeting attendance.
- Demonstrate appropriate relationships with clients and colleagues.
- Maintenance of composure and emotional stability in demanding situations.
- Adapt to changing environments and situations.
- Communicate effectively using appropriate pragmatic skills with people in person, by phone, and in written form by considering the communication needs and cultural values of the listener.
- Identify and acknowledge the impact of both implicit and explicit bias in clinical service delivery and actively explore individual biases and how they relate to clinical service.
- Identify and acknowledge the impact cultural and linguistic variables of the individual served and their caregivers may have on delivery of clinical service.
- Identify and acknowledge the social determinants of health and environmental factors for individuals served and how these determinants relate to clinical service.
- Understand and respect authority.
- Maintain appropriate professional behavior.
- Participate in collaboration with other professionals.
- Speak English intelligibly, including the ability to model English phonemes.
- Comply with administrative, legal, and regulatory policies.

Procedures for Essential Functions:

Dissemination:

- The List of Essential Functions for the Communication Sciences and Disorders Department will be introduced during the summer of year one. The Essential Functions will be reviewed at the beginning of each practicum course. Students will sign a form that indicates they have received and reviewed the Essential Functions and understand the consequences for not meeting any item listed.

Procedure when student does not meet an Essential Function

- Instructors and/or clinical faculty/clinical educators may identify a student who is not displaying an Essential Function.
- Failure to meet the essential function standards at any time during the semester, can result in a remediation plan being initiated.
- The instructor/clinical faculty/clinical educator, graduate program director/advisor and student will discuss the need for intervention with the student and write a remediation plan that describes the course of action to correct the deficiency and timeline. This plan may include receiving communication services in the Elmhurst University Speech Clinic.
- Documentation of the meeting and the remediation plan will be placed in the student's file.
- If the student does not successfully complete remediation to demonstrate the required Essential Functions, despite reasonable accommodations and reasonable level of support from the faculty, the student will earn a final grade reduced by one letter with a maximum final course grade of C. In the case of remediation in a clinical course, the student must successfully complete remediation before progressing to an external

placement. As stated in the Grading Requirements section of the handbook, students who earn two final course grades of C+, C or C- or one final course grade of D+ or below will be dismissed from the graduate program. The student may be eligible for other degree programs at the University.

Knowledge and Skills Standards and Remediation in the Graduate Program

Students in CSD graduate courses will be provided with an opportunity to demonstrate the required knowledge and skills necessary for graduation and certification. Please see Appendix A for the CALIPSO KASA Summary Form. These knowledge and skills requirements will be assessed as outlined in each course syllabus.

The American Speech Language and Hearing Association (ASHA) has specified that in order to be competent (and thus be eligible for ASHA certification), the student must achieve a level of 80% or better on each Knowledge and Skills Standards Summary Document item. As stated in the GPA Requirements section, if a student receives a final grade lower than a "B-" (80%) in any graduate class, the instructor will complete the appropriate Academic Concerns/Remediation Plan Form (Appendix E) or Clinical Remediation Form (Appendix F). In the case of an academic course, student might be required to register for an independent study course and complete the work necessary to meet the course learning outcomes (i.e., knowledge and skills) in which the student was deficient.

During the semester, students are also expected to achieve competence levels of 80% or higher on course assignments/activities (e.g., exams, quizzes, written assignments, projects, presentations) related to any knowledge and skill standard within a course to ensure achievement of the learning outcomes. If the student does not attain this level on an assignment/activity as outlined in the syllabus, the instructor will complete the remediation plan form, and the student will be required to complete the remediation plan within the time frame established by the instructor. The new grade will not replace the original grade. Instructors may choose the format of the remediation; however, if the student scores below 70%, an additional assignment is required.

Students are expected to satisfy remediation during the first attempt. If the student does not achieve the competency after the first attempt, additional course activities will be assigned to help the student develop more knowledge and skills in the standard under remediation. If the student does not achieve the competency after the second attempt, the final grade will be lowered by half a letter grade for each additional attempt. Students are allowed two remediations per course. If the student earns more than 2 remediations for one course, the final course grade will be reduced by a letter grade. Students are required to complete all remediations, including any final exam or project, before final grades are due to Registration and Records at the end of the semester. If any remediation activities are outstanding, including any final exam or project, the student will earn an "Incomplete" final grade. The final grade will not be changed until the student satisfies the remediation.

For students failing to attain the set criteria on a required competency assessment, the program director is not able to sign the Knowledge and Skills form required for ASHA certification, even though the student may receive an acceptable course/clinic grade or exceed the minimum overall GPA of 3.0. Further, students must demonstrate knowledge in KASA standards prior to going to externship. The instructor of an academic course, clinical director, and graduate director have the discretion to extend the graduate program or delay external placements if a student has to remediate the same KASA standards multiple assignments.

If a student earns a clinical practicum midterm or final grade below the established 80% competency per the policy stated in the course syllabus, the instructor will meet with the student and complete the

Clinical Remediation Form (Appendix F). The student will be required to complete the remediation plan, as written by the clinical faculty/clinical educator, within 6 weeks from the time the instructor documents the plan. Remediation may involve, but is not limited to, activities such as additional meetings with the clinical instructor and supplemental reading and writing assignments. The deficient competency must be demonstrated with a level of 80% (B-) or higher before any external placement. A second grade of C+ or lower will result in the student's dismissal from the graduate program.

A student may earn a C+, C or C- in only 1 academic or clinical course and continue in the program, so long as the student's GPA does not fall below a 3.0 and successfully completes the documented remediation plan for that course. A second final course grade of "C+" or lower will result in the student's dismissal from the graduate program. Students receiving a D+ or below final grade in any CSD academic or clinical course will be immediately dismissed from the program.

Meeting the requirements of the Essential Functions is expected during all interactions related to both academic and clinical performance. Essential Functions, as distinguished from academic standards, refer to those cognitive, physical and behavioral abilities that are necessary for satisfactory completion of all aspects of the curriculum, and the development of professional attributes required by the faculty of all students at graduation. Failure to meet the Essential Functions standards on an evaluation will result in a letter grade lower than the final grade with a maximum grade of C.

Unlike competencies in an academic course, Essential Functions are graded on CALIPSO with "met" or "not met." A remediation plan will be created for a student who is not meeting any of the Essential Functions in an academic course (Appendix E) or a clinical course (Appendix F). This remediation documentation will be signed and dated by both the student and instructor, reviewed by the program director, and maintained in the student's file before the start of the remediation.

The program director will monitor the academic progress of the student during the remediation process. If acceptable progress is not made, the student will be placed on departmental probation. A subcommittee of three faculty members (e.g., graduate program director, department chair, course instructor) will be assigned to determine the actions and timeline required for the student to end the probation. Students can be on departmental probation for a maximum of one term. If a student fails to complete the required probationary steps within the assigned timeline, then that student will be dismissed from the graduate program. The need for remediation may result in the student's need to register for a course the summer term of Year 3; remediation will not continue beyond the summer term.

Remediation within Education Courses for the Professional Educator License

Please note that grade requirements and remediation policies for the Education courses required for the Professional Educator License (PEL) may differ from those in CSD, per the established and documented agreements with the Illinois State Board of Education. The student is held to the policy that is active at the time of their request for PEL endorsement. The current policy (revised September 2016) for graduate-level Education courses (e.g., MTL 532) states: If a student receives a final grade of a C, the instructor will evaluate the extent of the student's deficiencies and decide whether the student must complete an independent study to remedy the deficiencies or retake the course. The instructor will complete an Academic Concerns/Remediation Plan Form, and if the student must register for an independent study course, they will complete the work necessary to achieve the course learning outcomes identified as deficient. This independent study course will not result in the replacement of the original low grade on the student transcript. If the student does not meet the competency with at least a B (i.e., earns a second "C" or below) the student will be dismissed from the graduate program.

Students receiving a D+ or below final grade in any course will be immediately dismissed from the program.

Course Repeat Policy

Graduate students do not normally repeat courses. As described above, a student not meeting expectations or learner outcomes at any time during their program of study may be required to complete a remediation plan and/or placed on probation due to their academic or clinical deficiencies. These actions are designed to help a student acquire the knowledge, skills and clinical competencies expected from academic and clinical courses. The focus is to meet each student's needs and delineate how the student will demonstrate achievement of learner outcomes. As described above, these actions may include the student's enrollment in an independent study course to remedy the deficient areas of knowledge and skill or having the student continue to develop that skill on campus under the guidance of an Elmhurst University clinical faculty/clinical educator before engaging in a practicum with an external supervisor. The course instructor sets the conditions and is responsible for verifying that the learner outcomes or clinical competencies have been met.

Program Participant Agreement Statement (Appendix G)

As a graduate student in the MS graduate program in Speech-Language Pathology, you will be asked by the clinic director to sign and date a statement indicating that you have read all of the graduate policies and procedures including the Essential Functions document; that you agree with its contents; that you are committed to the policies expressed therein; and that you will be dismissed from the program should you fail the remediation process. A copy of this agreement will be kept in your student file.

ADDITIONAL PROGRAM REQUIREMENTS

Attendance Policy

Official University policy is that students are expected to be present at classes and examinations. Faculty members shall grant permission to make up class attendance, class work and examinations if the absence is due to illness or emergency, order from the U.S. military, participation in a university-sponsored activity, or death in the family. Each faculty member has the right to establish additional regulations or appropriate conditions for absence and make-up work provided such regulations do not override established University policy or documented accommodations from the Office of Access and Disability Services. Final examinations are given at the end of each term as part of the instruction procedure. Final examinations must be taken at the regularly scheduled times. If students are prevented from being present at announced tests by one of the previously mentioned circumstances, they may be permitted to make up the tests and should contact the course instructor to complete arrangements.

Religious Observance. A student who is absent from class because of a religious holy day will be provided with the opportunity to make up the work of that class within a reasonable amount of time after the absence. The student will not be penalized for the absence. It is the responsibility of the student to inform their faculty four weeks prior to the religious holy day to be observed of their intention to be absent.

Attendance Policy for Graduate Students in CSD. The Communication Sciences and Disorders Department of Elmhurst University is committed to maintaining the highest standards of academic, clinical, and professional integrity. Faculty have a responsibility for the welfare of clients affected by students enrolled in the program. Thus, students must demonstrate competence in physical, cognitive,

behavioral and social abilities that are necessary for satisfactory mastery of the curriculum and learning outcomes; the ability to demonstrate regular class attendance and meet responsibilities in a timely manner is one the Essential Functions as outlined in the CSD program handbook. The CSD attendance policy serves to promote an environment free of disruption and distraction that is conducive to students' learning and development of knowledge and professional skills that are necessary to practice speech-language pathology.

In accordance with the University's policy, attendance at all academic and clinical meetings is expected. Students who demonstrate a pattern of non-attendance and/or tardiness will earn a reduced final course grade. The definition of tardiness and the amount of point/grade reduction for non-attendance and tardiness are at the discretion of the instructor and will be detailed in the course syllabus; students are responsible for all course syllabi material. At their discretion, instructors may also elect to include attendance and participation as a graded item for which students earn points. The student assumes full responsibility for material or information missed due to absence. If you are absent, it is your responsibility to plan to obtain the handouts, notes, assignments, discussion notes about assignments/quizzes/exams, etc. from Blackboard and a classmate. If you are absent on a day that an assignment is due, you must submit the assignment by the due date/time as specified by the instructor. Make-up quizzes/exams or extensions will be permitted only following written documentation of the necessity of an excused absence (i.e., student illness, medical emergency of the student/dependent/spouse, funeral or wake of an immediate family member, jury duty, or participation in Elmhurst University events that is pre-approved by the instructor no fewer than 14 days in advance – not travel). To ensure consistency and fairness to all students, individual exceptions that do not meet these requirements for an excused absence will not be granted.

Course instructors may require written documentation to verify the cause of absence; if so, the policy will be stated in the course syllabus, and students must abide by the policy if they request that the absence be excused. The Department considers verifiable documents those which an outside agency or source can validate, with a date and time of service/event and original signature. Examples of verifiable written documentation include an official physician's note, ER visit note, or other service provider note. Students must provide documentation of absence no later than the next day of class attendance in order to have the absence excused.

Alternative Attendance/Accommodations Policy for Graduate Students. Students are allowed two episodes of an in-person absence per course where they are eligible to request alternative accommodations (e.g., attend via Zoom, recorded lecture). An episode is defined as sequential days missed due to an illness or other University or instructor approved reason. The specific accommodations are to be determined by the instructor. Instructors may assign additional readings, quizzes, or activities if required to meet any KASA standards missed by the in-person absence.

Any student who requests alternative accommodations must do so by request and email the instructor preferably 12 hours in advance of the class time or as soon as possible. Alternative accommodations will not be made without a student request. If the student requests additional alternative accommodations episodes, their final grade will be lowered by half a letter grade for each in-person absence.

Attendance Policy for Graduate Student Clinicians. It is the responsibility of the student clinician to be present for each session with the client. The student clinician is allowed one episode of sick absence per practicum experience. An episode is defined as sequential days missed due to an illness. If it is necessary to be absent from a session due to illness or emergency, the graduate student must first

contact the clinical faculty/clinical educator and must also notify the clinic administrative assistant. The graduate student must also contact the client and/or client's family; therefore, student clinicians must keep all of their client's phone numbers and emails with them at all times, in a secure location, and be prepared to contact them and the clinical faculty/clinical educator should an emergency arise. If the student clinician is absent, the therapy time must be re-scheduled. The student clinician must also sign up to use a therapy room indicating the date needed. See the clinic director and administrative assistant regarding this immediately.

Concurrent Master's Degree

CSD does not allow a student to pursue a concurrent master's degree while enrolled in the CSD graduate program.

Continuous Enrollment Policy

The student is expected to pursue their graduate degree with a minimum of interruption and maintain continuous enrollment. If a student is in a master's degree program and does not enroll for two consecutive terms per the program plan of study, the student will be considered withdrawn from the university and must reapply for readmission to resume the degree program.

Criminal Background Policy and Procedures

The purpose of this policy is to outline program procedures regarding criminal background investigations for students interested in gaining admission to the M.S. program in Communication Sciences and Disorders and securing an external clinical placement required for program completion. Among other things, this policy informs students in advance of potential problems in completing the M.S. program in CSD at Elmhurst University if the student has a criminal history that appears on a criminal background investigation. Students who are not eligible for enrollment to the M.S. in CSD program or to be retained in the program due to a criminal background review may be eligible for other degree programs at the University.

Students who have been convicted of any misdemeanor or felony must notify the graduate program director or clinic director within 15 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 within 30 days of the disclosure to the graduate program director or clinic director (adapted from ASHA Code of Ethics, Principle of Ethics IV.S.) (Appendix H) Failure to promptly disclose any conviction or any dishonesty or misrepresentation regarding any conviction will result in immediate dismissal from the program.

Criminal history records check results (CBI) are required: (a) during the summer months prior to fall enrollment to the M.S. in CSD program and (b) prior to the time the student begins their external clinical placements (if applicable per the external clinical site). It is the student's responsibility to ensure that these required investigations are performed in a timely manner and to assume any costs associated with such investigations.

The requirement that all candidates for Illinois state licensure submit the results of any criminal history records check by the Illinois State Police to the CSD Department and provide copies of such results to all hosting sites is consistent with the Illinois law that requires Illinois school districts/boards to conduct criminal history records checks on applicants for licensed and non-licensed positions of employment. The Department will assist students by providing them with information about background investigations and opportunities to obtain them through outside companies or agencies. The Department covers the cost of the initial background check. If any additional background checks are required, students are responsible for all fees connected with this procedure. In compliance with the

School Code, school districts/boards require an FBI criminal history records check and may require other additional background information in addition to the criminal history records check by the Illinois State Police. Therefore, evidence of a criminal history records check must be provided upon request by any schooldistrict/board official and any other CSD faculty or staff member with responsibility for assigning external placements.

Internally, the CSD Department has the right to deny students with any convictions in their criminal history access to onsite clinical assignments in the Elmhurst University Speech and Hearing Clinic. Externally, for procedural consistency and client protection, the policies that must be adhered to for off-campus educational settings will also apply to off-campus non-educational (e.g., medical) settings.

Candidates may not be enrolled in the M.S. in CSD program, retained in the program, or approved for on-campus or off-campus practicum experience if a background investigation determines that they have been convicted of criminal behavior that, by law, automatically prohibits them from obtaining Illinois state licensure or a Professional Educator License. Offenses that automatically prohibit licensure currently include (but are not limited to) first degree murder, any Class X felony, juvenile pimping, soliciting a juvenile prostitute, exploitation of a child, obscenity, child pornography, criminal sexual assault, aggravated criminal sexual assault, criminal sexual abuse, aggravated criminal sexual abuse, some offenses set forth in the Cannabis Control Act, and some crimes defined in the Illinois Controlled Substances Act. Students are responsible for knowing which offenses are automatically disqualifying. Information on the legal requirements for obtaining an Illinois Professional Educator License and being hired by an Illinois school district may be available at any Regional Office of Education and on the Illinois State Board of Education website. Students who are ineligible for licensure or employment as a speech-language pathologist will not be admitted to or retained in the M.S. in CSD program.

If a background investigation reveals a criminal history that does not automatically disqualify the candidate from being licensed or employed in Illinois schools, then a CSD administrative review will be held to determine the impact of a student's criminal history on their status in the program. A student will be informed in writing of the potential consequences of this history by the CSD Chairperson or designee. Candidates will be asked to acknowledge this formal notification and to allow the CSD Department to discuss the criminal history records with any school or other clinical placement in which practicum experiences are being requested. An administrative review will be conducted by the CSD Performance Review Committee that is composed of the program director, clinic director and a faculty representative. The Committee will recommend whether the candidate should be retained in the program and will inform the student of the right to appeal its decision to the Chair. The decision to accept a student with an offense on their criminal history for all practicum placements will be made by the practicum setting personnel, not by the University. Candidates should be aware that some school's districts/boards may limit or deny their presence in a school based on charges rather than convictions or based upon offenses that are not automatically disqualifying under Illinois state law.

***If the site does not accept the student, the Department will attempt to find another practicum site. If the student receives numerous rejections and cannot complete practicum the assigned semester, the CSD program will advise the student that completion of the program within the two-year time limit (see Requirements and Time Limits: Master's Degrees) is not possible, as comprehensive practicum experience is required for program completion and graduation.

At no time should students represent themselves as Elmhurst University student clinicians and work with students or clients if they have a record of any criminal offense unless they have been expressly approved to work with the targeted population by the school district/board/agency in question. To

participate in practicum experiences with any offense requires that the CSD Department communicate this status to the hosting school district/board/agency and that the student provides the school district/board/agency with a copy of the results of a current criminal background investigation before any practicum experience is undertaken. As noted above, the school district/board/agency retains authority and discretion to determine whether to accept a student for practicum experiences. Concealment or misrepresentation of a criminal history is an ethical violation that will result in the CSD Performance Review Committee's recommendation to remove the student from the program. The CSD Department's policies and procedures are not a substitute for actions that may be taken by Elmhurst University as set forth in the E-Book.

Background checks are provided by Universal Background Checks and are reviewed and verified through Exxat, an online application which uses the Elmhurst University guidelines to ensure all students have no history of criminal activity. The background screening will include a statewide criminal search within the past seven years, a federal district criminal search within the past seven years, and a USA OffenderSearch. The information is stored in a cloud-based system, accessed only by the administration of the CSD Department. This documentation will also be available to the student upon request. All copies of criminal history records check results as well as other required documentation (e.g., TB test results) must be provided by students directly to their hosting school district/board/agency. Copies of criminal history record check results must be provided by students directly to their hosting facility. The CSD Department chairperson or designee does retain copies of other required documentation (e.g., TB test results, immunization records, drug screening) and may share such information with facilities if required by the executed affiliation agreement.

Digital Records Policy

In order to apply for the ASHA certificate of clinical competence and/or state licensures, students will need evidence of their completion of clinical hours and knowledge and skills. These files are kept electronically on CALIPSO and in-house within the Department servers. The Department will maintain and retain the documents listed below for up to 8 years post-graduation.

- Clinical Clock Hours Database
- Clinical Experience Record
- Cumulative Evaluation
- Clinical Performance Summary
- KASA Summary

The Department does not guarantee retention of records beyond 8 years post-graduation. It is the responsibility of the student to download and save these records when they are finalized.

Near the end of the spring term of the second year, students will receive a request to provide a personal forwarding email address. Students must provide a personal or secondary email address, in the event their Elmhurst University email is no longer active after graduation.

After graduation, the Department will finalize the documents listed above. Once these documents are finalized, students will receive an email with instructions on how to download the documents. It is the responsibility of the student to download these documents and retain them for their records.

Dismissal from the Program

The following will result in the student's dismissal from the graduate program: failure to demonstrate the required Essential Functions despite remediation; failure to maintain GPA requirements; in cases of remediation, failure to successfully complete remediation; violation of the ASHA Code of Ethics, and/or failure to comply with the policies and procedures stated in the graduate handbooks including the criminal background policy. The student may be eligible for other degree programs at the University.

Graduate Credit Policy

Each graduate student in the Department of Communication Sciences and Disorders is required to complete all the planned graduate level courses even though the student may have had a similar course in an undergraduate program. Doing so will assure that the student will meet all university, departmental, and ASHA requirements. Any exceptions to this policy must be approved by written correspondence from the professor teaching the course in speech-language pathology. The exception must also be approved and signed by the Program Director and filed in the student's graduate file. If a class is waived, the student and the Program Director may choose an alternate class to meet graduation requirements.

Graduate Program Completion

Early in the fall Year 2 semester, students should apply for graduation through Self Service in order to be sure to receive subsequent emails from the registrar related to graduation. A graduate student will officially graduate when they successfully complete all the academic coursework, research requirement, and all clinical/student teaching coursework (clinical and/or student teaching experiences for which the student has registered) in their specialty area. If a student does not successfully complete the coursework by the end of the last term listed on the student's program of study, in order to graduate they will continue as a graduate student, retaking the courses required until all graduation requirements have been met. Their degree will be posted on the transcript at the end of the term when all requirements have been met. The "degree conferred" term will be the term that the student actually completed all degree requirements and final grades were posted.

Graduation

- The process leading to graduation is complex and requires the student to carefully follow University requirements.
- Students should refer to EU calendar dates to ensure they know their anticipated "conferred degree date."
- The Master's cap, gown, and hood should be ordered from the Dean's office
- Graduation and CSD: The degree will be an MS in CSD - Speech-Language Pathology.

Health Requirements

The CSD Department updates immunization requirements as indicated by the Center for Disease Control (CDC) and our affiliating agencies. The student will be informed of any changes during their program. The student must be in compliance with all health requirements for the entirety of their academic experience. The student must have adequate physical and mental health to participate in clinical experiences. Whenever a student requires health accommodations, a letter from the student's healthcare provider will be required in order to assure that the student can participate in clinical experiences without limitations. A statement from the provider is required when the student is returning from a medical absence or leave. The health requirements must be met by students during the first month of graduate courses. Students will be given the appropriate forms to complete. All of these services and tests can be obtained through Student Health Services. Students unable to complete these requirements will not be allowed to continue in the graduate program. A checklist of health and clinical requirements can be found in Appendix I.

Reinstatement

Students may be reinstated in the CSD graduate program if the only reason for their denial or removal was based on GPA or testing requirements that have been subsequently met. Students may only be reinstated in the program if they have remained enrolled at the University, which may include taking a

formal leave of absence.

Time Limit

You must complete all graduate program requirements within a two-year period, unless there are exceptional circumstances for which the student files to take a leave of absence (see E-book policy).

Transfer Policy

A maximum of 12 hours of graduate credit from another regionally accredited institution may be transferred toward a master's degree in speech-language pathology.

UNIVERSITY POLICIES FOR GRADUATE STUDENTS

Students are responsible for following all University and Program Policies.

Academic Integrity

The university takes an extremely serious view of violations of academic integrity (e.g., cheating, fabrication, collusion, plagiarism). As members of the academic community, EU's administration, faculty, staff and students are dedicated to promoting an atmosphere of honesty and are committed to maintaining the academic integrity essential to the education process. Inherent in this commitment is the belief that academic dishonesty in all forms violates the basic principles of integrity and impedes learning. Students are therefore responsible for conducting themselves in an academically honest manner.

Individual students and faculty members are responsible for identifying instances of academic dishonesty. Faculty members then recommend penalties to the department chair or university dean in keeping with the severity of the violation. The complete policy on academic integrity is in EU's Student Handbook: see the link to the Student Handbook at <https://www.elmhurst.edu/wp-content/uploads/2022/08/elmhurst-university-student-handbook-2022-2023.pdf>

Academic Appeal Policy

Graduate students may appeal an academic matter that is other than a grade appeal. Examples of matters that would be appropriate for this type of appeal would be appeal of a decision on preliminary or comprehensive exams, or matters related to non-graded lab work or academic research. All appeals must be initiated no later than the end of the next regular term. No hearings or meetings will be held during term breaks or summer. Faculty members and administrators must base decisions on university policy and sound academic policy. Generally, this process addresses whether an action may be considered arbitrary, capricious, or contrary to university policy.

Academic Probation

Graduate students whose term or cumulative GPA falls under 3.0 will be placed on academic probation. To return to good academic standing and avoid dismissal, students must earn a minimum 3.0 term and cumulative GPA of at least 3.0 for the term immediately following the one in which they were placed on academic probation. If while on academic probation, a graduate student's term or cumulative GPA does not improve to at least 3.0, they will be dismissed from the graduate program. Any second occurrence of a term or cumulative GPA falling under 3.0, even if it is not adjacent to the first academic probation, will result in dismissal from the graduate program.

Graduate students on academic probation must meet with a subcommittee of three faculty members (e.g., graduate program director, department chair, clinical director, or course instructor) to determine an appropriate probation plan and timeline required for the student to end academic probation.

Academic probation may be lifted if the student meets the actions and timeline of the probation plan and earns a term and cumulative GPA of at least 3.0. If both conditions are not met, the student will be dismissed from the graduate program.

Elmhurst University Contact Hour Policy

Generally, an academic course worth three units of credit involves 30-34 hours of in-class time and a course worth two credits involves 20-24 hours of in-class time. In-class time will include activities such as recitation, lecture, discussion, simulations, testing or evaluation. A minimum of 30 hours of student homework is required for each unit of credit.

Elmhurst University Safe Working and Learning Environment

EU's Safe Working and Learning Environment Policy seeks to prohibit discrimination and promote the safety of all individuals within the university. The goal of this policy is to prevent the occurrence of discrimination on the basis of sex, race, color, age, national origin, religion, sexual orientation, disability, or veteran status and to prevent sexual harassment, sexual assault or retaliation by anyone at this university.

Leave of Absence Policy

Leave of Absence requests must be filed no later than the last day for adding classes during the term in which the leave is to start, and cannot be granted retroactively. Students on an approved Leave of Absence will not be required to apply for readmission. Students who are absent beyond the end of an approved Leave of Absence will be required to apply for readmission as a graduate student and to the CSD Department. A Leave of Absence will be extended beyond a year only under exceptional circumstances. Such an extension must be requested in writing.

Procedures for Filing a Complaint at the University

Grade Dispute. If there is a grade dispute, this dispute must be brought in writing to the instructor or the Associate Dean by the end of the fifth week following the term in which the disputed grade was given. It is the responsibility of the student to initiate the process even if this must be done initially in writing rather than in person. Additional information can be found in the Elmhurst University E-Book, found at <https://www.elmhurst.edu/wp-content/uploads/2020/08/elmhurst-university-student-handbook-2020-2021.pdf>

FERPA. Student files will be set up so that there is a confidential section for student complaints. The program intends to comply fully with the Family Education Rights and Privacy Act (FERPA) of 1974, which is a federal law providing for the maintenance of the confidentiality of student education records. Additional information can be found in the E-Book. In accordance with FERPA, Elmhurst University may only release student records directly to the student, unless prior written authorization is given by the Student Authorization for Release of Student Records form (Appendix U).

In addition, the program will follow the ethical principles of confidentiality as indicated by ASHA's Code of Ethics, Principle I, Rule 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.

Disability Issues. Students who have compliance complaints with regard to disability issues should first attempt to work with the Disability Services Coordinator informally to resolve the complaint. For additional information, please see the E-Book link at <https://www.elmhurst.edu/wp-content/uploads/2020/08/elmhurst-university-student-handbook-2020-2021.pdf> Non-Discrimination and Non-Harassment Policy. It is the policy of Elmhurst University to afford equal opportunity to students, employees and applicants regardless of race, color, national origin, religion, sex, gender identity, sexual orientation, age, disability, citizenship, veteran status, marital status or other protected group status as those terms are defined by applicable federal, state and local law. Additional information regarding noncompliance with these policies can be found in the E-Book at the link <https://www.elmhurst.edu/wp-content/uploads/2020/08/elmhurst-university-student-handbook-2020-2021.pdf>

Procedures for Filing Complaints Relevant to CAA Standards against Graduate Education Programs

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

Criteria for Complaints

Complaints about programs must meet all of the following criteria:

- a. be against an accredited graduate education program or program in candidacy status in audiology or speech-language pathology;
- b. relate to the [Standards for Accreditation of Entry-Level Graduate Education Programs in Audiology and Speech-Language Pathology](#) [PDF], including the relationship of the complaint to the accreditation standards;
- c. be clearly described, including the specific nature of the charge and the data to support the charge;
- d. be within the timelines specified below:
 - if the complaint is being filed by a graduate or former student, or a former faculty or staff member, the complaint must be filed within one year of separation* from the program, even if the conduct occurred more than 4 years prior to the date of filing the complaint;
 - if the complaint is being filed by a current student or faculty member, the complaint must be filed as soon as possible, but no longer than 4 years after the date the conduct occurred;
 - if the complaint is being filed by other complainants, the conduct must have occurred at least in part within 4 years prior to the date the complaint is filed.

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

Complaints also must meet the following submission requirements:

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

- complainant's relationship to the program in order for the Accreditation Office staff to verify the source of the information;
- c. be signed and submitted in writing via U.S. mail, overnight courier, or hand delivery—not via e-mail or as a facsimile—to:

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

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

For additional information, please see explicit instructions at
<http://www.asha.org/uploadedFiles/Accreditation-Handbook.pdf>

Withdrawing from Elmhurst University

Withdrawing from a given term (Fall, Winter, Spring, or Summer) at Elmhurst University means reducing your course load to zero credit units for that particular term. In some cases, this will also mean you will be withdrawing entirely from the Elmhurst University CSD graduate program. Please be aware that you are not considered to have withdrawn if you drop courses during a term or session in which you also receive credit for other courses. When you withdraw from the university you will be responsible for the withdraw fee which equal to the sum of charges that the program paid on your behalf to get you started in the program (Appendix J Student Withdraw Fee Acknowledgement Form).

CERTIFICATION AND LICENSURE

A summary of the 2023 Standards and Implementation Procedures for the Certificate of Clinical Competence (CCC) in Speech-Language Pathology (Effective Jan 1, 2023) from the American Speech-Language-Hearing Association (ASHA) is briefly described below. A more complete document is in Appendix K. Also included below is information about Illinois licensure requirements for speech-language pathologists and Illinois Teacher Requirements for speech-language pathologists.

American Speech-Language-Hearing Association CCC Requirements

The implementation procedures for the Certificate of Clinical Competence in Speech-Language Pathology require completion of the Standards listed below. For additional information, please visit

<https://www.asha.org/certification/2023-SLP-Certification-Standards> or Appendix K in this Handbook.

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

- Standard I—Degree
- Standard II—Education Program

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

ASHA Facts and Figures for CCC

- EU requires at least 60 credit hours of graduate level courses
- All master's level course work must be initiated and completed at a Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA) approved institution
- Prerequisite knowledge of the biological sciences, physical sciences, statistics, and the social/behavior sciences is required (one course in each area; 3 credit hours with "C" or better)
- Required clinical experience is 400 hours
 - 375 direct contact hours; Evaluation, Treatment, and Feedback meetings count towards this (see <https://www.asha.org/certification/2023-SLP-Certification-Standards> for details)
 - 25 hours clinical observation; not a prerequisite by ASHA to begin clinical placements but is a prerequisite by EU; we do not facilitate or sign off on more than 25 observation hours; no opportunity to be done at EU by Summers-Only students
 - 325 of the 400 clock hours must be completed at graduate level; remaining required hours may have been completed at the undergraduate level, but at discretion of the graduate program
 - Never less than 25% of total contact for treatment and 50% for diagnostic must be observed by an ASHA-certified SLP
- Evaluation, Intervention, and Interaction/Personal Qualities are major learner outcome areas
- Competencies must be acquired in all major content areas, for child/adult, and for evaluation/treatment
 - Adult = 14 years of age or older

All competencies are tracked through CALIPSO.

Guided Observation Hours

- It is a requirement for ASHA certification to have 25 observation hours as part of the clinical training in speech-language pathology. If the observation was completed after January 1, 2020, the observation must be guided. EU requires that these 25 observation hours be documented and submitted to the clinic director before students are able to register for their first graduate practicum. These hours should represent a variety of clinical disorders and client ages. EU requires 25 hours of properly documented observation hours as a condition of admission.
- The CSD Department endorses only 25 required observation hours.
- We do not facilitate the acquisition or approval of additional hours to meet other licensing/certifying organizations.
- If a student already has their 25 required observation hours, they should be submitted to the clinic director. The paperwork must include the:
 - site location (preferably on their letterhead)
 - date (exact or approximately)

- areas: articulation, fluency, voice and resonance, receptive/expressive language, hearing, swallowing, cognitive aspects of communication, social aspects of communication, and/or communication modalities
- supervisor's signature
- supervisor's ASHA ID#
- total number of hours

Practicum Hours

Students can expect to earn approximately 50-100 of the required one-on-one clinical hours during their first year through the various practica experiences in the on-campus clinic. Most of the required practicum hours will be completed in off-campus educational or medical setting placements.

Note: Only direct contact with the client or the client's family in assessment, management, and/or counseling can be counted toward the practicum requirement.

Science Requirements

There are four Science/Math Courses required by ASHA Standard III-A. These courses are indicated on the first page of the Knowledge and Skills Standards form and are listed below.

The student must have at least one course in each of the following areas (3 credit hours with "C" or better):

- Biological Sciences (human or animal)
- Physical Sciences (chemistry or physics)
- Mathematics (statistics, not research methods)
- Social/Behavioral Sciences

Clinical Fellowship Year

Standard VII: Speech-Language Pathology Clinical Fellowship

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

Implementation: The CF experience may be initiated only after completion of all graduate credit hours, academic coursework, and clinical experiences required to meet the knowledge and skills delineated in Standards IV and V. The CF experience must be initiated within 24 months of the date on which the application for certification is received. Once the CF has been initiated, it must be completed within 48 months of the initiation date. For applicants completing multiple CFs, all CF experiences related to the application must be completed within 48 months of the date on which the first CF was initiated.

Applications will be closed for CFs that are not completed within the 48-month timeframe or that are not submitted to ASHA within 90 days after the 48-month timeframe. The Clinical Fellow will be required to reapply for certification and must meet the standards in effect at the time of re-application. CF experiences more than 5 years old at the time of application will not be accepted.

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

mentoring SLPs to that Clinical Fellow.

Standard VII-A: Clinical Fellowship Experience

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

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

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

Membership in ASHA

- Initial Application (submit together)
 - Submit together: Application for SLP Certification & Dues and Fees Schedule.
 - Students must have completed their coursework and practicum/externship experience to apply to ASHA and start their CFY. It does not necessarily have to be posted on their transcript, although in most situations, it will appear on their transcript.
 - The best time to apply is May through August
- Supplemental Documents - before completing the certification process, the student must also submit:
 - Passing PRAXISPRAXIS exam scores.
 - Official graduate transcript.
 - Speech-Language Pathology Clinical Fellowship Report and Rating Form.
- Applicants applying more than three years after graduation need to follow additional requirements.
- At the time of application, scores older than 5 years on the PRAXIS exam will not be accepted for certification.

ASHA's Website

www.asha.org

- www.asha.org/certification > For Speech-Language Pathology applicants > Frequently asked questions.

ASHA Contact Information

Email: <http://www.asha.org/Forms/Contact-ASHA/>

Phone number

- Members: 800-498-2071
Non-Member: 800-638-8255

Illinois State Licensure in Speech-Language Pathology

The requirements for an Illinois state license in speech-language pathology are indicated below. Also see <http://www.asha.org/advocacy/state/info/IL/licensure/>

Master's or doctoral degree in speech-language pathology from a CAA-accredited program

1. Three hundred seventy-five-hour clinical practicum.*
2. Passing score on the PRAXIS exam
3. Completion of the equivalent of nine months of supervised experience.
4. ASHA Certificate of Clinical Competence (CCCs)
5. A complete work history since completion of an educational degree program

*The total number of clinical hours required by ASHA's 2014 Standards for Certification of Clinical Competence in Speech-Language Pathology is 400.

Illinois State Board of Education (ISBE) Requirements for Professional Educator License (PEL) for the Speech-Language Pathologist (non-teaching)

Numerous employment opportunities for speech-language pathologists are in the public-school system. For this reason, we encourage students to meet ISBE's requirements for the PEL: <https://www.isbe.net/Pages/PEL-School-Support-Ed-Lic.aspx>. The basic ISBE requirements are listed in this handbook in the Certification and Licensure Section.

The following information summarizes the Professional Educator License (PEL) requirements currently necessary to begin work in the public-school system as a non-teaching school support personnel with an endorsement as a speech-language pathologist. Please be advised that regulations and policy may change at any time, so always check with your state department of education for the most up-to-date information. Also <http://www.asha.org/Advocacy/state/info/IL/ILteachrequire/>

An Illinois PEL with a speech-language endorsement requires all the following:

1. Illinois Department of Financial and Professional Regulation (IDFPR) license or valid Certificate of Clinical Competence (CCC) from ASHA and valid license from another state and has applied for IDFPR license or holds or has applied for temporary IDFPR license;
2. Master's or doctoral degree from approved or ASHA-accredited program;
3. Completion of a program of study that meets the content area standards for speech-language pathologists approved by the State Board of Education or completion of an approved comparable program in another state or holds a comparable certificate issued by another state. The Elmhurst University MS in CSD Program is approved by the Illinois State Board of Education and includes coursework addressing methods of teaching exceptional children (e.g., undergraduate level EDU 223 or graduate level MTL 532), reading methods and content area reading (e.g., CSD 516). Furthermore, at least 150 hours of clinical experience must be in a school setting.
4. Passing the Illinois Licensure Testing System Speech-Language Pathologist Non-Teaching #232 content area test. The ISBE website indicates that "Applicants will be held to the most current statutory and administrative rule requirements. Therefore, students are advised to refer directly to the website for current information: <https://www.isbe.net/Pages/PEL-School-Support-Ed-Lic.aspx>

A person with the PEL with endorsement in speech-language pathology can serve students from preschool through high school. This person graduated from an ISBE-approved program, and holds a

license (regular or temporary) from IDFPR. This is a non-teaching certificate, similar to the certificates received by psychologists, social workers, counselors and school nurses. This person can perform all the functions of a school SLP, except for acting as the teacher of record for a self-contained Communication Disorders Classroom. Additional endorsements for teaching other subjects cannot be attached to this certificate.

Illinois State Board of Education (ISBE) Bilingual Special Education Approval

Students completing the Multicultural/Multilingual emphasis are eligible and encouraged to obtain the Bilingual Special Education Approval to work in public schools as a bilingual SLP. Specifically, these requirements can be found at https://www.isbe.net/Documents/endsmt_struct.pdf. Option 4 (page 29) is recommended for M&M students:

- Hold a license endorsed in a school support personnel area (i.e., the PEL)
- Successfully complete the bilingual language exam (<http://www.il.nesinc.com>, e.g., 056 Spanish, 066 Polish)
- Complete an assessment of the bilingual student course (i.e., MTL 587 Assessment of ELLs fulfills this requirement)

CLINICAL PRACTICUM WITHIN THE ELMHURST UNIVERSITY SPEECH-LANGUAGE-HEARING CLINIC

Practicum Assignments

The program ensures that graduate students meet clinical requirements for the ASHA Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP). The following overall requirements need to be met:

TOTAL CLIENT CONTACT 400 hours
Guided Clinical Observation..... 25 hours
Client Contact375 hours
(325 direct client contact hours must be obtained at the graduate level)

All graduate students will use CALIPSO (a web-based tracking program) throughout the graduate program to track hours and performance. CALIPSO has been purchased by the Department for each graduate student. Enrollment will occur PRIOR to the first fall semester.

Only direct contact with the client or the client's family in assessment, management, and/or counseling can be counted toward practicum requirements. Up to 20% (75 hours) of direct contact hours may be obtained through Alternative Clinical Education (ACE) methods. This includes Simucase experiences completed as part of class assignments and Simulation Center exercises at Elmhurst Memorial Hospital. A two-year Simucase subscription is provided at the onset for your use throughout your regular program duration. Any additional subscription needed to complete the program beyond that time will be at the student's expense.

It is the responsibility of the student to know the Illinois State Certification and ASHA Certification requirements. The student must keep a record of supervised therapy in order to know what requirements have been fulfilled. Students will enter their own hours into CALIPSO each week. It is ultimately the responsibility of the student to acquire at least 400 direct contact hours by the end of the practicum sequence. Failure to do so will be reflected in your practicum grade related to Essential Functions.

Clinical faculty/clinical educators are responsible for all scheduling within the clinic. The Clinic is in operation during the fall, spring, and summer semesters. Diagnostic appointments will be scheduled based on client availability during the term. In addition, evaluations may be scheduled between semesters. This includes January, late May, and early June.

In general, students are assigned clinical cases once they have completed or are concurrently taking the appropriate coursework. However, since undergraduate preparation is variable, it is the practice of the program to provide the following support to all students:

1. Every student will be provided with individual teaching, clinical modeling/teaching and may also participate in co-treatment with the clinical faculty/clinical educator.
2. Evidence-Based Practice: ASHA's position is that current research be integrated into all clinical practice and decision making. Students will be guided through this process as part of practicum course work. Evidence from current literature will be reviewed and discussed in practicum classes. Students are also expected to integrate information they are receiving in academic course work into the clinical setting.
3. Specific readings will be recommended/provided to increase knowledge for certain areas of need identified by the clinical faculty/clinical educator and/or graduate clinician.
4. Articles and book chapters addressing various diagnoses, treatment strategies, etc. will be provided/recommended as needed.
5. Supervision of each individual graduate clinician is based upon their knowledge and skills. A greater amount of supervision will be provided to the new clinician and gradually be decreased as appropriate.
6. Weekly supervisory meetings will allow for discussion, evaluation of progress, and further development of the critical thinking skills needed within the clinical setting.

Donation-Based Clinic

Since Summer 2019, a fee for services rendered in the Elmhurst University Speech-Language-Hearing Clinic is no longer charged to clients. Donations of any amount are welcomed and encouraged to cover costs and help the clinic remain sustainable. All donors are given a letter of receipt from Elmhurst University.

HIPAA:

In accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the ASHA Code of Ethics, students and clinical instructors at the EUSLHC and the Department of Communication Sciences and Disorders must adhere to Federal privacy rules ([https://www.hhs.gov/hipaa/for-professionals/privacy/index.html#:~:text=The%20HIPAA%20Privacy%20Rule%20establishes,care%20providers%20that%20conduct%20certain which protect health information \(PHI\) for treatment and health care operations. All students and clinical faculty/clinical educators are required to complete HIPAA training prior to seeing clients in the clinic and in external facilities. The student clinicians are responsible for providing clients and/or client families with the HIPAA form that addresses information regarding privacy practices and how EUSLHC must use and disclose health information. Clients or their designated guardians will sign the form to indicate that they understand their rights under HIPAA. In accordance with the Health Insurance Portability and Accountability Act of 1996 \(HIPAA\) and the ASHA](https://www.hhs.gov/hipaa/for-professionals/privacy/index.html#:~:text=The%20HIPAA%20Privacy%20Rule%20establishes,care%20providers%20that%20conduct%20certain which protect health information (PHI) for treatment and health care operations. All students and clinical faculty/clinical educators are required to complete HIPAA training prior to seeing clients in the clinic and in external facilities. The student clinicians are responsible for providing clients and/or client families with the HIPAA form that addresses information regarding privacy practices and how EUSLHC must use and disclose health information. Clients or their designated guardians will sign the form to indicate that they understand their rights under HIPAA. In accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the ASHA)

Code of Ethics, all information concerning past and present clients is strictly confidential. The following information is not to be divulged to anyone without express and written permission: • Name of client • Nature of the problem • Family information • Tape recordings of the client's speech • Lesson plans • Test results • Observation reports • Any draft of clinical reports Students must avoid the following circumstances that may lead to violations of confidentiality: • Conversations with other professionals not involved with the client • Taking electronic or hard copy materials pertinent to a client out of the Clinic • Reports, lesson plans, or other material left in a notebook or on a table where others may read them • Conversations in the Clinic which may be overheard by other people, including other clinicians.

[HIPAA Guidelines: \(Appendix L\)](#)

HIPAA guidelines will be reviewed at the beginning of each semester. Graduate students must pass a quiz on HIPAA guidelines in CSD 500.

[HIPAA Privacy Officer:](#)

The clinic director is the HIPAA Privacy Officer for the CSD Department. If you observe any violations of HIPAA guidelines, inform the clinic director immediately.

[Consent to Release Information form \(See Appendix M\)](#)

A Consent to Release Information form must be completed by clients who request and authorize the Elmhurst University Speech-Language-Hearing Clinic (EUSLHC) to release protected health information to designated family members, friends, and/or designated professionals. This permission may include details about speech therapy sessions, speech language evaluation, therapy updates, conferences, or billing.

[Social Media](#)

Social Media Policy (adapted from the Elmhurst University Department of Nursing). The Communications and Sciences Department supports the use of social media to reach audiences important to the University such as students, prospective students, faculty, and staff. The participation on social media sites is guided by policy. This policy applies to CSD students who engage in internet conversations for school-related purposes or school-related activities such as interactions in or about clinical and didactic course activities. Distribution of sensitive and confidential information is protected under HIPAA and FERPA whether discussed through traditional communication channels or through social media. General Information: Social media are defined as mechanisms for communication designed to be disseminated through social interaction, created using highly accessible and scalable publishing techniques. As students you will want to represent the university in a fair, accurate and legal manner while protecting the brand and reputation of the institution. When publishing information on social media sites remain cognizant that information may be public for anyone to see and can be traced back to you as an individual. Protect confidential, sensitive, and proprietary information: Do not post confidential or proprietary information about the university, staff, students, clinical facilities, patients/clients, or others with whom one has contact in the role of nursing student. Respect copyright and fair use. When posting, be mindful of the copyright and intellectual property rights of others and the university. Do not use marks, such as logos and graphics, on personal social media sites. Do not use name to promote a product, cause or political party or candidate. Use of the logos and graphics for university sanctioned events must be approved (posters, fliers, postings) by administration. No personal phone conversations or texting are allowed at any time while in patient/client areas or in the classroom. If the student needs to respond to an emergency text or phone call during class, the student is asked to leave the classroom and respond as deemed necessary. Use of computers (PDAs, notebooks, etc.) during class shall be restricted to note taking and classroom activities. Use otherwise is distracting for not only

the student involved in the activity but those in the immediate area/vicinity. No student shall videotape professors or fellow students for personal or social media use without the express written permission of the faculty or fellow student. At NO time shall patients/clients be videotaped or photographed without written permission of other patient/client and of the facility. HIPAA guidelines must be followed at all times. Identifiable information concerning clients/clinical rotations must not be posted in any online forum or webpage.

Graduate Student Behavior Policy

Students are asked to remember that the clinic is a functioning business. Every interaction with faculty members, clients, caregivers, community members, and other students reflects upon the EUSLHC. For this reason, students are asked to be aware of their language, conversation, body language, overall communication, and HIPAA guidelines in the clinic. Student clinicians and student observers are expected to maintain professional dress standards. These standards are expected during ANY AND ALL clinical situations. This includes screening activities, diagnostic evaluations, and therapy sessions. This also includes ANY time that you are in the clinic area (meeting with supervisors, working on projects, or looking at materials). Remember that the student work room is very close to the clinic lobby. Keep conversations at an appropriate volume level and engage in only professional communication.

Graduate Student Dress

Policy: All graduate students participating in clinical practicum must wear the designated clinic uniform and a name badge. The State of Illinois requires all licensed individuals who provide health related services to wear a name badge in all activities that involve clients. This requirement also applies to students. Consequently, ALL individuals (clinical faculty/clinical educators and students) who provide treatment to clients or supervise and students who observe treatment activities, **MUST** wear a name badge during all interactions within the clinic. Neatness and cleanliness, especially of hair, nails, hands, and teeth, is essential. Practicum grades will be impacted if professional dress standards are not maintained. Violations will be documented within CALIPSO related to meeting the Essential Functions. The graduate student clinician uniform consists of: the Elmhurst University Speech-Language-Hearing Clinic shirt, black or gray business casual pants (can be straight, ankle cropped, or boot cut (NO leggings), flat, closed-toe shoes of a neutral/solid color (black, nude, gray) or clean/neat gym shoes, name badge, and watch. Smart watches are allowed, however there is a ZERO tolerance for using any feature outside checking the time during a therapy session (absolutely no reading texts/email).

When in the main clinic reception area and/or clinic resource room, and when attending supervisory meetings but not conducting therapy: The clinic uniform is not required; however, you must wear “clinic appropriate” attire.

The following items are NOT acceptable for students to wear while in the clinic area:

- Ripped jeans, stretch pants, low-cut pants exposing the midriff or back, or spandex/leggings
- Strapless or transparent dresses or tops
- Skirts more than 2 inches above the knee
- Shirts or tops that expose the chest, back or midriff
- Low cut tops, tank tops, or spaghetti strap tops
- Work boots or excessively high heels
- Face jewelry other than earrings (nose, tongue, eyebrow, and cheek rings are not appropriate)
- Long jewelry or lanyards worn around the neck, elaborate or large jewelry, elaborate glasses
- Excessive make-up or perfume

Supervisory Meetings

A mandatory meeting will be held with the assigned clinical faculty/clinical educator prior to the initial therapy session. The modality of the meeting will be provided by the clinical faculty/educator. It is the student's responsibility to contact the assigned clinical faculty/clinical faculty/clinical educator(s) in order to schedule an initial 45-60-minute meeting. Before the initial meeting, students will access the client's file to become familiar with the client's primary disorder, etiology, prior and/or concurrent treatment and evaluations, specific communication strengths and areas of deficit. The student will come to the meeting prepared with tentative long and short-term goals for the semester, ideas for a lesson plan for the first session, and written questions.

Students must meet with clinical faculty/clinical educator for each of their clients at least once a week for a mandatory weekly meeting throughout the term. The modality of the meeting will be provided by the clinical faculty/educator. During weekly meetings, students will need to be prepared to discuss specific therapy plans, goals, procedures, etc. for each client. If a student does not come to the meeting prepared, ready to discuss the previous and upcoming session, and data analyzed, the meeting will be postponed and scheduled at a time designated by the supervisor. Any errors related to this policy will impact the student's practicum grade related to following the Essential Functions for professional responsibilities.

Attendance Policy Agreement (Appendix N)

A client attendance contract will be signed by each client/caregiver at the beginning of each term. It is the student's responsibility to understand the terms of the agreement and to discuss contract with the client and/or the client's family/caregiver, abiding by HIPAA compliance. The Attendance Policy agreement will be available to the client/caregiver through the ClinicNote portal and should be reviewed by the graduate student clinician.

Permanent Clinic File

The Permanent Clinic File is a legal document and can be used in a court of law as evidence. The rules governing materials in the folders are important and must be adhered to. Our clinic files must reflect the highest professional standards, yet must be flexible enough to be used as training and research tools. With many students needing access to the contents of the files, the problem of monitoring becomes a serious one requiring strict rules. IMPORTANT: Reports from other agencies and all test results or other pertinent information must be immediately placed in the Permanent Clinic File and uploaded to ClinicNote (see below). Please ensure the assigned clinical faculty/clinical educator sees any new reports from outside agencies.

ClinicNote

The EUSLHC utilizes ClinicNote for Electronic Medical Record (EMR). This is a full suite electronic medical record with features specifically made for speech-language pathologists. Due to HIPAA regulations, ClinicNote and all corresponding clinical and client records can only be accessed through ClinicNote while on the Elmhurst University campus. ClinicNote will be used for most clinical documentation for client's seen in the clinic. Remote access to ClinicNote will be granted for those students who are participating in teletherapy. Before remote access is allowed, students must sign the Student Acknowledgement Form Regarding Telepractice and Electronic Medical Record (EMR) Form (Appendix T). Procedures on usage will be discussed in supervisory meetings and in CSD 500.

Lesson Plans and SOAP Notes

Lesson Plans and SOAP Notes are to be completed through ClinicNote. Lesson Plans must be completed

by the day and time designated by the clinical faculty/clinical educator. SOAP notes must be completed within 24-hours during the fall and spring semesters and within 12-hours during the summer semester.

Semester Treatment Reports

The Semester Treatment Report is to be completed through ClinicNote. Components of the Semester Treatment Progress Report must be submitted to clinical faculty/clinical educator on the designated due date. Each revision is due no later than 2 days (or when the clinical faculty/clinical educator indicates) after the corrected draft has been returned by the clinical faculty/clinical educator.

After the Semester Treatment Report has been approved, the clinical educator will share the Semester Treatment Report through the patient portal in ClinicNote.

Failure to meet a deadline for Semester Treatment Reports will negatively impact your practicum grade.

Client's Absence Policy

If the client is absent, make-up sessions are arranged at the discretion of the clinical faculty/clinical educator. It is of mutual benefit for the client and clinician to make-up canceled sessions whenever possible. It is important for clients to attend every session during the clinic term. Consistent therapy is beneficial for the client and treating clients is part of the academic and clinical training of students.

Infection Control

Appropriate education and training with regard to communicable and infectious disease policies will be presented throughout the clinical courses and clinical experiences. Minimal "Standard Precautions" such as hand washing and disinfection are expected when interacting with clients. All non-disposable items (toys, etc.) that come in contact with the client's saliva must be washed with soap, bleach, and water before use with another client. DO NOT RETURN THESE MATERIALS TO THE RESOURCE ROOM SHELF WITHOUT FIRST DISINFECTING THE MATERIALS.

Student clinicians are susceptible to contracting illnesses due to working in close proximity to clients (e.g., droplet transfer of small particles of moisture such as those expelled during speech or a sneeze). Routine use of aseptic procedures reduces the probability of disease transmission. Students have an ethical and legal obligation to provide a safe environment for their clients, themselves, and fellow student clinicians and clinical staff. Follow the handwashing, latex glove, and disinfection procedures provided on BlackBoard before and after each session.

Therapy Rooms

Therapy rooms will be open during clinic hours and will be locked at the end of the day by Campus Security. When you are finished with your last session, please turn off the lights and close the door. Periodically check all material located in the therapy rooms using the checklist that is in each room. Let the clinic director or your supervisor know if you need any items that are supposed to be in the room and may have been used. Therapy rooms are to be used **ONLY** for treatment. They are not study areas or places to meet with other students. Eating in therapy rooms is prohibited. You **CAN** use therapy rooms to hold teletherapy sessions, but these sessions must be scheduled. See the clinic administrative assistant to determine which room is available.

Day of Therapy Session Policy (In-Person):

All therapy materials should be fully prepared (example: pictures cut out, games set up) after the lesson plan is approved. Allow at least 30 minutes prior to the start of your session to have all therapy materials ready in your therapy room (if there is not another session in the room). Supervisors may look

for you immediately prior to your session to check your materials and to see if you are appropriately prepared. Any last-minute changes to a lesson plan must be approved by your supervisor and then amended in your typed lesson plan. Your grade will be impacted if you are not fully prepared for sessions. Make sure you are dressed appropriately. It is the responsibility of the clinician to wait fifteen minutes for a client to arrive. The clinician may telephone the client within the fifteen-minute timeframe to check on their status or estimated time of arrival. The clinician may use the telephone at the front desk, but must adhere to HIPAA guidelines regarding privacy while telephoning. The student clinician is not required to see a client who arrives more than 15 minutes late, although you may decide to do so. Immediately consult with your clinical faculty/clinical educator regarding any change in the time of your session. You also must make sure a room is available for use.

Day of Therapy Session Policy (Teletherapy)

All digital and tangible therapy material should be fully prepared (e.g., tabs open on the computer). You must be in the HIPAA compliant Zoom room at least 10 minutes prior to the start of your session. Any last-minute changes to a lesson plan must be approved by your supervisor and then amended in your typed lesson plan. Your grade will be impacted if you are not fully prepared for sessions. Make sure you are dressed appropriately. It is the responsibility of the clinician to wait fifteen minutes for a client to arrive. The clinician may telephone or email the client within the fifteen-minute timeframe to check on their status or estimated time of arrival. The clinician may use their own telephone, but must adhere to HIPAA guidelines regarding privacy while telephoning. The student clinician is not required to see a client who arrives more than 15 minutes late, although you may decide to do so. Immediately consult with your clinical faculty/clinical educator regarding any change in the time of your session.

Meeting the Client

Graduate clinicians are required to meet the client in the reception area promptly at the designated time for therapy or a diagnostic evaluation. At the first meeting, your clinical faculty/clinical educator will accompany you. Introduce yourself and your clinical faculty/clinical educator to the client and family. Identify yourself as a graduate student clinician. All clients and clinicians should wash their hands prior to each session. When the session is completed, escort your client back to the reception area or to the adult responsible for the client's care. Do NOT leave a child unsupervised in the reception area. The student clinician is responsible for the client's welfare until an adult meets the client. Locate your clinical faculty/clinical educator or clinic director if assistance is needed. Clinicians who fail to attend a therapy session or cancel a client's therapy without notifying the clinical faculty/clinical educator, or arrive more than one minute late for a therapy session are subject to severe disciplinary action, including removal from the client assignment.

The Dr. Victoria L. Jay Clinic Resource Center

The Elmhurst University Speech-Language-Hearing Clinic is extremely fortunate to have the well-equipped Dr. Victoria L. Jay Clinic Resource Center for use by student clinicians. Your cooperation is necessary to keep this room organized and well-equipped. Use of the items in the Resource Center is a privilege afforded to all students enrolled in practicum. Out of consideration for your fellow students, please return all borrowed materials at the end of each therapy session. Clinic materials may not be left in therapy rooms or in lockers between sessions or overnight. In addition, all materials should be returned to the exact spot from which they were borrowed. Further, all parts of various materials should be returned together. Materials need to be signed out and checked in using the binder located in the Resource Center. No materials are to leave the building or be kept in student lockers. The same rules apply to diagnostic tests. Specifics regarding the use of test kits and forms will be addressed in more detail in practicum classes that utilize diagnostic materials. In addition, there are several I-pads

available for student use in treatment sessions. Check out procedures will be discussed in class. Students who are unable to comply with these procedures will be asked to supply their own materials for therapy. It is suggested that you purchase a PLAIN clip board to use for data collection within your sessions. The door to the workspace portion of the resource center should remain open at all times. Professional communication should be exhibited.

Removing Furniture from Therapy Rooms

Therapy room furniture cannot be left in the hallway. This is a violation of Fire and Safety Codes. If you need to remove furniture from a therapy room, you will need to move it into another therapy room and return it to the original therapy room at the end of each session.

Unlocking and Locking Therapy Rooms and Observation Rooms

Check to make sure that the observation room is open prior to beginning your session. If the room is locked, ask the clinic administrative assistant to open the door. When the session is finished, please sanitize the tables and make sure the room is neat. Be sure all lights are turned off and materials are removed from the room before leaving. Close the door when you leave.

Audio/Video Recording

Since January 2020, treatment in the EUSLHC will be monitored by a secure recording system, Intelligent Video Solution (IVS). Each session will be recorded and shared with the student clinician, along with department staff and clinical instructors. Access to the IVS program is limited to CSD faculty, staff, and student clinicians. Video recordings are considered educational material and will not become part of the client's medical record. And questions about IVS should be directed to clinical faculty/clinical educator, clinic director, or the clinic administrative assistant. Students may purchase and have their own recording device to audio record treatment sessions. Do not use your personal cell phone to do any recording of the treatment session. Any video and/or audio recordings should be reviewed in the clinic, using earbuds. Confidentiality must be respected and maintained in viewing and/or listening to any recording. Do not leave audio or video recordings unattended in or out of the therapy room. Failure to adhere to this policy will result in the lowering of your practicum grade and possible dismissal from the program.

Reporting Accidents and Injuries

Student clinicians must report if they or the client experiences an accident or injury. If the person is injured, make them comfortable. Notify a clinical faculty/clinical educator. Your clinical faculty/clinical educator will call for assistance as needed (Campus Security at ext. 3000, or if the injury appears serious, 911 for emergency agencies). The student clinician must inform the injured person that the clinical faculty/clinical educator has been notified and that assistance has been requested. The student clinician should offer the person comfort, but please refrain from discussing the immediate circumstances of the accident. Specifically, avoid making comments which tend to admit fault or negligence on the University's part or assurance of payment for medical or other costs. If the client is injured but insists on leaving the clinic, immediately notify the clinical faculty/clinical educator of the incident. The student clinician must provide the clinical faculty/clinical educator with a written description detailing the nature of the incident, including the date, time, and place of its occurrence. This description must be written within 24 hours of the incident. After the clinical faculty/clinical educator approves the description of the incident, the incident report should be signed by the clinical faculty/clinical educator and the student clinician, and placed in the client's file with a copy given to the clinic director and Campus Security.

Help prevent accidents from occurring by reporting a "near miss" (a condition that you consider unsafe), to the clinical faculty/clinical educator or the clinic director. An attempt to remedy any condition which appears to represent an "accident waiting to happen" will occur.

Blood and Bodily Fluid Accidents

Because of the risk of exposure to HIV and the Hepatitis B Virus when in contact with blood and bodily fluids, all students must follow Universal Precautions in all patient care encounters where exposure to mucous membranes/bodily fluids is a potential. See Appendix O for specific guidelines proposed by ASHA.

Eye Wash Kit

An eye wash kit is available for supervisor, student, and client use in The Koplin and Kobulnicky Center for Voice and Swallowing, where there is the potential for an exposure to the eyes or body with corrosive or injurious substances.

Seizure Policy

A seizure protocol (Appendix P) must be completed for any client who discloses a history of seizure activity or is taking anti-seizure medications. Student clinicians should review updated medical history with clients at the beginning of each term.

Inclement Weather Policy---- EU ALERT

The Elmhurst University Speech-Language-Hearing Clinic will be closed at all times when the university is officially closed by the Dean. You can call the campus emergency phone number (630-617-3777) to find out if the university has been closed due to inclement weather. Every graduate clinician should sign up for the EU Alert system. Please familiarize yourself with the posted signage throughout the Department regarding emergency procedures. This will be discussed in practicum class. Graduate students must always have client contact information with them. This information should be kept in secure location with no identifying information included. It is the responsibility of the student clinician to contact clients if therapy is canceled if designated by the clinic director to make this call. Additional procedural details will be discussed in class.

Every attempt will be made to make up sessions canceled by the university due to inclement weather.

On occasion, an incident may occur that results in the clinic closing although the university remains open (e.g., a power outage isolated in Jean Koplin Memorial Hall). If this occurs, clients will be cancelled as directed by the clinic director.

Video/Audio/Photo Waiver

Because we are a training institution, video/audio/photo recordings of you will be taken while you are a student in the MS in CSD program. They will be used for various purposes such as supervision of sessions, clinical teaching, publicity, CSD website postings, and the CSD LinkedIn Group Page, to name a few. Therefore, at the start of the program, you are required to complete the Waiver, found in Appendix S.

EXTERNAL PLACEMENTS

External Practicum Expectations

Elmhurst University graduate students will participate in both part-time and full-time practicum throughout their graduate experience. Practicum will take place in both educational and medical settings. The length of each placement will depend on the semester. Off-site placements could begin as early as the second semester of the first year of the graduate program. Through the course of clinical experiences, students work toward fulfilling clinical hours, knowledge, and skills required by the American Speech-Language-Hearing Association (ASHA). The student is required to plan ahead in order to meet their financial obligations, while participating in each external practicum placement. Work and other personal plans are not considered suitable reasons to alter practicum schedules.

Students are aware that they are guests at the cooperating practicum site and should conduct themselves accordingly as well as adhere to the guidelines set forth by the placement site, the external clinical supervisor, and those found in the Elmhurst University Master of Communication Sciences and Disorders Graduate Student Handbook.

Students must adhere to the Essential Functions held by the Master of Communication Sciences and Disorders program. They will maintain a current, valid background check throughout the program. Students will provide copies of updated background check to program's administrative assistant. Under the University's insurance policy, the student is insured throughout their graduate program. The student is not required to carry their own personal professional liability insurance.

Students should be aware that many practicum sites require specific items prior to confirmation of practicum placement. Consequently, they may be required to submit certain documents, interview, or review/study particular terminology or guidelines far in advance of their practicum assignment. Additional fingerprinting, background checks, TB, immunizations, and drug testing may be required. Any requirements by the external practicums are at the expense of the student. The off-campus clinical coordinator and/or the site will notify the student if any of the aforementioned circumstances apply.

Student must complete these requirements by the date specified by the clinic director as directed by the facility and/or off-campus clinical coordinator. Examples include: record of applicable immunizations, annual TB test (some practicum sites may require TB test results dated within a 90-day time period or two- step tests), American Heart Association Healthcare Provider CPR, proof of medical insurance, record of annual flu shot, and proof of ADA accommodations, if appropriate.

Anytime a student is not in class is considered an available time for clinical opportunities. In addition to off-campus clinical work, the student may be assigned a client or clients at the Elmhurst University Speech Language Hearing Clinic. Please see clinic manual for additional policies and procedures.

Prior to initiating the external practicum experience, mandatory orientation and information sessions will be held at the discretion of the off-campus clinical coordinator and the clinic director to discuss the necessary paperwork and requirements expected over the course of the term. All students involved are expected to attend as part of their grade. In addition, the external clinical placement sites may require student orientation and electronic medical record training prior to the start of the clinical placement. Students are required to attend these training sessions and complete all pre-requisites for the off-site clinical placement. The Off-Site Clinical Coordinator must be copied on all communications between

clinical placement coordinators/supervisors and students. It is the student's responsibility to contact the site supervisor within 3 to 4 weeks of their start date. Violations to these policies will result in remediation and possible expulsion from the program as described in the Elmhurst University Master of Communication Sciences and Disorders Graduate Student Handbook.

Externship Placement Requirements

Graduate students are required to have a cumulative GPA of at least 3.0 and meet all requirements for their assigned externship in order to be placed in an externship. If a student does not have at least a 3.0, their external placement will be delayed and their program extended.

Solicitation and Maintenance of Agreement

The off-campus clinical coordinator will be responsible for developing and maintaining an adequate number of clinical affiliations to meet the goals and objectives of program. This network will consist of cooperating hospitals, schools, private clinics and other agencies that will provide exposure to experiences that represent the breadth and depth of speech-language pathology clinical practice. The External Fieldwork Coordinator (Coordinator) will complete outreach efforts to expand the affiliation network and generate new external practicum opportunities. She will make prospective affiliations aware of program requirements regarding supervisor and clinical hour requirements. The Coordinator will then assess prospective affiliations to ensure clinical experiences are sufficient in-depth and breadth to further student's achievement of the specified knowledge and skills outcomes stipulated in the ASHA certification standards. Practicum sites are selected to provide exposure to the assessment and treatment across the lifespan. Sites must be capable of generating the minimum number of direct clinical contact hours required by our Department within a specific timeframe. The Coordinator will facilitate the execution of affiliation agreement between the external sites and the responsible parties at Elmhurst University. New affiliations to the affiliation agreement database are added once the agreement is fully executed. The Coordinator will routinely monitor database and initiate renewals for affiliations as needed. The Coordinator, in conjunction with other graduate program leadership will review data in CALIPSO related to amount and type of clinical hours, as well as student feedback of sites/supervisors to determine if sites continue to meet program needs.

External Practicum Site Selection and Placement

The Department of Communication Sciences and Disorders (CSD) at Elmhurst University maintains one part-time professional staff member serving as the Off-Campus Graduate Program Clinical Coordinator (Coordinator). It is the Coordinator's responsibility, in collaboration with the clinic director, faculty, and other on-campus clinical faculty/clinical educators, to help plan each student's practicum sequence. External practicum assignments will be finalized by the coordinator. Upon students' receipt of a placement notification, the CSD program will consider a placement assigned. Failure to complete the assigned practicum will result in dismissal from the graduate program at the end of the term. In the event a facility terminates the assignment, due to outcomes of the interview process or unanticipated events, the off-campus clinical coordinator will re-assign a new placement to the student. The same placement policy will apply to any re-assignments.

The Coordinator will meet with graduate students fall semester of year one to determine clinical interests. She will solicit interest from current affiliations to determine placements available. Simultaneously, she will continue outreach efforts to expand the affiliation network and generate new external practicum opportunities. The Coordinator may consider the geographical location of the student's primary residence when assigning placements; however, it is not always possible to place

students near their homes. Placements will be within 75 miles of Elmhurst University. Further in-state distances, of benefit to the student, may be discussed in the initial meeting with the coordinator and are subject to departmental approval. There are no out-of-state placements. An exception may be made for easily accessible sites along the WI/IN border upon approval of the clinical coordinator, clinic director, and graduate program director. The Coordinator will consider a number of factors in selecting placements. These include, but are not limited to, student needs, academic proficiency, student's level of clinical experience, availability of an external supervisor, the clinical site supervisor's schedule, and a fully executed clinical affiliation agreement.

Individuals with Disabilities: Elmhurst University will make accommodations for students with disabilities based on the presentation of appropriate documentation. If you believe that you have a disability that may impact your ability to participate in the practicum sequence, please contact Access and Disabilities Services. Students wishing to pursue accommodations due to a disability must follow Elmhurst University's policy and should notify Coordinator prior to November 1st during the first year of graduate program. New incidences of disability that may occur during practicum sequence will be coordinated with Access and Disability Services.

Notification of Placement

The off-campus clinical coordinator will be responsible for notifying Elmhurst University graduate students of their placements and the next steps required to facilitate placement. Placement notifications may begin as early as the first semester of graduate study and continue throughout the second year.

Each student will receive confirmation of their placement(s) via e-mail. E-mail confirmations will be the primary way in which students will be notified of their placements. It is critical that students consistently check their email in case of any updates regarding their external practicum placements. Students are responsible to check their email and respond within a timely manner (no later than 48 hours) to all emails. School breaks and/or holidays are not considered exceptions. The off-campus clinical coordinator may request documentation related to placements. It is expected that students provide information or follow up with sites within 48 hours. If documentation/correspondence is not completed by the date specified by the Coordinator in a timely manner, a placement may be reassigned.

Students should also be aware that not all notifications for part-time or full-time placements are received at that same time and should not compare notifications with their peers. Students must understand that the external practicum process is a very dynamic process with many factors. Changes in placements before the start date may occur for a multitude of reasons, many of which we, the university, do not control (e.g. staffing, productivity, changes to student policies). The CSD Department may initiate changes or modifications to the placement sequence if there are concerns regarding a student's academic and/or clinical performance, their ability to adhere to Essential Functions, or for specific program needs.

Student and Supervisor Acknowledgment of Guidelines for External Practicums

Elmhurst University graduate students and off-campus supervisors are expected to agree to adhere to the guidelines to ensure an optimal level of success during external practicums. Students will bring a hard copy of guidelines to review with clinical supervisor for each external practicum. Students and the supervisor will sign documents to indicate they have read and understand the guidelines. Students will

provide signed documents to the Off- Campus Clinical Coordinator via the method specified in syllabus. Policies and procedures related to violations of the guidelines and expectation for external practica is detailed in the External Practicum Expectations Policy document.

Forms to be Completed during Last Semester of Program

Employment Following Graduation

This form provides updated student contact and employer information.

Exit Survey

This survey is used to examine the quality of education received at EU as it pertains to ASHA's learner outcomes. (See Appendix R)

PRAXIS Exam Follow-Up

This form provides the score on our national organization's examination for a Certificate of Clinical Competency. A score of 162 on a 100-200 scale is passing.

Self-Reflection at the End of Each Placement

Student will complete a self-reflection in CALIPSO. It allows the student to report how well EU prepared them for their off-site placements and provides some general supervisor feedback.

Evaluation of Site and Supervisor

This will be completed in CALIPSO. This form allows the student to write a review about the site and supervisor. The feedback about sites may be requested by future Externs.

CSD ADDITIONAL INFORMATION

Professionalism

- Professional interactions, with faculty, staff, student workers, peers, fellow students, clinical rotation site individuals, and third parties are required by the Communication Sciences and Disorders Department. This includes communication that is face to face, by phone, emails, texts, letters, and other forms of communication.
- **American Speech-Language-Hearing Association's Code of Ethics (2023):**
<http://www.asha.org/Code-of-Ethics/>.

According to ASHA Standard IV-E:

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

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

Any report of a student's violation of the ASHA Code of Ethics at any time during the student's graduate program will be reviewed by a CSD Review Committee. Serious violations indicate that the student has failed to demonstrate ASHA Standard IV.E and will result in the student's dismissal from the program.

CALIPSO Knowledge and Skills Acquisition Summary Form

This form documents all completed coursework and is updated by the Graduate Program administrative assistant after completion of each term. The summary form will summarize your progress through the program. Sections of the KASA form will be checked off once courses are completed and grades are posted.

National Student Speech-Language-Hearing Association (NSSLHA)

NSSLHA is a pre-professional membership association for students interested in the study of communication sciences and disorders. www.nsslha.org. See the bulletin board for upcoming events.

Observations in the EU Clinic

Students wishing to observe particular clients of interest will need to obtain pre-approval from the clinic director who will consult with the supervisor. Clinic policies must be followed. Because these observations are not counted towards the student's observation hours, they are not required to complete the additional forms that generally accompany observations done by Full-Time students. The supervisor is not required to complete any documentation.

State Forms that Require our Signature

Students should contact the Program Director when a document needs to be signed by the CSD Department or when you need a letter to verify continuing matriculation or completion of the program.

APPENDIX

Appendix A- CALIPSO Knowledge and Skills Acquisition (KASA) Form

CALIPSO KASA Summary Form
For Certification in Speech-Language Pathology
Department of Communication Sciences and
DisordersElmhurst University, Elmhurst, IL 60126
2020 Standards for the Certificate of Clinical Competence (CCC) in Speech-Language
Pathology(Effective January 1, 2022)

This form is intended for use by the certification applicant during the graduate program to track the processes by which the knowledge and skills specified in the 2020 Standards for the CCC are being acquired. The CALIPSO KASA Form will be completed by program faculty with a check mark at the end of each semester. Students should review the CALIPSO KASA Form individually and with program director during advising sessions.

Standards	Knowledge/Skill Met? (check)	Course # and Title	Practicum Experiences # and Title	Other (e.g. labs, research)
Standard IV-A. The applicant must have demonstrated knowledge of:				
• Biological Sciences (e.g., biology, human anatomy and physiology, neuroanatomy and neurophysiology, human genetics, veterinary science)	X	*BIO100 or 104		
• Chemistry or Physics	X	*CHM100 or 101 or PHY101 or 111		
• Statistics (stand-alone course)	X	*MTH345 or PSY355		
• Social/behavioral Sciences	X	*PSY210 or SOC212		
Standard IV-B. The applicant must demonstrate knowledge of basic human communication and swallowing processes, including their biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases. The applicant must have demonstrated the ability to integrate information pertaining to normal and abnormal human development across the life span.				
• Basic Human Communication Processes				
• Biological	X	CSD 509 , CSD 510, CSD 516 , CSD 519, CSD 526		CSD 530, CSD 590
• Neurological	X	CSD 509 , CSD 510, CSD 515 , CSD 516 , CSD 519, CSD 526, CSD 528		CSD 530, CSD 590
• Acoustic	X	CSD 455, CSD 509 , CSD 510, CSD 516 , CSD 526		CSD 530, CSD 590
• Psychological	X	CSD 509 , CSD 510, CSD 515 , CSD 516 , CSD 518, CSD 526, CSD 527		CSD 530, CSD 590
• Developmental/Lifespan	X	CSD 509 , CSD 510, CSD 516 , CSD 519, CSD 522, CSD 527 , CSD 586, CSD 587 , CSD 592		CSD 530, CSD 590
• Linguistic	X	CSD 509 , CSD 510, CSD 515 , CSD 516 , CSD 518, CSD 522, CSD 527 , CSD 586, CSD 587 , CSD 592		CSD 530, CSD 590

• Cultural	X	CSD 509 , CSD 510, CSD 515 , CSD 516 , CSD 518, CSD 522, CSD 526, CSD 527 , CSD 586, CSD 587 , CSD 592		CSD 530, CSD 590
• Swallowing Processes				
• Biological	X	CSD 521		CSD 530, CSD 590
• Neurological	X	CSD 521		CSD 530, CSD 590
• Psychological	X			CSD 530, CSD 590
• Developmental/Lifespan	X	CSD 521		CSD 530, CSD 590
• Cultural	X	CSD 521		CSD 530, CSD 590
Standard IV-C. The applicant must have <u>demonstrated knowledge</u> of communication and swallowing disorders and differences, including the appropriate etiologies, characteristics, and anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates in the following areas:				
• Speech Sound Production, to encompass articulation, motor planning and execution, phonology, and accent modification				
• Etiologies	X	CSD 510, CSD 519, CSD 522, CSD 528, CSD 586, CSD 587 , CSD 592	UG	CSD 530, CSD 590
• Characteristics	X	CSD 510, CSD 519, CSD 522, CSD 528, CSD 586, CSD 587 , CSD 592	UG	CSD 530, CSD 590
• Fluency and fluency disorders				
• Etiologies	X	CSD 518, CSD 527 , CSD 585, CSD 586, CSD 592	UG	CSD 530, CSD 590
• Characteristics	X	CSD 518, CSD 527 , CSD 585, CSD 586, CSD 592	UG	CSD 530, CSD 590
• Voice and resonance, including respiration and phonation				
• Etiologies	X	CSD 522, CSD 526, CSD 528	UG	CSD 530, CSD 590
• Characteristics	X	CSD 522, CSD 526, CSD 528	UG	CSD 530, CSD 590
• Receptive and expressive language to include phonology, morphology, syntax, semantics, pragmatics (language use and social aspects of communication), prelinguistic communication, and paralinguistic communication (e.g., gestures, signs, body language), and literacy in speaking, listening, reading, and writing				

• Etiologies	X	CSD 509 , CSD 515 , CSD 516 , CSD 518, CSD 519, CSD 522, CSD 586, CSD 587 , CSD 592	UG	CSD 530, CSD 590
• Characteristics	X	CSD 509 , CSD 515 , CSD 516 , CSD 518, CSD 519, CSD 522, CSD 586, CSD 587 , CSD 592	UG	CSD 530, CSD 590
• Hearing, including the impact on speech and language				
• Etiologies	X	CSD 455, CSD 509 , CSD 510, CSD 516 , CSD 522	UG	CSD 530, CSD 590
• Characteristics	X	CSD 455, CSD 509 , CSD 510, CSD 516 , CSD 522	UG	CSD 530, CSD 590
• Swallowing/Feeding, including (a) structure and function of orofacial myology and (b) oral, pharyngeal, laryngeal, pulmonary, esophageal, gastrointestinal, and related functions across the lifespan				
• Etiologies	X	CSD 521, CSD 526, CSD 528	UG	CSD 530, CSD 590
• Characteristics	X	CSD 521, CSD 526, CSD 528	UG	CSD 530, CSD 590
• Cognitive aspects of communication, including attention, memory, sequencing, problem solving, executive functioning				
• Etiologies	X	CSD 509 , CSD 515 , CSD 516 , CSD 518, CSD 519, CSD 522, CSD 586, CSD 592	UG	CSD 530, CSD 590
• Characteristics	X	CSD 509 , CSD 515 , CSD 516 , CSD 518, CSD 519, CSD 522, CSD 586, CSD 592	UG	CSD 530, CSD 590
• Social aspects of communication, including challenging behavior, ineffective social skills, and lack of communication opportunities				
• Etiologies	X	CSD 509 , CSD 515 , CSD 516 , CSD 518, CSD 522, CSD 526, CSD 527 , CSD 586, CSD 592	UG	CSD 530, CSD 590
• Characteristics	X	CSD 509 , CSD 515 , CSD 516 , CSD 518, CSD 522, CSD 526, CSD 527 , CSD 586, CSD 592	UG	CSD 530, CSD 590
• Augmentative and alternative communication modalities				
• Characteristics	X	CSD 515 , CSD 522, CSD 526	UG	CSD 530, CSD 590

Standard IV-D: The applicant must have demonstrated current knowledge of the principles and methods of prevention, assessment, and intervention for persons with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates of the disorders.				
• Speech Sound Production, to encompass articulation, motor planning and execution, phonology, and accent modification				
• Prevention	X	CSD 510, CSD 518, CSD 522, CSD 528, CSD 586, CSD 587 , CSD 592	UG	CSD 530, CSD 590
• Assessment	X	CSD 510, CSD 518, CSD 522, CSD 528, CSD 586, CSD 587 , CSD 592	UG	CSD 530, CSD 590
• Intervention	X	CSD 510, CSD 518, CSD 522, CSD 528, CSD 586, CSD 587 , CSD 592	UG	CSD 530, CSD 590
• Fluency and Fluency Disorders				
• Prevention	X	CSD 518, CSD 527	UG	CSD 530, CSD 590
• Assessment	X	CSD 518, CSD 527	UG	CSD 530, CSD 590
• Intervention	X	CSD 518, CSD 527	UG	CSD 530, CSD 590
• Voice and resonance, including respiration and phonation				
• Prevention	X	CSD 518, CSD 522, CSD 526, CSD 528	UG	CSD 530, CSD 590
• Assessment	X	CSD 518, CSD 522, CSD 526, CSD 528	UG	CSD 530, CSD 590
• Intervention	X	CSD 518, CSD 522, CSD 526, CSD 528	UG	CSD 530, CSD 590
• Receptive and expressive language to include phonology, morphology, syntax, semantics, pragmatics (language use and social aspects of communication), prelinguistic communication, and paralinguistic communication (e.g., gestures, signs, body language), and literacy in speaking, listening, reading, and writing				
• Prevention	X	CSD 509 , CSD 515 , CSD 516 , CSD 518, CSD 522, CSD 586, CSD 587 , CSD 592	UG	CSD 530, CSD 590
• Assessment	X	CSD 509 , CSD 515 , CSD 516 , CSD 518, CSD 522, CSD 586, CSD 587 , CSD 592	UG	CSD 530, CSD 590

• Intervention	X	CSD 509 , CSD 515 , CSD 516 , CSD 518, CSD 522, CSD 586, CSD 587 , CSD 592	UG	CSD 530, CSD 590
• Hearing, including the impact on speech and language				
• Prevention	X	CSD 455, CSD 509 , CSD 510, CSD 516	UG	CSD 530, CSD 590
• Assessment	X	CSD 455, CSD 509 , CSD 510, CSD 516	UG	CSD 530, CSD 590
• Intervention	X	CSD 455, CSD 509 , CSD 510, CSD 516	UG	CSD 530, CSD 590
• Swallowing/Feeding, including (a) structure and function of orofacial myology and (b) oral, pharyngeal, laryngeal, pulmonary, esophageal, gastrointestinal, and related functions across the lifespan				
• Prevention	X	CSD 521, CSD 526, CSD 528	UG	CSD 530, CSD 590
• Assessment	X	CSD 521, CSD 526, CSD 528	UG	CSD 530, CSD 590
• Intervention	X	CSD 521, CSD 526, CSD 528	UG	CSD 530, CSD 590
• Cognitive aspects of communication, including attention, memory, sequencing, problem solving, executive functioning				
• Prevention	X	CSD 509 , CSD 515 , CSD 516 , CSD 518, CSD 522	UG	CSD 530, CSD 590
• Assessment	X	CSD 509 , CSD 515 , CSD 516 , CSD 518, CSD 522	UG	CSD 530, CSD 590
• Intervention	X	CSD 509 , CSD 515 , CSD 516 , CSD 518, CSD 522	UG	CSD 530, CSD 590
• Social aspects of communication, including challenging behavior, ineffective social skills, and lack of communication opportunities				
• Prevention	X	CSD 509 , CSD 515 , CSD 516 , CSD 518, CSD 522, CSD 527	UG	CSD 530, CSD 590
• Assessment	X	CSD 509 , CSD 515 , CSD 516 , CSD 518, CSD 522, CSD 527	UG	CSD 530, CSD 590
• Intervention	X	CSD 509 , CSD 515 , CSD 516 , CSD 518, CSD 522, CSD 527	UG	CSD 530, CSD 590
• Augmentative and alternative communication modalities				
• Assessment	X	CSD 509 , CSD 515 , CSD 518, CSD 522, CSD 526	UG	CSD 530, CSD 590

• Intervention	X	CSD 509 , CSD 515 , CSD 518, CSD 522, CSD 526	UG	CSD 530, CSD 590
Standard IV-E: The applicant must have demonstrated knowledge of standards of ethical conduct.	X	CSD 507, CSD 509 , CSD 510, CSD 516 , CSD 521, CSD 522, CSD 525, CSD 527 , CSD 528, CSD 585, CSD 586, CSD 587 , CSD 592	UG	
Standard IV-F: The applicant must have demonstrated knowledge of processes used in research and of the integration of research principles into evidence-based clinical practice.	X	CSD 507, CSD 509 , CSD 510, CSD 516 , CSD 521, CSD 522, CSD 525, CSD 527 , CSD 528, CSD 585, CSD 586, CSD 587 , CSD 592	UG	CSD 530, CSD 590
Standard IV-G: The applicant must have demonstrated knowledge of contemporary professional issues; cultural competency and diversity, equity, and inclusion (DEI); and advocacy.	X	CSD 507, CSD 509 , CSD 510, CSD 516 , CSD 521, CSD 525, CSD 527 , CSD 528, CSD 586, CSD 587 , CSD 592	UG	
Standard IV-H: The applicant must have demonstrated knowledge of entry level and advanced certifications, licensure, and other relevant professional credentials, as well as local, state, and national regulations and policies relevant to professional practice.	X	CSD 586, CSD 592	UG	
Standard V-A: The applicant must have demonstrated skills in oral and written or other forms of communication sufficient for entry into professional practice (including Speech and Language skills in English, consistent with ASHA's position statement on students and professionals who speak English with accents and nonstandard dialects).	X	CSD 507, CSD 509 , CSD 510, CSD 516 , CSD 521, CSD 522, CSD 526, CSD 528, CSD 586, CSD 587 , CSD 592	UG	CSD 530, CSD 590
Standard V-B: The applicant must have completed a program of study that included supervised clinical experiences sufficient in breadth and depth to achieve the following skills outcomes. (These skills may be developed and demonstrated through direct clinical experiences, academic coursework, labs, simulations, and examinations, as well as through the completion of independent projects.)				
1. Evaluation (must include all skill outcomes listed in a-g below for each of the 9 major areas except that prevention does not apply to communication modalities)				
• Speech Sound Production, to encompass articulation, motor planning and execution, phonology, and accent modification				
Std. V-B 1a. Conduct screening and prevention procedures, including prevention activities	X	CSD 510, CSD 522, CSD 587	UG	

Std. V-B 1b. Collect case history information and integrate information from clients/patients, family, caregivers, teachers, relevant others, and other professionals	X	CSD 510, CSD 522, CSD 528, CSD 587	UG	
Std. V-B 1c. Select and administer appropriate evaluation procedures, such as behavioral observations nonstandardized and standardized tests, and instrumental procedures	X	CSD 510, CSD 522, CSD 528, CSD 587	UG	
Std. V-B 1d. Adapt evaluation procedures to meet the needs of individuals receiving services	X	CSD 510, CSD 522, CSD 587	UG	
Std. V-B 1e. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention	X	CSD 510, CSD 522, CSD 528, CSD 587	UG	
Std. V-B 1f. Complete administrative and reporting functions necessary to support evaluation	X	CSD 510, CSD 522, CSD 587	UG	
Std. V-B 1g. Refer clients/patients for appropriate services	X	CSD 510, CSD 522, CSD 528, CSD 587	UG	
• Fluency and Fluency Disorders				
Std. V-B 1a. Conduct screening and prevention procedures, including prevention activities	X	CSD 527	UG	
Std. V-B 1b. Collect case history information and integrate information from clients/patients, family, caregivers, teachers, relevant others, and other professionals	X	CSD 527	UG	
Std. V-B 1c. Select and administer appropriate evaluation procedures, such as behavioral observations nonstandardized and standardized tests, and instrumental procedures	X	CSD 527	UG	
Std. V-B 1d. Adapt evaluation procedures to meet the needs of individuals receiving services	X	CSD 527	UG	
Std. V-B 1e. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention	X	CSD 527	UG	
Std. V-B 1f. Complete administrative and reporting functions necessary to support evaluation	X	CSD 527	UG	
Std. V-B 1g. Refer clients/patients for appropriate services	X	CSD 527	UG	
• Voice and resonance, including respiration and phonation				
Std. V-B 1a. Conduct screening and prevention procedures, including prevention activities	X	CSD 526	UG	

Std. V-B 1b. Collect case history information and integrate information from clients/patients, family, caregivers, teachers, relevant others, and other professionals	X	CSD 526, CSD 528	UG	
Std. V-B 1c. Select and administer appropriate evaluation procedures, such as behavioral observations nonstandardized and standardized tests, and instrumental procedures	X	CSD 526, CSD 528	UG	
Std. V-B 1d. Adapt evaluation procedures to meet the needs of individuals receiving services	X	CSD 526	UG	
Std. V-B 1e. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention	X	CSD 526, CSD 528	UG	
Std. V-B 1f. Complete administrative and reporting functions necessary to support evaluation	X	CSD 526	UG	
Std. V-B 1g. Refer clients/patients for appropriate services	X	CSD 526, CSD 528	UG	
• Receptive and expressive language to include phonology, morphology, syntax, semantics, pragmatics (language use and social aspects of communication), prelinguistic communication, and paralinguistic communication (e.g., gestures, signs, body language), and literacy in speaking, listening, reading, and writing				
Std. V-B 1a. Conduct screening and prevention procedures, including prevention activities	X	CSD 515 , CSD 522, CSD 525, CSD 587	UG	
Std. V-B 1b. Collect case history information and integrate information from clients/patients, family, caregivers, teachers, relevant others, and other professionals	X	CSD 516 , CSD 522, CSD 525, CSD 587	UG	
Std. V-B 1c. Select and administer appropriate evaluation procedures, such as behavioral observations nonstandardized and standardized tests, and instrumental procedures	X	CSD 515 , CSD 516 , CSD 522, CSD 525, CSD 587	UG	
Std. V-B 1d. Adapt evaluation procedures to meet the needs of individuals receiving services	X	CSD 515 , CSD 522, CSD 525, CSD 587	UG	
Std. V-B 1e. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention	X	CSD 515 , CSD 516 , CSD 522, CSD 525, CSD 587	UG	
Std. V-B 1f. Complete administrative and reporting functions necessary to support evaluation	X	CSD 515 , CSD 516 , CSD 522, CSD 587	UG	
Std. V-B 1g. Refer clients/patients for appropriate services	X	CSD 516 , CSD 522, CSD 525, CSD 587	UG	

• Hearing, including the impact on speech and language				
Std. V-B 1a. Conduct screening and prevention procedures, including prevention activities	X	CSD 455	UG	
Std. V-B 1b. Collect case history information and integrate information from clients/patients, family, caregivers, teachers, relevant others, and other professionals	X	CSD 455	UG	
Std. V-B 1c. Select and administer appropriate evaluation procedures, such as behavioral observations nonstandardized and standardized tests, and instrumental procedures	X	CSD 455	UG	
Std. V-B 1d. Adapt evaluation procedures to meet the needs of individuals receiving services	X	CSD 455	UG	
Std. V-B 1e. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention	X	CSD 455	UG	
Std. V-B 1f. Complete administrative and reporting functions necessary to support evaluation	X	CSD 455	UG	
Std. V-B 1g. Refer clients/patients for appropriate services	X	CSD 455	UG	
• Swallowing/Feeding, including (a) structure and function of orofacial myology and (b) oral, pharyngeal, laryngeal, pulmonary, esophageal, gastrointestinal, and related functions across the lifespan				
Std. V-B 1a. Conduct screening and prevention procedures, including prevention activities	X	CSD 521	UG	
Std. V-B 1b. Collect case history information and integrate information from clients/patients, family, caregivers, teachers, relevant others, and other professionals	X	CSD 521	UG	
Std. V-B 1c. Select and administer appropriate evaluation procedures, such as behavioral observations nonstandardized and standardized tests, and instrumental procedures	X	CSD 521	UG	
Std. V-B 1d. Adapt evaluation procedures to meet the needs of individuals receiving services	X	CSD 521	UG	
Std. V-B 1e. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention	X	CSD 521	UG	
Std. V-B 1f. Complete administrative and reporting functions necessary to support evaluation	X	CSD 521	UG	

Std. V-B 1g. Refer clients/patients for appropriate services	X	CSD 521	UG	
• Cognitive aspects of communication, including attention, memory, sequencing, problem solving, executive functioning				
Std. V-B 1a. Conduct screening and prevention procedures, including prevention activities	X	CSD 515	UG	
Std. V-B 1b. Collect case history information and integrate information from clients/patients, family, caregivers, teachers, relevant others, and other professionals	X	CSD 515	UG	
Std. V-B 1c. Select and administer appropriate evaluation procedures, such as behavioral observations nonstandardized and standardized tests, and instrumental procedures	X	CSD 515	UG	
Std. V-B 1d. Adapt evaluation procedures to meet the needs of individuals receiving services	X	CSD 515	UG	
Std. V-B 1e. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention	X	CSD 515	UG	
Std. V-B 1f. Complete administrative and reporting functions necessary to support evaluation	X	CSD 515	UG	
Std. V-B 1g. Refer clients/patients for appropriate services	X	CSD 515	UG	
• Social aspects of communication, including challenging behavior, ineffective social skills, and lack of communication opportunities				
Std. V-B 1a. Conduct screening and prevention procedures, including prevention activities	X	CSD 515	UG	
Std. V-B 1b. Collect case history information and integrate information from clients/patients, family, caregivers, teachers, relevant others, and other professionals	X	CSD 515	UG	
Std. V-B 1c. Select and administer appropriate evaluation procedures, such as behavioral observations nonstandardized and standardized tests, and instrumental procedures	X	CSD 515	UG	
Std. V-B 1d. Adapt evaluation procedures to meet the needs of individuals receiving services	X	CSD 515	UG	
Std. V-B 1e. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention	X	CSD 515	UG	

Std. V-B 1f. Complete administrative and reporting functions necessary to support evaluation	X	CSD 515	UG	
Std. V-B 1g. Refer clients/patients for appropriate services	X	CSD 515	UG	
• Augmentative and alternative communication modalities				
Std. V-B 1a. Conduct screening procedures	X	CSD 522	UG	
Std. V-B 1b. Collect case history information and integrate information from clients/patients, family, caregivers, teachers, relevant others, and other professionals	X	CSD 522	UG	
Std. V-B 1c. Select and administer appropriate evaluation procedures, such as behavioral observations nonstandardized and standardized tests, and instrumental procedures	X	CSD 522	UG	
Std. V-B 1d. Adapt evaluation procedures to meet the needs of individuals receiving services	X	CSD 522	UG	
Std. V-B 1e. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention	X	CSD 522	UG	
Std. V-B 1f. Complete administrative and reporting functions necessary to support evaluation	X	CSD 522	UG	
Std. V-B 1g. Refer clients/patients for appropriate services	X	CSD 522	UG	
2. Intervention (must include all skill outcomes listed in a-g below for each of the 9 major areas)				
• Speech Sound Production, to encompass articulation, motor planning and execution, phonology, and accent modification				
Std. V-B 2a. Develop setting-appropriate intervention plans with measurable and achievable goals that meet clients'/patients' needs. Collaborate with clients/patients and relevant others in the planning process	X	CSD 510, CSD 528, CSD 587	UG	
Std. V-B 2b. Implement intervention plans that involve clients/patients and relevant others in the intervention process.	X		UG	
Std. V-B 2c. Select or develop and use appropriate materials and instrumentation for prevention and intervention	X	CSD 510, CSD 528	UG	
Std. V-B 2d. Measure and evaluate clients'/patients' performance and progress	X	CSD 528	UG	

Std. V-B 2e. Modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients	X	CSD 585	UG	
Std. V-B 2f. Complete administrative and reporting functions necessary to support intervention	X	CSD 528	UG	
Std. V-B 2g. Identify and refer clients/patients for services as appropriate	X	CSD 528	UG	
• Fluency and Fluency Disorders				
Std. V-B 2a. Develop setting-appropriate intervention plans with measurable and achievable goals that meet clients'/patients' needs. Collaborate with clients/patients and relevant others in the planning process	X	CSD 527	UG	
Std. V-B 2b. Implement intervention plans that involve clients/patients and relevant others in the intervention process.	X	CSD 527	UG	
Std. V-B 2c. Select or develop and use appropriate materials and instrumentation for prevention and intervention	X	CSD 527	UG	
Std. V-B 2d. Measure and evaluate clients'/patients' performance and progress	X	CSD 527	UG	
Std. V-B 2e. Modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients	X	CSD 527	UG	
Std. V-B 2f. Complete administrative and reporting functions necessary to support intervention	X	CSD 527	UG	
Std. V-B 2g. Identify and refer clients/patients for services as appropriate	X	CSD 527	UG	
• Voice and resonance, including respiration and phonation				
Std. V-B 2a. Develop setting-appropriate intervention plans with measurable and achievable goals that meet clients'/patients' needs. Collaborate with clients/patients and relevant others in the planning process	X	CSD 528	UG	
Std. V-B 2b. Implement intervention plans that involve clients/patients and relevant others in the intervention process.	X	CSD 526	UG	
Std. V-B 2c. Select or develop and use appropriate materials and instrumentation for prevention and intervention	X	CSD 526, CSD 528	UG	
Std. V-B 2d. Measure and evaluate clients'/patients' performance and progress	X	CSD 526, CSD 528	UG	

Std. V-B 2e. Modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients	X	CSD 526	UG	
Std. V-B 2f. Complete administrative and reporting functions necessary to support intervention	X	CSD 526, CSD 528	UG	
Std. V-B 2g. Identify and refer clients/patients for services as appropriate	X	CSD 528	UG	
• Receptive and expressive language to include phonology, morphology, syntax, semantics, pragmatics (language use and social aspects of communication), prelinguistic communication, and paralinguistic communication (e.g., gestures, signs, body language), and literacy in speaking, listening, reading, and writing				
Std. V-B 2a. Develop setting-appropriate intervention plans with measurable and achievable goals that meet clients'/patients' needs. Collaborate with clients/patients and relevant others in the planning process	X	CSD 509 , CSD 516 , CSD 522, CSD 525, CSD 587	UG	
Std. V-B 2b. Implement intervention plans that involve clients/patients and relevant others in the intervention process.	X	CSD 516 , CSD 522	UG	
Std. V-B 2c. Select or develop and use appropriate materials and instrumentation for prevention and intervention	X	CSD 516 , CSD 522, CSD 525	UG	
Std. V-B 2d. Measure and evaluate clients'/patients' performance and progress	X	CSD 516 , CSD 522	UG	
Std. V-B 2e. Modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients	X	CSD 516 , CSD 522	UG	
Std. V-B 2f. Complete administrative and reporting functions necessary to support intervention	X	CSD 516 , CSD 522	UG	
Std. V-B 2g. Identify and refer clients/patients for services as appropriate	X	CSD 516 , CSD 522	UG	
• Hearing, including the impact on speech and language				
Std. V-B 2a. Develop setting-appropriate intervention plans with measurable and achievable goals that meet clients'/patients' needs. Collaborate with clients/patients and relevant others in the planning process	X	CSD 455	UG	
Std. V-B 2b. Implement intervention plans that involve clients/patients and relevant others in the intervention process.	X	CSD 455	UG	

Std. V-B 2c. Select or develop and use appropriate materials and instrumentation for prevention and intervention	X	CSD 455	UG	
Std. V-B 2d. Measure and evaluate clients'/patients' performance and progress	X	CSD 455	UG	
Std. V-B 2e. Modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients	X	CSD 455	UG	
Std. V-B 2f. Complete administrative and reporting functions necessary to support intervention	X	CSD 455	UG	
Std. V-B 2g. Identify and refer clients/patients for services as appropriate	X	CSD 455	UG	
• Swallowing/Feeding, including (a) structure and function of orofacial myology and (b) oral, pharyngeal, laryngeal, pulmonary, esophageal, gastrointestinal, and related functions across the lifespan				
Std. V-B 2a. Develop setting-appropriate intervention plans with measurable and achievable goals that meet clients'/patients' needs. Collaborate with clients/patients and relevant others in the planning process	X	CSD 521	UG	
Std. V-B 2b. Implement intervention plans that involve clients/patients and relevant others in the intervention process.	X	CSD 521	UG	
Std. V-B 2c. Select or develop and use appropriate materials and instrumentation for prevention and intervention	X	CSD 521	UG	
Std. V-B 2d. Measure and evaluate clients'/patients' performance and progress	X	CSD 521	UG	
Std. V-B 2e. Modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients	X	CSD 521	UG	
Std. V-B 2f. Complete administrative and reporting functions necessary to support intervention	X		UG	
Std. V-B 2g. Identify and refer clients/patients for services as appropriate	X	CSD 521	UG	
• Cognitive aspects of communication, including attention, memory, sequencing, problem solving, executive functioning				
Std. V-B 2a. Develop setting-appropriate intervention plans with measurable and achievable goals that meet clients'/patients' needs. Collaborate with clients/patients and relevant others in the planning process	X	CSD 515	UG	

Std. V-B 2b. Implement intervention plans that involve clients/patients and relevant others in the intervention process.	X	CSD 515	UG	
Std. V-B 2c. Select or develop and use appropriate materials and instrumentation for prevention and intervention	X	CSD 515	UG	
Std. V-B 2d. Measure and evaluate clients'/patients' performance and progress	X		UG	
Std. V-B 2e. Modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients	X	CSD 515	UG	
Std. V-B 2f. Complete administrative and reporting functions necessary to support intervention	X	CSD 515	UG	
Std. V-B 2g. Identify and refer clients/patients for services as appropriate	X	CSD 515	UG	
• Social aspects of communication, including challenging behavior, ineffective social skills, and lack of communication opportunities				
Std. V-B 2a. Develop setting-appropriate intervention plans with measurable and achievable goals that meet clients'/patients' needs. Collaborate with clients/patients and relevant others in the planning process	X	CSD 522	UG	
Std. V-B 2b. Implement intervention plans that involve clients/patients and relevant others in the intervention process.	X	CSD 522	UG	
Std. V-B 2c. Select or develop and use appropriate materials and instrumentation for prevention and intervention	X	CSD 522	UG	
Std. V-B 2d. Measure and evaluate clients'/patients' performance and progress	X	CSD 522	UG	
Std. V-B 2e. Modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients	X	CSD 522	UG	
Std. V-B 2f. Complete administrative and reporting functions necessary to support intervention	X	CSD 522	UG	
Std. V-B 2g. Identify and refer clients/patients for services as appropriate	X	CSD 522	UG	
• Augmentative and alternative communication modalities				

Std. V-B 2a. Develop setting-appropriate intervention plans with measurable and achievable goals that meet clients'/patients' needs. Collaborate with clients/patients and relevant others in the planning process	X	CSD 522	UG	
Std. V-B 2b. Implement intervention plans that involve clients/patients and relevant others in the intervention process.	X	CSD 522	UG	
Std. V-B 2c. Select or develop and use appropriate materials and instrumentation for prevention and intervention	X	CSD 522	UG	
Std. V-B 2d. Measure and evaluate clients'/patients' performance and progress	X	CSD 522	UG	
Std. V-B 2e. Modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients	X	CSD 522	UG	
Std. V-B 2f. Complete administrative and reporting functions necessary to support intervention	X	CSD 522	UG	
Std. V-B 2g. Identify and refer clients/patients for services as appropriate	X	CSD 522	UG	
3. Interaction and Personal Qualities				
Std. V-B 3a. Communicate effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the individual(s) receiving services, family, caregivers, and relevant others.	X	CSD 515 , CSD 525, CSD 527 , CSD 586, CSD 587 , CSD 592	UG	
Std. V-B 3b. Manage the care of individuals receiving services to ensure an interprofessional, team-based collaborative practice.	X	CSD 509 , CSD 510, CSD 516 , CSD 522, CSD 525	UG	
Std. V-B 3c. Provide counseling regarding communication and swallowing disorders to clients/patients, family, caregivers, and relevant others.	X	CSD 515 , CSD 521, CSD 525, CSD 526, CSD 527 , CSD 586, CSD 592	UG	
Std. V-B 3d. Adhere to the ASHA Code of Ethics and behave professionally.	X	CSD 507, CSD 515 , CSD 522, CSD 525, CSD 526, CSD 527	UG	

Appendix B – MS in CSD Graduation Preparedness Checklist

MS IN CSD GRADUATE PREPAREDNESS CHECKLIST

Meeting graduate degree requirements, ASHA certification requirements, and state teacher licensure requirements is primarily the obligation of the degree-seeking student. This checklist provides our current understanding of your progress toward each of these goals.

STUDENT NAME:	CLASS OF:	SECTION:
Click or tap here to enter text.	Click or tap here to enter text.	01 <input type="checkbox"/> 02 <input type="checkbox"/>

DEGREE

Students pursuing a M.S. in CSD must meet all program requirements and satisfy the following:

ACADEMIC COURSE REQUIREMENTS	COMPLETED
Summer Year 1: CSD 505, 519	<input type="checkbox"/>
Fall Year 1: CSD 500, 507, 509, 510, 515	<input type="checkbox"/>
J-Term Year 1: CSD 518	<input type="checkbox"/>
Spring Year 1: CSD 501, 516, 521, 528	<input type="checkbox"/>
Summer Year 2: CSD 502, 525	<input type="checkbox"/>
Fall Year 2: CSD 503/504, 522, 527, 526	<input type="checkbox"/>
Spring Year 2: CSD 513/514 or 524/525	<input type="checkbox"/>

CAPSTONE REQUIREMENTS	COMPLETED
RESEARCH CAPSTONE	
Spring Year 1: CSD 530	<input type="checkbox"/>
Fall Year 2: CSD 530	<input type="checkbox"/>
Spring Year 2: CSD 530	<input type="checkbox"/>
Research Paper Adviser: Click or tap here to enter text.	<input type="checkbox"/>
Research Presentation: Click or tap here to enter text.	<input type="checkbox"/>
CLINICAL CAPSTONE	
Throughout program collect appropriate academic, clinical evidence as required in capstone rubric	Ongoing
Spring Year 2: CSD 591	<input type="checkbox"/>
Clinical Presentation	<input type="checkbox"/>

PRACTICUM	COMPLETED
Spring Year 2: CSD 513 & 514 or CSD 523/524 with B- or above	<input type="checkbox"/>
400 Therapy Hours	<input type="checkbox"/> Hours to date: Click or tap here to enter text.

Aural Rehab	Satisfied: <input type="checkbox"/> Click or tap here to enter text.
PRAXIS Test	Pass: <input type="checkbox"/> Score: Click or tap here to enter text.

Notes: Click or tap here to enter text.

CCCS

Beyond satisfying KASA Standards met by Degree Program (including any outstanding remediation), student has satisfied the following:

Biological Science	Satisfied: <input type="checkbox"/> Click or tap here to enter text.
Physical Science	Satisfied: <input type="checkbox"/> Click or tap here to enter text.
Statistics	Satisfied: <input type="checkbox"/> Click or tap here to enter text.
Social/Behavioral Science	Satisfied: <input type="checkbox"/> Click or tap here to enter text.

Notes: Click or tap here to enter text.

Passing the [National Certification Exam](#), [completing a Clinical Fellowship](#), and other conditions are a part of earning the CCC-SLP; for complete information see [ASHA's certification page](#).

ISBE PROFESSIONAL EDUCATOR'S LICENSE (PEL)

The state of Illinois requires all speech-language pathologists who work in the school setting to satisfy the following:

PURSUNG PEL	
EDU 223, MTL 532, or Other	Satisfied: <input type="checkbox"/> Click or tap here to enter text.
150 Hours in a School Setting	Satisfied: <input type="checkbox"/> Click or tap here to enter text.
ILTS 232 (SLP – Non-Teaching)	Pass: <input type="checkbox"/> Score: Click or tap here to enter text.

Notes: Sign up for the ILTS 232 SLP Non-Teaching exam in the summer. Pass by July, just in case any fall placement requires a passing score. Refer to ILTS instructions document for information on resources and signing up.

MULTILINGUAL / MULTICULTURAL EMPHASIS COMPETENCIES

The M/M Emphasis requires all students pursuing this emphasis to satisfy the following:

PURSUNG M/M	COMPLETED
Fall Year 1: CSD 586	<input type="checkbox"/>
J-Term Year 1: CSD 518*	<input type="checkbox"/>
Summer Year 2: CSD 525*	<input type="checkbox"/>
Summer Year 2: CSD 587	<input type="checkbox"/>
Capstone with M/M Component	<input type="checkbox"/>
Minimum 25 Clinical Hours w/ M/M Clients	<input type="checkbox"/>

Notes: Click or tap here to enter text.

BILINGUAL SPECIAL EDUCATOR APPROVAL

Students who wish to apply for the Bilingual Special Educator Approval through IBSE must satisfy the following:

	COMPLETED
CSD 587 / MTL 587	<input type="checkbox"/>
Test of Language Proficiency <i>Advised (not a requirement of M/M)</i>	Click or tap here to enter text.

Notes: Click or tap here to enter text.

FINAL UG TRANSCRIPT RECEIVED:	<input type="checkbox"/>
UG GPA:	CLICK OR TAP HERE TO ENTER TEXT.

OTHER ADVISING NOTES:

FA Yr 1: Click or tap here to enter text.

SP Yr 1: Click or tap here to enter text.

FA Yr 2: Click or tap here to enter text.

Final: Click or tap here to enter text.

Other: Click or tap here to enter text.

REVIEWED BY PROGRAM DIRECTOR	
FA Yr 1	Click or tap here to enter text.
SP Yr 1	Click or tap here to enter text.
FA Yr 2	Click or tap here to enter text.
Final	Click or tap here to enter text.

Appendix C – CSD 530 Master's Thesis Form



Master's Thesis Plan (CSD 530)

Name _____ Current email address _____

Title of Thesis _____

Brief description of plan for completion of thesis

Please print the name of your thesis committee chairperson _____

Please sign and date below.

Signature of Student

Date _____

Signature of Committee Chairperson

Date _____

Other Committee Members:

CSD Faculty Member _____

Elmhurst University Faculty Member _____

Appendix D – CSD 591 Clinical Portfolio Capstone

Introduction

The Elmhurst University Master of Science in Speech-Language Pathology (MS-SLP) program is committed to fostering well-rounded clinicians equipped with the knowledge and skills to excel in the field. This portfolio serves not only as a showcase of your academic achievements but also as a springboard for future professional success. By compiling evidence of your ability to apply theoretical knowledge to real-world scenarios, you will demonstrate your competency across various communication domains, mirroring the documentation and presentation skills expected of practicing SLPs. This portfolio format will ultimately prepare you to seamlessly integrate into clinical settings, where effective communication and evidence-based practice are paramount.

The remaining sections of this policy outline the requirements for developing your comprehensive portfolio, including content organization, submission procedures, and considerations regarding incomplete portfolios. Students will assemble the components of their portfolios and develop the capstone grand rounds presentations during the second spring semester in CSD 591. However, students should start collecting their evidence from academic and clinical courses independently throughout their program to facilitate portfolio development.

Portfolio Content and Organization

- **Coursework:**
 - Students will submit two assignments from the academic courses below, one focusing on **assessment** and the other on **treatment**.
 - CSD 509, 510, 515, 516, 518, 521, 522, 525, 526, 527, 528
 - Students will submit their **final paper/project** from CSD 519.
 - Students will submit their **final project** from CSD 507.
 - Each assignment must be accompanied by a **brief reflection** (1-2 paragraphs) on how student work met specific learning standards outlined in the course syllabus (i.e., KASA standards).
 - Students should prioritize submitting assignments that best demonstrate their mastery of course content. Assignments that required remediation (e.g., additional work to achieve met competencies) should not be included unless explicit approval is granted by the instructor. Students must upload the Use of Remediated Assignment Form indicating the instructor has granted approval.
 - If instructor approval is granted for a previously remediated assignment, students must include an additional reflection (1-2 paragraphs) explaining how the remediation activity addressed the learning gaps and ultimately met the specific learning standards outlined in the course syllabus (i.e., KASA standards). The instructor may require students to fix the assignment to address the remediation as part of the approval process.
 - When submitting remediated assignments for the portfolio, students must include the original assignment, the remediation plan, any additional documents (e.g., an assignment revision, the remediation activity), and the reflections.
 - Coursework files should be named as follows: CSD XXX_(assessment or treatment)

- Reflection files should be named as follows: CSD XXX_(assessment or treatment)_reflection
- **Clinical Experience:**
 - On-campus clinical practicum requirements
 - Students will include a **sample de-identified lesson plan for each client** they served during their on-campus clinic practicum.
 - Students will include a **sample of baselining**, including interpretation
 - Students will include a **communication sample**, including interpretation
 - Students will include a **sample of de-identified evaluation plan or evaluation report**, including interpretation
 - Students will include certificates for all Body Swaps simulations
 - Lesson plans should demonstrate application of theoretical knowledge to practical intervention strategies.
 - Lesson plan files should be named as follows: ASHA Big 9 Areas_(pediatric or adult)_Term year
 - Other documents should be named as follows: Item(e.g., Baselining)_Term year
- **Capstone Grand Rounds:**
 - Students will select a client they had in the Elmhurst University Speech Clinic in CSD 502. This client must be approved by the instructor(s) of CSD 502 and the clinical director. Students will submit the CSD 502 Client Approval Form at the beginning of CSD 591 confirming this approval.
 - Students will develop a grand rounds presentation in CSD 591 about a client in the clinic including demographic information, treatment objectives and EBP options, treatment outcomes, and lessons learned. Students will include this presentation in their portfolio.
 - Students will present their 20-24 minute grand rounds presentations in May of their graduating year.
- **Organization:**
 - The portfolio must be well-organized and easy to navigate.
 - The portfolio must be organized according to the following:
 - Academic Coursework (folder)
 - All assignments, reflections, and required forms (e.g., remediation form) from academic coursework labeled appropriately
 - Academic courses: CSD 507, 509, 510, 515, 516, 518, 519, 521, 522, 525, 526, 527, 528
 - Clinical Experience (folder)
 - All examples, lesson plans, and required forms (e.g., supervisor form) from on-campus clinical practicums labeled appropriately
 - On-campus clinical practicums: CSD 505, 500, 501, 502, possibly CSD 503/504
 - All examples and lesson plans from off-campus clinical practicums labeled appropriately

- Off-campus clinical practicums: possibly CSD 503/504, 513, 514, 523, 524
- Capstone Grand Rounds (folder)
 - CSD 502 Instructor Approval Form
 - CSD 502 Grand Rounds Presentation
 - CSD 591 Final Ground Rounds Presentation
- Each submission to the portfolio should follow the naming protocol as outlined.

Incomplete Portfolios and Graduation

- Incomplete portfolio components must be addressed before the student becomes eligible for graduation.

Additional Considerations

- The program reserves the right to update this policy as necessary.
- Students are encouraged to seek clarification from faculty members or the program director throughout the portfolio development process.
- Students are highly encouraged to download and save a personal copy of their completed portfolio before graduation.

Use of Remediated Assignment Form

Elmhurst University MS-SLP Graduate Program Communication Sciences & Disorders

This form must be completed and signed by the instructor(s) of any course in which a student wishes to include an assignment that required remediation in their portfolio. This form must be submitted with the assignment listed below in CSD 591. When submitting remediated assignments for the portfolio, students must include the original assignment, the remediation plan, and any additional documents (e.g., an assignment revision, the remediation activity), and the reflections.

Course:

Assignment:

I have approval from the instructor of _____ (course) to use _____ (assignment) as part of my clinical portfolio. I understand that I am required to submit an additional 1-2 paragraph reflection on how the remediation plan/activity met any learning gaps or missing knowledge and skills. I also understand that I may be required to fix, adjust, or edit my assignment to make sure it is an accurate reflection of best practice.

Student Signature:

Date:

Instructor Signature:

Date:

Instructor Only: Is the student required to fix, adjust, or edit the assignment for inclusion in their portfolio beyond what was completed during remediation?

☐ Yes, please describe:

☐ No, the remediation product is sufficient.

CSD 502 Client Approval Form

Elmhurst University MS-SLP Graduate Program Communication Sciences & Disorders

*This form must be completed and signed by the instructor(s) of CSD 502 and the clinical director.
This form must be submitted at the beginning of CSD 591.*

The Elmhurst University Speech and Hearing Clinic client I am including in my final Ground Rounds presentation is _____ (client initials) and I have approval from the instructor(s) of CSD 502.

Student Signature:

Date:

Faculty Signature:

Date:

Clinical Director Signature:

Date:

Capstone Ground Rounds

Client History

This section provides relevant client information including demographics (term/supervisor, age at time of treatment), relevant information from a file review (e.g., social history, medical/therapeutic history, educational history, referral information/concerns/needs).

Diagnosis(es)

This section provides relevant information about the client's speech/language diagnosis(es) and medical diagnosis(es) (if applicable) including the diagnosis, a definition of the diagnosis, prevalence, common characteristics, and a reflection of how their client is similar to or different from the medical diagnosis(es). This section should include references to reliable sources.

Treatment Targets

This section includes all objectives targeted during the semester with one objective highlighted for the remainder of the presentation.

Treatment EBP

This section provides information on possible EBP for the client. Possible EBP options must be presented with references to reliable resources with additional detail on the option that was chosen. Additional detail must include: brief review of evidence, suitability for the client, any cultural or linguistic or other adaptations considerations for the client.

Treatment Outcomes

This section provides information about how the client responded to treatment including course of treatment, support hierarchy, summary of data collection, client response to treatment, clinician adjustments and rationale, recommendations, comments/reflection.

Lessons Learned

This section provides information about how the student learned from this experience and their placements that they can apply to future practice including lessons learned from this client, lessons learned from externships that provide new perspective on this client, lesson learned about EBP from a client or clinician perspective, additional research needed, ethical considerations (if applicable), dismissal considerations

Appendix E – Academic Concerns/Essential Function Remediation Plan Form

**Elmhurst University MS-SLP Graduate Program
Communication Sciences & Disorders
Academic Concerns/Essential Function Remediation Plan Form**

Instructors: Please use this form to develop a remediation plan for any student who has not met minimum competency (as determined by you) on any of your assessments (e.g., test, paper, presentation, case study). Include concerns about oral and/or written language. Once the remediation activity has been completed to your satisfaction, please sign-off and return this documentation to the Program Director. Thank you.

Student name: _____

Instructor name: _____

Course (# and name): _ Term: _ Assessment of concern (include oral and/or writing skills): _____

Remediation plan: _____

Oral assessment: _____

Written assessment: _____

Other (describe): _____

Outcome of remediation: _____

Essential Function Area 1 _____

Essential Function Area 2 _____

Essential Function Area 3 _____

Essential Function Area 4 _____

EXPECTED OUTCOME: Full compliance in each area listed above and...

Student Signature/Date

Instructor Signature/Date

Program Director Signature /Date

Appendix F – Clinical Skills Concerns/Essential Function Remediation Plan Form

**Elmhurst University MS-SLP Graduate Program
Communication Sciences & Disorders
Clinical Skills Concerns/Essential Function Remediation Plan Form**

Instructors: Please use this form to develop a remediation plan for any student who has not met minimum competency (as determined by you) on any of the ASHA standards and/or Essential Functions. Include concerns about clinical skills (treatment and evaluation), verbal skills, clinical writing skills, and/or Essential Functions. Once the remediation activity has been completed to your satisfaction, please sign-off and return this documentation to the Program Director. Thank you.

Name: _____

Instructor name: _____

Course (# and name): _____

Term: _____

Assessment of concern (clinical skills [treatment and/or evaluation], verbal skills, clinical writing skills): _____

Remediation plan: _____

Other (describe): _____

Outcome of remediation: _____

Essential Function Area 1: _____

Remediation plan: _____

Essential Function Area 2: _____

Remediation plan: _____

Essential Function Area 3: _____

Remediation plan: _____

Essential Function Area 4: _____

Remediation plan: _____

EXPECTED OUTCOME: Full compliance in each area listed above.

Student Signature/Date

Clinical faculty/clinical educator/Date

Program Director/Date

Clinical faculty/clinical educator/Date

Clinic Director/Date

Clinical faculty/clinical educator/Date

Appendix G– Program Participant Agreement

**ELMHURST UNIVERSITY COMMUNICATION SCIENCES AND
DISORDERS SPEECH-LANGUAGE-HEARING CLINIC
PROGRAM PARTICIPANT AGREEMENT**

Student's Name: _____

I have read and understand the following documents:

1. CSD Graduate Program Handbook
 - a. Essential Functions for Academic Courses and Clinical Practicum
 - b. HIPAA Guidelines
 - c. Grading Policy and Remediation Policy
 - d. Clinic Dress Code Policy

I agree to follow the policies that are listed above. I acknowledge my practicum grade WILL BE LOWERED BY ONE LETTER GRADE IF ANY VIOLATIONS OF THESE PROCEDURES OCCUR. In addition, I am aware that future client assignments, including off-site placements, will be affected if violations occur; this may extend my program.

Students who earn two final course grades of C+, C or C- or one final course grade of D+ or below will be dismissed from the graduate program.

Student's Electronic Signature: _____

Date: _____

Appendix H – ASHA Code of Ethics

ASHA CODE OF ETHICS

(Revised March 1, 2023)

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

Note: Students are expected to follow any updated revision as posted on the ASHA website.

Preamble

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

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

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

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

- a member of ASHA holding the Certificate of Clinical Competence
- a member of ASHA not holding the Certificate of Clinical Competence
- a nonmember of ASHA holding the Certificate of Clinical Competence
- an applicant for ASHA certification or for ASHA membership and certification

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

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

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

Principle of Ethics I

Individuals shall honor their responsibility to hold paramount the welfare of persons they serve professionally or who are participants in research and scholarly activities.

Rules of Ethics

- A. Individuals shall provide all clinical services and scientific activities competently.
- B. Individuals shall use every resource, including referral and/or interprofessional collaboration when appropriate, to ensure that quality service is provided.
- C. Individuals shall not discriminate in the delivery of professional services or in the conduct of research and scholarly activities on the basis of age; citizenship; disability; ethnicity; gender; gender expression; gender identity; genetic information; national origin, including culture, language, dialect, and accent; race; religion; sex; sexual orientation; or veteran status.
- D. Individuals shall not misrepresent the credentials of aides, assistants, technicians, students, research assistants, Clinical Fellows, or any others under their supervision, and they shall inform those they serve professionally of the name, role, and professional credentials of persons providing services.
- E. Individuals who hold the Certificate of Clinical Competence may delegate tasks related to the provision of clinical services to aides, assistants, technicians, or any other persons only if those persons are adequately prepared and are appropriately supervised. The responsibility for the welfare of those being served remains with the certified audiologist or speech-language pathologist.
- F. Individuals who hold the Certificate of Clinical Competence shall not delegate tasks that require the unique skills, knowledge, judgment, or credentials that are within the scope of their profession to aides, assistants, technicians, or any nonprofessionals over whom they have supervisory responsibility.
- G. Individuals who hold the Certificate of Clinical Competence may delegate to students tasks related to the provision of clinical services that require the unique skills, knowledge, and judgment that are within the scope of practice of their profession only if those students are adequately prepared and are appropriately supervised. The responsibility for the welfare of those being served remains with the certified audiologist or speech-language pathologist.
- H. Individuals shall obtain informed consent from the persons they serve about the nature and possible risks and effects of services provided, technology employed, and products dispensed. This obligation also includes informing persons served about possible effects of not engaging in treatment or not following clinical recommendations. If diminished decision-making ability of persons served is suspected, individuals should seek appropriate authorization for services, such as authorization from a legally authorized/appointed representative.
- I. Individuals shall enroll and include persons as participants in research or teaching demonstrations/simulations only if participation is voluntary, without coercion, and with informed consent.
- J. Individuals shall accurately represent the intended purpose of a service, product, or research endeavor and shall abide by established guidelines for clinical practice and the responsible conduct of research, including humane treatment of animals involved in research.
- K. Individuals who hold the Certificate of Clinical Competence shall evaluate the effectiveness of services provided, technology employed, and products dispensed, and they shall provide services or dispense products only when benefit can reasonably be expected.
- L. Individuals who hold the Certificate of Clinical Competence shall use independent and evidence-based clinical judgment, keeping paramount the best interests of those being served.
- M. Individuals may make a reasonable statement of prognosis, but they shall not guarantee—directly or by implication—the results of any treatment or procedure.
- N. Individuals who hold the Certificate of Clinical Competence may provide services via telepractice consistent with professional standards and state and federal regulations, but they shall not provide clinical services solely by written communication.

- O. Individuals shall protect the confidentiality and security of records of professional services provided, research and scholarly activities conducted, and products dispensed. Access to these records shall be allowed only when doing so is legally authorized or required by law.
- P. Individuals shall protect the confidentiality of information about persons served professionally or participants involved in research and scholarly activities. Disclosure of confidential information shall be allowed only when doing so is legally authorized or required by law.
- Q. Individuals shall maintain timely records; shall accurately record and bill for services provided and products dispensed; and shall not misrepresent services provided, products dispensed, or research and scholarly activities conducted.
- R. Individuals shall not allow personal hardships, psychosocial distress, substance use/misuse, or physical or mental health conditions to interfere with their duty to provide professional services with reasonable skill and safety. Individuals whose professional practice is adversely affected by any of the above-listed factors should seek professional assistance regarding whether their professional responsibilities should be limited or suspended.
- S. Individuals who have knowledge that a colleague is unable to provide professional services with reasonable skill and safety shall report this information to the appropriate authority, internally if such a mechanism exists and, when appropriate, externally to the applicable professional licensing authority or board, other professional regulatory body, or professional association.
- T. Individuals shall give reasonable notice to ensure continuity of care and shall provide information about alternatives for care in the event that they can no longer provide professional services.

Principle of Ethics II

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

Rules of Ethics

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

Principle of Ethics III

In their professional role, individuals shall act with honesty and integrity when engaging with the public and shall provide accurate information involving any aspect of the professions.

Rules of Ethics

- A. Individuals shall not misrepresent their credentials, competence, education, training, experience, or scholarly contributions.
- B. Individuals shall avoid engaging in conflicts of interest whereby a personal, professional, financial, or other interest or relationship could influence their objectivity, competence, or effectiveness in performing professional responsibilities. If such conflicts of interest cannot be avoided, proper disclosure and management is required.
- C. Individuals shall not misrepresent diagnostic information, services provided, results of services provided, products dispensed, effects of products dispensed, or research and scholarly activities.
- D. Individuals shall not defraud, scheme to defraud, or engage in any illegal or negligent conduct related to obtaining payment or reimbursement for services, products, research, or grants.
- E. Individuals' statements to the public shall provide accurate information regarding the professions, professional services and products, and research and scholarly activities.
- F. Individuals' statements to the public shall adhere to prevailing professional standards and shall not contain misrepresentations when advertising, announcing, or promoting their professional services, products, or research.
- G. Individuals shall not knowingly make false financial or nonfinancial statements and shall complete all materials honestly and without omission.

Principle of Ethics IV

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

Rules of Ethics

- A. Individuals shall work collaboratively with members of their own profession and/or members of other professions, when appropriate, to deliver the highest quality of care.
- B. Individuals shall exercise independent professional judgment in recommending and providing professional services when an administrative directive, referral source, or prescription prevents them from keeping the welfare of persons served paramount.
- C. Individuals' statements to colleagues about professional services, products, or research results shall adhere to prevailing professional standards and shall contain no misrepresentations.
- D. Individuals shall not engage in any form of conduct that adversely reflects on the professions or on the individual's fitness to serve persons professionally.
- E. Individuals shall not engage in dishonesty, negligence, deceit, or misrepresentation.
- F. Individuals who mentor Clinical Fellows, act as a preceptor to audiology externs, or supervise undergraduate or graduate students, assistants, or other staff shall provide appropriate supervision and shall comply—fully and in a timely manner—with all ASHA certification and supervisory requirements.
- G. Applicants for certification or membership, and individuals making disclosures, shall not make false statements and shall complete all application and disclosure materials honestly and without omission.
- H. Individuals shall not engage in any form of harassment or power abuse.
- I. Individuals shall not engage in sexual activities with persons over whom they exercise professional authority or power, including persons receiving services, other than those with whom an ongoing consensual relationship existed prior to the date on which the professional relationship began.

- J. Individuals shall not knowingly allow anyone under their supervision to engage in any practice that violates the Code of Ethics.
- K. Individuals shall assign credit only to those who have contributed to a publication, presentation, process, or product. Credit shall be assigned in proportion to the contribution and only with the contributor's consent.
- L. Individuals shall reference the source when using other persons' ideas, research, presentations, results, or products in written, oral, or any other media presentation or summary. To do otherwise constitutes plagiarism.
- M. Individuals shall not discriminate in their relationships with colleagues, members of other professions, or individuals under their supervision on the basis of age; citizenship; disability; ethnicity; gender; gender expression; gender identity; genetic information; national origin, including culture, language, dialect, and accent; race; religion; sex; sexual orientation; socioeconomic status; or veteran status.
- N. Individuals with evidence that the Code of Ethics may have been violated have the responsibility to either work collaboratively to resolve the situation where possible or to inform the Board of Ethics through its established procedures.
- O. Individuals shall report members of other professions who they know have violated standards of care to the appropriate professional licensing authority or board, other professional regulatory body, or professional association when such violation compromises the welfare of persons served and/or research participants.
- P. Individuals shall not file or encourage others to file complaints that disregard or ignore facts that would disprove the allegation; the Code of Ethics shall not be used for personal reprisal, as a means of addressing personal animosity, or as a vehicle for retaliation.
- Q. Individuals making and responding to complaints shall comply fully with the policies of the Board of Ethics in its consideration, adjudication, and resolution of complaints of alleged violations of the Code of Ethics.
- R. Individuals involved in ethics complaints shall not knowingly make false statements of fact or withhold relevant facts necessary to fairly adjudicate the complaints.
- S. Individuals shall comply with local, state, and federal laws and regulations applicable to professional practice and to the responsible conduct of research.
- T. Individuals who have been convicted of, been found guilty of, or entered a plea of guilty or nolo contendere to (1) any misdemeanor involving dishonesty, physical harm—or the threat of physical harm—to the person or property of another or (2) any felony shall self-report by notifying the ASHA Ethics Office in writing within 60 days of the conviction, plea, or finding of guilt. Individuals shall also provide a copy of the conviction, plea, or nolo contendere record with their self-report notification, and any other court documents as reasonably requested by the ASHA Ethics Office.
- U. Individuals who have (1) been publicly disciplined or denied a license or a professional credential by any professional association, professional licensing authority or board, or other professional regulatory body; or (2) voluntarily relinquished or surrendered their license, certification, or registration with any such body while under investigation for alleged unprofessional or improper conduct shall self-report by notifying the ASHA Ethics Office in writing within 60 days of the final action or disposition. Individuals shall also provide a copy of the final action, sanction, or disposition—with their self-report notification—to the ASHA Ethics Office.

Terminology

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

ASHA Ethics Office

The ASHA Ethics Office assists the Board of Ethics with the confidential administration and processing of self-reports from and ethics complaints against individuals (as defined below). All complaints and self-reports should be sent to this office. The mailing address for the ASHA Ethics Office is American Speech-Language-Hearing

Association, attn: Ethics Office, 2200 Research Blvd., #309, Rockville, MD 20850. The email address is ethics@asha.org.

advertising

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

diminished decision-making ability

The inability to comprehend, retain, or apply information necessary to determine a reasonable course of action.

individuals

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

informed consent

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

may vs. shall

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

misrepresentation

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

negligence

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

nolo contendere

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

plagiarism

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

publicly disciplined

A formal disciplinary action of public record.

reasonable or reasonably

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

self-report

A professional obligation of self-disclosure that requires (a) notifying the ASHA Ethics Office in writing and (b) sending a copy of the required documentation to the ASHA Ethics Office (see definition of "written" below).

shall vs. may

Shall denotes something that is required; *may* denotes an allowance for discretion.

telepractice

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

written

Encompasses b

Appendix I – Checklist for Immunizations

CSD Graduate Program Compliance Requirements
What is required:
American Heart Association CPR training/card
Hazard Communications modules
HIPAA Training Certificate
Health and Immunization:
COVID-19 Vaccination
Flu Vaccination (Available seasonally, typically beginning Sept/Oct)
Hepatitis A, B, and C
MMR
Polio
Tetanus, Diphtheria, Pertussis (Tdap) Booster (within the past 10 years)
Tuberculosis Test
Varicella
Physical Exam
Universal Background Screening
Health Insurance Card (back and front)

Appendix J– Student Withdraw Fee Acknowledgement Form

Welcome to the MS CSD program. Before your first day of class in the program, the Department had to enroll you in several of the necessary service/ software/ programs to get you started. These programs and the charges associated are listed below. The MS CSD program negotiated with the University to pay for these charges on your behalf, as long as you successfully complete the program. If, for any reason, you are unable to complete the program, there will be a withdraw fee charged to your account, equal to the sum of these charges, that you will be responsible for paying.

Calipso Membership Fee	\$100
ClinicNote	\$165
Simucase	\$180
EXXAT Medical Immunization	\$ 70
Universal Background Check	<u>\$ 45</u>
Total:	\$560

Cost for usage beyond the initial duration will be the student's financial responsibility. Students may be required to comply with additional site-specific requirements such as medical, immunizations, background checks, drug screens, etc. at their own additional cost.

Name _____

Electronic Signature

Date _____

Appendix K– 2020 Standards and Implementation Procedures for the Certificate of Clinical Competence in Speech-Language Pathology

2020 Standards and Implementation Procedures for the Certificate of Clinical Competence in Speech-Language Pathology

Effective Date: January 1, 2020

Introduction

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

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

The 2020 Standards and Implementation Procedures for the Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP) go into effect on January 1, 2020. View the SLP Standards Crosswalk [PDF] and consult Changes to Speech-Language Pathology Standards for more specific information on how the standards will change.

Terminology

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

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

Citation

Cite as: Council for Clinical Certification in Audiology and Speech-Language Pathology of the American Speech-Language-Hearing Association. (2018). *2020 Standards for the Certificate of Clinical Competence in Speech-Language Pathology*. Retrieved from <https://www.asha.org/certification/2020-SLP-Certification-Standards>.

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

- **Standard I—Degree**
- **Standard II—Education Program**
- **Standard III—Program of Study**
- **Standard IV—Knowledge Outcomes**
- **Standard V—Skills Outcomes**
- **Standard VI—Assessment**

- Standard VII—Speech-Language Pathology Clinical Fellowship
- Standard VIII—Maintenance of Certification

Standard I: Degree

The applicant for certification (hereafter, “applicant”) must have a master's, doctoral, or other recognized post-baccalaureate degree.

Standard II: Education Program

All graduate coursework and graduate clinical experience required in speech-language pathology must have been initiated and completed in a CAA-accredited program or in a program with CAA candidacy status.

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

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

Standard III: Program of Study

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

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

Standard IV: Knowledge Outcomes

Standard IV-Applicant must have demonstrated knowledge of statistics as well as the biological, physical, and social/behavioral sciences.

Implementation: Coursework in statistics as well as in biological, physical, and social/behavioral sciences that is specifically related to communication sciences and disorders (CSD) may not be applied for certification purposes to this category unless the course fulfills a general university requirement in the statistics, biology, physical science, or chemistry areas.

Acceptable courses in biological sciences should emphasize a content area related to human or animal sciences (e.g., biology, human anatomy and physiology, neuroanatomy and neurophysiology, human genetics, veterinary science). Chemistry and physics are important for the foundational understanding of the profession of speech-language pathology. For all applicants who apply beginning January 1, 2020, courses that meet the physical science requirement must be in physics or chemistry. Program directors must evaluate the course descriptions

or syllabi of any courses completed prior to students entering their programs to determine if the content provides foundational knowledge in physics or chemistry. Acceptable courses in social/behavioral sciences should include psychology, sociology, anthropology, or public health. A stand-alone course in statistics is required. Coursework in research methodology in the absence of basic statistics cannot be used to fulfill this requirement.

Standard IV-B

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

Standard IV-C

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

- **Speech sound production, to encompass articulation, motor planning and execution, phonology, and accent modification**
- **Fluency and fluency disorders**
- **Voice and resonance, including respiration and phonation**
- **Receptive and expressive language, including phonology, morphology, syntax, semantics, pragmatics (language use and social aspects of communication), prelinguistic communication, paralinguistic communication (e.g., gestures, signs, body language), and literacy in speaking, listening, reading, and writing**
- **Hearing, including the impact on speech and language**
- **Swallowing/feeding, including (a) structure and function of orofacial myology and (b) oral, pharyngeal, laryngeal, pulmonary, esophageal, gastrointestinal, and related functions across the life span**
- **Cognitive aspects of communication, including attention, memory, sequencing, problem solving, and executive functioning aspects of communication, including challenging behavior, ineffective social skills, and lack of communication opportunities**
- **Augmentative and alternative communication modalities**

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

Standard IV-D

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

Standard IV-E

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

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

Standard IV-F

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

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

Standard IV-G

The applicant must have demonstrated knowledge of contemporary professional issues.

Implementation: The applicant must have demonstrated knowledge of professional issues that affect speech-language pathology. Issues include trends in professional practice, academic program accreditation standards, ASHA practice policies and guidelines, educational legal requirements or policies, and reimbursement procedures.

Standard IV-H

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

Standard V: Skills Outcomes:

Standard V-A

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

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

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

Standard V-B

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

1. Evaluation

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

2. Intervention

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

3. Interaction and Personal Qualities

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

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

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

These experiences allow students to:

- interpret, integrate, and synthesize core concepts and knowledge;
- demonstrate appropriate professional and clinical skills; and

- incorporate critical thinking and decision-making skills while engaged in prevention, identification, evaluation, diagnosis, planning, implementation, and/or intervention.

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

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

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

Standard V-C

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

Implementation: Guided clinical observation hours generally precede direct contact with clients/patients. Examples of guided observations may include but are not limited to the following activities: debriefing of a video recording with a clinical educator who holds the CCC-SLP, discussion of therapy or evaluation procedures that had been observed, debriefings of observations that meet course requirements, or written records of the observations. It is important to confirm that there was communication between the clinical educator and observer, rather than passive experiences where the student views sessions and/or videos. It is encouraged that the student observes live and recorded sessions across settings with individuals receiving services with a variety of disorders and completes debriefing activities as described above.

The observation and direct client/patient contact hours must be within the ASHA *Scope of Practice in Speech-Language Pathology* and must be under the supervision of a qualified professional who holds a current ASHA certification in the appropriate practice area. Guided clinical supervision may occur simultaneously during the student's observation or afterwards through review and approval of the student's written reports or summaries. Students may use video recordings of client services for observation purposes.

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

Up to 20% (i.e., 75 hours) of direct contact hours may be obtained through CS methods. Only the time spent in active engagement with CS may be counted. CS may include the use of standardized patients and simulation technologies (e.g., standardized patients, virtual patients, digitized mannequins, immersive reality, task trainers, computer-based interactive). Debriefing activities may not be included as clinical clock hours.

Although several students may observe a clinical session at one time, clinical practicum hours should be assigned only to the student who provides direct services to the individual receiving services or the individual's family. Typically, only one student at a time should be working with a client in order to count the practicum hours. Several students working as a team may receive credit for the same session, depending on the specific responsibilities that each student is assigned when working directly with the individual receiving services. The applicant must maintain documentation of their time spent in supervised practicum, and this documentation must be verified by the program in accordance with Standards III and IV.

Standard V-D

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

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

Standard V-E

Supervision of students must be provided by a clinical educator who holds ASHA certification in the appropriate profession, who has the equivalent of a minimum of 9 months of full-time clinical experience, and who has completed a minimum of 2 hours of professional development in clinical instruction/supervision after being awarded ASHA certification.

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

Implementation: Effective January 1, 2020, supervisors for ASHA certification must complete 2 hours of professional development/continuing education in clinical instruction/supervision. The professional development/continuing education must be completed after being awarded ASHA certification and prior to the supervision of a student. Direct supervision must be in real time. A clinical educator must be available and on site to consult with a student who is providing clinical services to the clinical educator's client. Supervision of clinical practicum is intended to provide guidance and feedback and to facilitate the student's acquisition of essential clinical skills.

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

Standard V-F

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

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

Standard VI: Assessment

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

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

Standard VII: Speech-Language Pathology Clinical Fellowship

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

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

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

Standard VII-A: Clinical Fellowship Experience

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

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

Full-time professional experience is defined as 35 hours per week, culminating in a minimum of 1,260 hours. Part-time experience should be at least 5 hours per week; anything less than that will not meet the CF

requirement and may not be counted toward completion of the experience. Similarly, work in excess of 35 hours per week cannot be used to shorten the CF to less than 36 weeks.

Standard VII-B: Clinical Fellowship Mentorship

The Clinical Fellow must receive ongoing mentoring and formal evaluations by the CF mentor. Mentorship must be provided by a clinician who holds the CCC-SLP, who has the equivalent of a minimum of 9 months of full-time clinical experience, and who has completed a minimum of 2 hours of professional development/continuing education in clinical instruction/supervision after being awarded the CCC-SLP.

Implementation: Effective January 1, 2020, CF mentors for ASHA certification must complete 2 hours of professional development/continuing education in clinical instruction/supervision after being awarded the CCC-SLP and prior to mentoring the Clinical Fellow.

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

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

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

The mentoring SLP must engage in no fewer than 36 supervisory activities during the CF experience and must include 18 on-site observations of direct client contact at the Clinical Fellow's work site (1 hour = 1 on-site observation; a maximum of six on-site observations may be accrued in 1 day). At least six on-site observations must be conducted during each third of the CF experience. On-site observations must consist of the Clinical Fellow engaging in screening, evaluation, assessment, and/or habilitation/rehabilitation activities. Mentoring must include on-site, in-person observations; however, the use of real-time, interactive video and audio-conferencing technology may be permitted as a form of observation, for which pre-approval must be obtained

Additionally, supervision must include 18 other monitoring activities. *Other monitoring activities* are defined as the evaluation of reports written by the Clinical Fellow, conferences between the CF mentor and the Clinical Fellow, discussions with professional colleagues of the Clinical Fellow, and so forth, and may be executed by correspondence, telephone, or reviewing of video and/or audio tapes. At least six other monitoring activities must be conducted during each third of the CF experience.

If the Clinical Fellow and their CF mentor want to use supervisory mechanisms other than those outlined above, they may submit a written request to the CFCC prior to initiating the CF. Written requests may be emailed to cfcc@asha.org or mailed to: CFCC, c/o ASHA Certification, 2200 Research Blvd. #313, Rockville, MD 20850. Requests must include the reason for the alternative supervision and a detailed description of the supervision that would be provided (i.e., type, length, frequency, etc.), and the request must be co-signed by both the Clinical Fellow and the CF mentor. On a case-by-case basis, the CFCC will review the circumstances and may or

may not approve the supervisory process to be conducted in other ways. Additional information may be requested by the CFCC prior to approving any request.

Standard VII-C: Clinical Fellowship Outcomes

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

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

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

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

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

Standard VIII: Maintenance of Certification

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

Implementation: Clinicians who hold the CCC-SLP must accumulate and report 30 Certification Maintenance Hours (CMHs) (or 3.0 ASHA continuing education units [CEUs]) of professional development, which must include a minimum of 1 CMH (or 0.1 ASHA CEU) in ethics during every 3-year certification maintenance interval beginning with the 2020–2022 maintenance interval.

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

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

If maintenance of certification is not accomplished within the 3-year interval, then certification will expire. Those who wish to regain certification must submit a reinstatement application and meet the standards in effect at the time the reinstatement application is submitted.

Appendix L– HIPAA Guidelines

The Elmhurst University Speech-Language-Hearing Clinic (EUSLHC) has established policies that comply with the guidelines set forth by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). HIPAA is a federal act of legislation that requires covered entities to ensure the privacy of individually identifiable health information.

Specific privacy policies pertain to all client information the Clinic creates or maintains on individual clients. This information includes all written documentation (e.g., lesson plans, clinic logs, diagnostic reports, semester treatment reports, audio and video recordings, and verbal exchanges).

In order to be in compliance with and ensure the high level of confidentiality required by HIPAA, the following policies and procedures are currently in place:

1. Clients' names and other personal information are not to be cited in any public areas, including but not limited to information left on desk tops, posted on doors, and so forth. In accordance with this, client files, letters, payments, and so forth must be kept in drawers or placed *face down* in the file room in the appropriate personal or business mailbox. No information containing clients' names or other information may be left on the secretary's desk, unless she is present. No identifiable client information may be shared on any form of social media (blogs, Facebook, Twitter, etc.)
2. The door to the file room must be *closed* at all times. It may remain unlocked during business hours but must be locked when the clinic is closed.
3. Clients are not to be discussed in common areas, such as halls or the waiting room. If you need to share information with or about a client, please do so in a private room behind closed doors.
4. Information about clients may not be shared with other professionals unless prior written consent is obtained from the client or their parent or legal guardian.
5. All fax transmittals about clients are to have a confidentiality statement on the cover sheet.
6. All electronic mail about clients is to have "CONFIDENTIAL" written in the subject area and a confidentiality statement at the beginning of the electronic communication. Information exchanged about clients may NOT contain identifying information. Information is shared only between Elmhurst University e-mail accounts
7. All private information mailed to clients must have "CONFIDENTIAL" written on the envelope.
8. All information written about clients that includes personal information is to be written in a private area where no one else has access to that information. It may not be left on a personal computer or other personal electronic device or flash drive. Lesson plans, weekly SOAP notes, and/or semester progress reports, should NOT be left on clinic computers in the student resource room.
9. All clients' main files are to remain in the clinic; however, personal information about clients, such as information related to progress in treatment, may leave the clinic, as long as it is viewed only in a private area with no one present who is not affiliated with the clinic and contains no identifying information.

10. Video recordings of clients may not leave the clinic building and must be viewed privately. The volume should be low enough that it cannot be heard outside of the viewing area.
11. Audio recordings may be listened to outside of the clinic, only if headphones are used and if the client's name or other identifying information are not visible. Do not use personal cell phones to record sessions.
12. During the term, all paper work that contains protected information about clients must be kept either in the client's main clinic file, in the clinical educator's working file, or in the student's working file. At the end of each term after the final semester report is signed into the client's permanent file and the student's final therapy hours are signed by the clinical educator, all paperwork in the student's working folder should be destroyed. All test protocols should be put in the client's permanent file at the end of each term.
13. All hard copy and electronic assessment and treatment information is protected by HIPAA and may not be shared with anyone outside of the clinic, without first obtaining the client's written consent.
14. No client may be included as a subject in a research study without first informing the clinic director in writing, obtaining appropriate IRB approval, and obtaining informed consent, in writing, from the client. A copy of the IRB approval letter and the client's written consent must be placed in the client's main clinic file prior to the onset of the study.
15. Final copies of clinic reports which contain identifying client information must be printed in the clinic from a secure computer.

Appendix M– Consent to Release Information

ELMHURST UNIVERSITY SPEECH-LANGUAGE-HEARING CLINIC

190 Prospect Avenue

Elmhurst, IL 60126

P (630) 617-3555

F (630) 617-6461

CONSENT TO RELEASE INFORMATION

To: Elmhurst University Speech-Language-Hearing Clinic

I hereby request and authorize EUSLHC to release information described below to:

Name(s)

Relationship(s)

EUSLHC information to be disclosed (Check all that apply)

- ☐ Speech and/or Language Evaluations
- ☐ Speech and /or Language Consultations
- ☐ Speech and/or Language therapy intervention and session updates
- ☐ Phone messages and reminders for the sessions

For the purpose of:

(State exact purpose. Do not generalize.)

The health information may be used to enable the person(s) I authorize to know and understand my condition and treatment options, for treatment or consultations, or related reasons.

I understand that I may phone or write the EUSLHC to revoke this authorization or to request that specific portions of my records not be release or referred to in the course of taking action upon this request.

This authorization shall be effective until (Check one):

- ☐ All past, present, and future periods, OR
- ☐ Date or event: _____

I, the undersigned, have read this consent and understand it. All blanks were filled in prior to my signing.

Printed Name of the Individual Giving this Authorization

Signature of the Individual Giving this Authorization

Date

Appendix N – In-person Attendance Policy Agreement

ATTENDANCE POLICY AGREEMENT

In-Person speech therapy has been scheduled for you/your child for this semester at the Elmhurst University Speech-Language-Hearing Clinic. Your scheduled day/time has been shared with you via email.

We ask that you email the Speech Clinic (speechclinic@elmhurst.edu) to let us know **at least 24 hours in advance** if you must cancel a session due to a prescheduled conflict. We do understand that clients may become ill less than 24 hours of the session; if this occurs, please contact the Speech Clinic (speechclinic@elmhurst.edu) and email your clinical supervisor and/or graduate student as soon as possible. The clinician is not required to make up sessions that you miss or cancel. If the clinician cancels a session, he or she is required to make it up some time during the 12-week term. It is important to attend every session during the clinic term. Consistent therapy is beneficial for the client and treating clients is part of the academic and clinical training of our students into becoming licensed Speech-Language-Pathologists.

A CLIENT MAY NOT BE SEEN FOR TREATMENT IF HE/SHE ARRIVES 15 OR MORE MINUTES LATER THAN THE SCHEDULED TIME. A CLIENT MAY BE DISMISSED FROM TREATMENT IF HE/SHE MISSES MORE THAN ONE SESSION WITHOUT NOTIFYING THE OFFICE 24 HOURS IN ADVANCE.

CLIENT ILLNESS: If the client is ill, please do not come to the EUSLHC. If the client shows symptoms of illness, especially of Covid-19 (fever of 100.4 or higher, cough, congestion, etc.) please wait at least 48 hours after all symptoms of illness, including fever, have subsided, unless you have a doctor's note stating the client is no longer contagious, before attending the session.

Although we try to accommodate individual needs, **the Clinic is NOT a nut- or wheat-free environment**. If you or the client has an allergy or health condition of any kind that we should know about, please inform the clinical faculty/educator & the clinic director, in writing, prior to the first session.

Note: Because we are a training institution, video/audio/photo recordings of you will be taken while you are a client at the clinic. They will be used for various purposes such as supervision of sessions, clinical teaching, and student training. Video/audio/photo recordings can also be used for advertisement of our program and/or Elmhurst University.

☐ I have read and understand the attendance policy set forth by the Elmhurst University Speech-Language-Hearing Clinic and know attendance is important for treatment. I know if I am unable to attend a speech appointment, I must notify the Speech-Language-Hearing Clinic at **least 24 hours** in advance.

Client/Guardian Signature: _____ Date: _____

Appendix O – Teletherapy Attendance Policy Agreement

TELETHERAPY ATTENDANCE POLICY AGREEMENT

Teletherapy speech therapy has been scheduled for you/your child for this semester at the Elmhurst University Speech-Language-Hearing Clinic. Your scheduled day/time has been shared with you via email.

We ask that you let us know at least 24 hours in advance if you must cancel a session due to a prescheduled conflict or illness. We do understand that clients may become ill less than 24 hours of the session; if this occurs, please contact the Speech Clinic (speechclinic@elmhurst.edu) and email your clinical supervisor and/or graduate student as soon as possible. The clinician is not required to make up sessions that you miss or cancel. If the clinician cancels a session, he or she is required to make it up some time during the 12-week term. It is important to attend every session during the clinic term. Consistent therapy is beneficial for the client and treating clients is part of the academic and clinical training of our students into becoming licensed Speech-Language-Pathologists.

A CLIENT MAY NOT BE SEEN FOR TREATMENT IF HE/SHE ARRIVES 15 OR MORE MINUTES LATER TO THE ZOOM SESSION THAN THE SCHEDULED TIME. A CLIENT MAY BE DISMISSED FROM TREATMENT IF HE/SHE MISSES MORE THAN ONE SESSION WITHOUT NOTIFYING THE OFFICE 24 HOURS IN ADVANCE.

Client phone number(s) to call if necessary	Click or tap here to enter text.
Additional contact person and phone number for contact person	Click or tap here to enter text.
Physical address (street address and city) of site where client will be during designated therapy times (to be used for emergency service personnel to reach client in case of emergency)	Click or tap here to enter text.
Additional information/directions required to give emergency service personnel (ex: how to enter residence/access client, specific location directions helpful for emergency personnel, specific medical information that might be helpful)	Click or tap here to enter text.

☐ I have read and understand the attendance policy set forth by the Elmhurst University Speech-Language-Hearing Clinic and know attendance is important for treatment. I know if I am unable to attend a speech appointment, I must notify the Speech-Language-Hearing Clinic **at least 24 hours** in advance.

Client/Guardian Signature: _____ Date: _____

Appendix P –Dress Code

MEMO: DRESS CODE FOR SUMMER 2025 SEMESTER COMMUNICATION SCIENCES AND DISORDERS GRADUATE PROGRAM

1. Navy blue embroidered clinic uniform shirt.
2. Black, gray, or khaki business casual pants (can be straight, ankle cropped, or boot cut) >**NO leggings**
3. Flat, closed toe shoes of a neutral/solid color (e.g., black, nude, grey) >**NO** high heels or boots.
4. Socks are NOT required.
5. Name tag.
6. Optional: Solid colored sweater or EUSLHC pullover.
7. Smart watches are allowed, however there is a ZERO tolerance for using any feature outside checking the time during a therapy session (absolutely no reading texts/email).

When in the main clinic reception area and/or clinic resource room, and when attending supervisory meetings but not conducting therapy: the clinic uniform is not required; however, you must wear “clinic appropriate” attire.

THE FOLLOWING ITEMS ARE NOT ACCEPTABLE FOR STUDENTS TO WEAR WHILE IN THE CLINIC AREA:

- ☐ Excessively ripped jeans or low-cut pants exposing the midriff or back.
- ☐ Strapless or transparent dresses or tops.
- ☐ Skirts more than 2 inches above the knee.
- ☐ Shirts or tops that expose the chest, back or midriff.
- ☐ Low cut tops, tank tops, or spaghetti strap tops.
- ☐ Work boots or excessively high heels.
- ☐ Excessive make-up or perfume.

Neatness and cleanliness, especially of hair, nails, hands, and teeth, is essential. Practicum grades will be impacted if professional dress standards are not maintained. Violations will be documented within CALIPSO related to meeting the Essential Functions.

Appendix Q –AIDS/HIV IMPLICATIONS FOR SPEECH-LANGUAGE PATHOLOGISTS AND AUDIOLOGISTS (ASHA-December 1990)

The Executive Board of the American Speech-Language-Hearing Association (ASHA) approved the first AIDS/HIV Report at its February 1989 meeting. This document, a result of extensive research and consultation on the part of the ASHA Committee on Quality Assurance, was published in ASHA (1989). As might be expected in any attempt to describe the current knowledge of AIDS/HIV, clinician precautions became obsolete soon after they were published. Both AIDS/HIV research and the incidence of the virus itself are advancing rapidly.

Because the impact of this epidemic is far reaching, specialized centers alone will not be able to provide care for all persons with AIDS/HIV. Therefore, all speech-language pathologists and audiologists, regardless of employment setting, must become knowledgeable about the management of persons with AIDS/HIV.

What public and human services professionals knew just 1 year ago about AIDS/HIV is now being reviewed, and in many cases revised. This update is an attempt to keep speech-language pathologists and audiologists current regarding AIDS/HIV precautions for the management of persons with AIDS/HIV infection. The reader is referred to the original ASHA article (1989, pp. 33-38) for background information.

Although AIDS/HIV is the focus of this article, professionals need to be aware there are a host of other contagious diseases that require disease-specific precautions (e.g., the need to wear a mask when working with persons with active tuberculosis). With the exception of rare cases of AIDS/HIV spread by contact with blood products, including accidental needle sticks or when infected blood comes in contact with mucous membranes or skin with open lesions, the risk of the spread of HIV in the practice environments of health care workers is negligible (CDC, 1988; Diamond & Cohen, 1987). In contrast, there is ample evidence that a number of practitioners have been infected with other contagious diseases in the workplace. In fact, there have been few reports of members of any profession having been infected with HIV in the workplace (CDC AIDS Hotline, July 1990). ASHA has had no reports its members having been infected with HIV in the workplace.

This update was prompted by new information regarding Universal Precautions and the Centers for Disease Control's (CDC) review of the ASHA 1989 tutorial. It is important to recognize, however, that the CDC is a recommending body and not a regulatory body. The regulatory body that is responsible for setting safety standards for all occupations is the Occupational Safety and Health Administration (OSHA). OSHA has proposed AIDS/HIV regulations that, if approved, will not become law until 1992. Hence, all ASHA members are encouraged to become familiar with the most recent CDC AIDS/HIV report (1988) but are required to follow facility specific infection control policies and procedures.

SUGGESTED PRECAUTIONS

To prevent transmission of blood-borne pathogens and to protect the health of clients receiving speech-language pathology and audiology services, of health and education workers, and of family members and significant others, ASHA's Committee on Quality Assurance has reviewed the most recent CDC recommendations for Universal Precautions (1988) and has updated general procedures accordingly. The most striking change is a new definition of what constitutes risk. An earlier CDC report suggested that all body fluids be treated as vehicles of the AIDS/HIV virus. Current CDC recommendations regarding Universal Precautions assume that only blood and body fluids containing visible blood be treated as vehicles of the AIDS/HIV virus. Universal Precautions also apply to semen and vaginal secretions. Although both of these fluids have been implicated in the sexual transmission of HIV, they have not been implicated in occupational transmission from client to health care worker (Morbidity & Mortality Weekly Report, 1988). HIV is not transmitted through casual contact, insects, saliva, airborne pathogens, and food products. Except where stated, the following general procedures update those found in the original AIDS/HIV publication (ASHA, 1989).

GENERAL PROCEDURES

In spite of extremely low risk of transmission of HIV infection, even when needle stick injuries occur, speech-language pathologists and audiologists should focus their precautionary efforts on the avoidance of such accidents. Blood and body fluids containing visible blood from all clients should be handled as though they were infectious. Barrier precautions such as gowns and gloves are not necessary unless it is anticipated that skin or mucous membrane may come in contact with blood and other body fluids bearing

blood. Gloves should be worn for touching blood and body fluids containing visible blood, or for handling items or surfaces soiled with blood or body fluids containing visible blood. [Refer to McMillan & Willette (1988) for a thorough description of procedures for preventing disease transmission in the practice environment.]

Gowns, masks, and goggles are recommended if a splash of blood or body fluid containing visible blood is anticipated; otherwise, no barrier precautions are indicated. However, good hand washing before and after client contact is an essential part of any infection control program and should be specified in institution-specific policies on Universal Precautions. If a splash or spill occurs in spite of precautions, immediate decontamination is indicated (e.g. a solution of 1-part household bleach to 10 parts water). If in doubt, contact the local hospital's Infection Control expert, local public health personnel, or one of the AIDS hotlines listed at the end of this update. The Environmental Protection Agency lists registered products that are known to kill the AIDS virus (EPA, 1989).

CLINICAL EQUIPMENT AND MATERIALS

Decontamination, cleaning, disinfection, and sterilization of multiple-use equipment before reuse should be carried out according to facility-specific infection control policies and procedures. The materials reuse guidelines found in the original ASHA article were quite strict but consonant with CDC recommendations at the time. However, based on the most recent CDC information, all clinical materials (e.g., test items, audiometer earphones) and work surfaces not contaminated by blood or body fluid bearing visible blood need not be cleaned after each use. Clinical materials may be cleaned with simple soap and water or, according to CDC, a 1:100 solution of household bleach to water. Manufacturer's instructions for cleaning and facility-specific infection control policies and procedures should always be followed when cleaning assessment and treatment materials. In direct client care, disposable materials should be used whenever possible, and never reused. It is best to use disposable or washable materials during all evaluation and treatment procedures.

Whenever possible, use materials that can be disposed in the regular trash. The underlying assumption regarding all testing supplies is, if there is a likelihood that these items may come in contact with blood or body fluids bearing blood, then Universal Precautions must be followed. Speech-language pathologists and audiologists who are not associated with any health care institution are encouraged to contact their local health department if there are any questions regarding maintenance of clinical materials.

Dressing and Tissues

Professionals should comply with the standard practices of the facility's environmental services. Used dressings and tissues may be disposed in the regular trash. Speech-language pathologists and audiologists are not normally required to use red bags as receptacles for refuse. Red bags are trash containers for infectious laboratory material, sharp objects, or other material that if handled casually could be harmful to the individual unaware of the precautions for hazardous waste.

Hand washing

Speech-language pathologists and audiologists should follow the same procedures as outlined in the AIDS/HIV publication (ASHA, 1989). These procedures are summarized below:

- Wash hands immediately if they are potentially contaminated with blood or body fluids containing visible blood.
- Wash hands before and after seeing clients.
- Wash hands after removing gloves.
- Follow the basic hand washing technique:
 - vigorous mechanical action whether or not skin cleanser is used;
 - use of antiseptic or ordinary soap under running water;
 - duration of 30 seconds between clients if not grossly contaminated and in handling client devices;
 - duration of 60 seconds when in contact with clients, devices, or equipment with gross contamination;
 - thorough hand drying with a paper or disposable towel to help eliminate germs.

Gloves

- Wear gloves when touching blood or other body fluids containing visible blood.
- Wear gloves when performing invasive procedures on all clients. This includes performing an examination of the oral speech mechanism, managing tracheotomy tubes, using laryngeal mirrors, conducting intraoperative monitoring, and using needle electrodes associated with EMG testing.
- Change gloves after contact with each client.

- If a glove is torn or a needle stick or other injury occurs, remove the glove and use a new glove as promptly as client safety permits.
- After removing gloves, wash hands immediately.
- Discard gloves in the client's room or examination room before exiting. No special disposal containers are necessary unless gloves are contaminated with blood or bloody fluids.
- Wear gloves if client has nonintact skin or open cuts, sores, or scratches.
Begin all audiometric procedures with an otoscopic inspection of the circumaural region and ear canal. If the patient's skin is intact and no blood is present, gloves are not required for industrial audiometry and fitting hearing protectors. If blood or lesions are found, then 1 minute of vigorous hand washing followed by use of gloves is required.

Urine and Feces

Speech-language pathologists and audiologists do not routinely have contact with urine and feces. However, the following guidelines should be adhered to when there is risk of contamination by blood:

- Flush urine and feces down the toilet. If you handle urinals or empty catheter bags or bedpans, wear gloves. If it is necessary to use a portable urinal, bedpan, or commode, empty it into the toilet and thoroughly clean and sanitize before replacing it at the client's bedside or returning it to storage.
- When changing diapers, wear gloves. Dispose of soiled diapers. Linens including towels, sheets, washcloths, etc.)
- No special precautions are required unless soiled with blood or body fluids containing visible blood.
- Laundry and linen disposal procedures shall be followed as per facility policy and procedure.

Food Utensils and Containers

- No special food or disposal precautions are required unless the food has been contaminated with blood or body fluids containing visible blood.
- No special precautions are required, except for proper disposal/disinfection of the cup/straw.

Clothing and Personal Effects

- No special precautions are required unless contaminated - lab coats, smocks, washable clothing should be cleaned regularly.
- Launder all contaminated clothing and effects.

Observation and Significant Other/Family Participation

- Ensure compliance with Universal Precautions when family members and others are present to observe any procedure where they may be exposed to client's blood or body fluid containing visible blood.
- Ensure family training in Universal Precautions when a significant other is being trained to conduct follow-up procedures where they may be exposed to client's blood or body fluid containing visible blood.

Daily Cleaning and Terminal Disinfection Procedures

- Daily cleaning procedures should be clearly specified in the facility's policies and procedures. These should detail any waste disposal procedures as well as procedures to inform housekeeping, if applicable. If speech-language pathologists and audiologists dispose of needles and infectious waste, special cleaning protocols are indicated.

Cleaning and Decontaminating Spills and/or Splashes of Blood or Other Body Fluids Containing Visible Blood

- Wear a pair of gloves, goggles, and a gown.
- Remove visible materials first.
- Use disposable toweling.
- Decontaminate areas of flooding with liquid germicide.
- Clean surface with a freshly prepared 1:10 hydrochloride (household bleach) solution (1-part bleach to 10 parts water).

CPR

Although saliva has not been implicated in HIV transmission, to minimize the need for emergency mouth to mouth resuscitation, mouthpieces, resuscitation bags, or other ventilation devices should be strategically located and available for use in areas where the

need for resuscitation is predictable. The American Heart Association (1989) has recently provided supplemental guidelines for CPR Training and Rescue and discourages even individuals who are CPR certified from administering mouth to mouth resuscitation without benefit of some barrier device. CPR should be administered only by trained individuals who have benefit of a barrier or ventilation device.

SUMMARY

Great strides have been made in the past year in uncovering the pathogenesis of AIDS/HIV, in administering certain drugs to retard the course of AIDS/HIV, in allaying the concerns of the general public, and in dispelling the many myths regarding AIDS/HIV. ASHA's Committee of Quality Assurance has provided this update as a result of obtaining the most current information from CDC and related AIDS/HIV literature. Human services providers are not at high risk of getting AIDS/HIV as a result of their work with clients, even if they regularly care for persons with AIDS/HIV (American College Health Association Task Force on AIDS, 1987). The risk is associated with coming in contact with blood and body fluids containing visible blood and from needle stick injuries. Guidelines for prevention of transmission of the AIDS virus to care givers are similar to those of transmission of Hepatitis B. All practitioners should be aware of these guidelines and diligently observe them.

This update has relaxed a more stringent approach to guidelines for practitioners when coming into contact with all body fluids since the most recent CDC recommendations caution practitioners to adhere to Universal Precautions if it is anticipated that they might be exposed to blood or body fluids containing visible blood. Also, disposal of materials need not be extraordinary, because only needles, lab waste and infectious material require the use of hazardous waste red bag container. When practitioners have a question regarding cleaning and maintenance of equipment, it is suggested that they consult manufacturer's instructions. Materials that may come in contact with blood or body fluids should ideally be disposable. Routine testing and treatment materials and furniture should be washable with a cleaning solution of 1:100 water to household bleach. Simple soap and water is adequate for most surfaces under most circumstances. When in doubt, it is suggested that local infection control professionals or public health officials be consulted.

As new research and AIDS/HIV data become available, updates will be provided. The one constant is that speech-language pathologists and audiologists will continue to provide high-quality and compassionate care to persons with AIDS/HIV.

HOTLINE NUMBERS

CDC Hotline: 1-800-342-AIDS

Public Health Service Hotline: 1-800-447-AIDS

National Gay Task Force and AIDS Crisis Hotline: 1-800-221-7044

References

American College Health Association Task Force on Aids. (1987) Aids...What Everyone Should Know. Rockville, MD: Author.

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American Speech-Language-Hearing Association. (1989, June-July). Committee on Quality Assurance. AIDS/HIV: Implications for speech-language pathologists and audiologists. ASHA, 31(6), 33

Centers for Disease Control. (1988, June 24). Update: Universal precautions for prevention of transmission of Human Immunodeficiency Virus, Hepatitis B Virus, and other blood-borne pathogens in health care settings. MORBIDITY AND MORTALITY WEEKLY REPORT, 37(24), 377.

Diamond, G.W., & Cohen, H.J. (1987). AIDS and Developmental Disabilities. Prevention Update from the National Coalition of Prevention of Mental Retardation. American Association of University Affiliated Programs.

Environmental Protection Agency. (1989, January). Registered products with accepted HIV-1 (AIDS Virus) claim. Antimicrobial Program Branch, Washington, DC: Environmental Protection Agency.

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Appendix R – Seizure Protocol

Elmhurst University Speech-Language-Hearing Clinic (EUSLHC)

Seizure Plan for:	xx
Date of Birth:	xx/xx/xxxx
Chronological Age:	xx
Emergency Contact 1:	xx (xxx) xxx-xxxx – xx
Emergency Contact 2:	xx (xxx) xxx-xxxx – xx
Current Medical Conditions:	xx
Past Medical Conditions:	xx
Current Medications:	xx

The clinic administrator, session supervisor, session clinician, and administrative office staff will be provided with the following written procedural sequences, as well as education regarding what to do in the event that xx experiences seizure activity while xx is in the EUSLHC for speech therapy. The following sequences have been discussed with xx via email and in person, and has been approved for the Spring 2019 Term.

Appendix S - Video/Audio/Photo Publicity Waiver

ELMHURST UNIVERSITY

I hereby grant to Elmhurst University and its legal representatives and assigns, the irrevocable, unrestricted and perpetual right to take and use visual/audio recordings of me for editorial, trade, advertising and any other purpose in any media relating to Elmhurst University. Visual/audio recordings are any type of recording, including but not limited to photographs, digital images, drawings, renderings, voices, sounds, video recordings, and/or audio clips. I understand that Elmhurst University owns these recordings and all rights related to them and that Elmhurst University may edit and use these recordings in any manner or media (including electronic usages such as websites and e-mail) without notifying me and that Elmhurst University may use or not use any of the recordings in its sole discretion. I hereby agree to waive any right to inspect or approve the finished product or use, or to receive any remuneration for their use. I hereby release Elmhurst University and its legal representatives and assigns from all claims and liability relating to or arising from the creation and use of said recordings.

I am 18 years or older. By signing below, I represent that I have read and understood this document and agree to be bound by its terms.

Name (Print) _____ Date _____

Address _____

Signature _____ Phone _____

Witness _____

Appendix T – Student Exit Survey Form



CSD M.S. PROGRAM STUDENT EXIT SURVEY

Please rate your own state of knowledge or skill for each area of knowledge or skill.

Use this scale: 4 = Highly Proficient; 3 = Established; 2 = Emerging; 1 = Minimal; 0 = No Knowledge

Knowledge or Skill	Self-Rating (4, 3, 2, 1, 0)
1. Basic human communication processes.	
a. Biological and Neurological Bases	
b. Acoustic Bases	
c. Psychological and Developmental	
d. Cultural and Linguistic	
2. Basic Feeding and swallowing processes.	
3. Knowledge of communication disorders.	
a. Articulation and phonological disorders.	
b. Fluency disorders.	
c. Voice and resonance disorders.	
d. Receptive and Expressive Language disorders—Developmental	
e. Receptive and Expressive Language disorders—Acquired	
f. The impact of hearing disorders on speech and language	
g. Feeding and swallowing disorders	
h. Cognitive-communication disorders.	
i. Social communication disorders.	
4. Augmentative and alternative communication assessment and intervention.	
5. Methods of assessment for communication and swallowing disorders.	
a. Articulation and phonological disorders.	
b. Fluency disorders.	
c. Voice and resonance disorders.	
d. Receptive and Expressive Language disorders—Developmental	
e. Receptive and Expressive Language disorders—Acquired	
f. The impact of hearing disorders on speech and language	
g. Feeding and swallowing disorders	
h. Cognitive-communication disorders.	
i. Social communication disorders.	
6. Methods of intervention for communication and swallowing disorders.	

a. Articulation and phonological disorders.	
b. Fluency disorders.	
c. Voice and resonance disorders.	
d. Receptive and Expressive Language disorders—Developmental	
e. Receptive and Expressive Language disorders—Acquired	
f. The impact of hearing disorders on speech and language	
g. Feeding and swallowing disorders	
h. Cognitive-communication disorders.	
i. Social communication disorders.	
7. Knowledge of standards of ethical conduct in speech-language pathology.	
8. Knowledge of the processes of research and the integration of research into evidence-based clinical practice.	
9. Knowledge of professional issues, licensure, certification.	
10. Writing and spoken professional and academic communication.	
11. Skills in assessment.	
12. Skills in intervention.	
13. Interaction skills, including counseling, collaboration and working with diverse groups.	

Please provide your feedback on the Elmhurst University graduate program in communication sciences and disorders.

1. What are the strengths of the academic components of the program?
2. What areas of the academic program could be improved?
3. What are the strengths of the clinical training components of the program?
4. What areas of the clinical training components of the program could be improved?
5. Do you have any other comments regarding our program or your experiences with it?

Dev. 5/15

Appendix U – COVID-19 Response

The University recommends that the current CDC protocol be followed:

[Isolation and Precautions for People with COVID-19](#)

Handwashing

- Wash your hands often with soap and water for at least 20 seconds, especially after you have been in a public place, or after blowing your nose, coughing, sneezing, or touching your face.
- If soap and water are not readily available, use one of the readily available hand sanitizers on campus.
- Avoid touching your eyes, nose, and mouth, and wash your hands after touching your face.

Gloves

- Latex-free gloves will be available to graduate student clinicians, clinical supervisors/faculty, and clients while in therapy.
- To remove disposable gloves:
 - Pinch outside of the glove an inch or two down from the top edge inside the wrist
 - Peel downward, away from the wrist, turning the glove inside out
 - Pull the glove away until it is removed from the hand. Hold the inside-out glove in the gloved hand.
 - With your gloveless hand, slide your fingers under the wrist of the glove, but do not touch the outside surface of the glove.
 - Peel the glove downwards, away from the wrist, turning the glove inside out.
 - Continue pulling the glove down and over the first glove. This ensures that both gloves are inside out, one glove enveloped inside the other, with no contaminants on the bare hands.
 - Dispose of the gloves in the garbage.

Appendix V – Student Acknowledgement Form Re Telepractice

STUDENT ACKNOWLEDGEMENT FORM REGARDING TELEPRACTICE & ELECTRONIC MEDICAL RECORD (EMR)

The American Speech and Hearing Association (ASHA) defines telepractice (the act of providing Telehealth services) as "the application of telecommunications technology to delivery of professional services at a distance by linking clinician to client, or clinician to clinician, for assessment, intervention, and/or consultation." This service delivery model is supported by the Illinois Department of Professional Regulation (IDFPR) and the American Speech-Language and Hearing Association (ASHA). Telepractice is viewed as a mode of delivery of health care services, not a separate form of practice. There are no legal prohibitions to using technology in the practice of speech language pathology, as long as, the practice is done by an Illinois licensed practitioner. The standard of care is the same whether the patient is seen in-person, through telehealth (telepractice) or by other methods of electronically enabled health care.

As such, the Elmhurst University Speech-Language-Hearing-Clinic (ECSLHC) is offering telepractice speech therapy services through the live interactive video conferencing software platform Zoom for Healthcare. Our clients, students, and supervisors will connect over the internet by joining on the Zoom link provided by the graduate student clinician and supervising speech language pathologist (SLP). The graduate student clinician, supervising SLP, and the client will then be able to see and hear each other in real time. Our business agreement with Zoom for Healthcare incorporates software security measures that meet HIPAA standards. This is in place to protect the confidentiality of patient identification and data and protect against intentional or unintentional corruption. The American Speech-Language-Hearing Association allows student clinicians to provide telepractice services under the guidelines that they are supervised in real-time throughout at least 25% of the session.

As an Elmhurst University student, all HIPAA regulations will continue to be abided by while providing speech and language services and/or intervention through the Zoom for Healthcare platform to protect the confidentiality of patients/clients. Students must access Zoom for Healthcare in a private location through a secure internet connect, where no other person can hear or see the therapy session.

As an Elmhurst University student, all HIPAA regulations will continue to be abided by while reviewing and documenting progress and performance through the ClinicNote platform to protect the confidentiality of patients/clients. Students must access ClinicNote in a private location, through a secure internet connection, where no other person can see or access documentation.

Failure to abide by the above statements is an immediate violation of the Essential Functions, which will immediately result in a remediation plan and/or further disciplinary action, up to and including dismissal from the program.

Student Signature: _____ Date _____

Appendix W – Authorization for Release of Student Records



Authorization for Release of Student Records

In accordance with the Family Educational Rights and Privacy Act (FERPA), Elmhurst College may only release student records directly to the student, unless prior written authorization is given by the student. By filling out this form you give permission for others to view and have access to your student records. By default, your records will not be released to anyone else until this form is properly filled out.

Student Information

Last Name	First Name	eNum ber
Email	Daytime Phone Number	Date of Birth
Street Address	City	State

Initial to indicate which records to be released

- ☐ All Academic Records (records include: admissions and registration information, grades, assessment test scores, academic progress status, residency information, and any other documentation contained in the academic records)
- ☐ All Student Account Records (records include: amounts due for tuition and fees, sources of payment for tuition and fees, refund information, records hold information as it relates to parking tickets, library fines, financial aid repayments and any other information contained in student account records)
- ☐ All Financial Aid Records (records include: status of file, award and disbursement of funds information, satisfactory academic progress status, income information, and any other information contained in the financial aid application or file)
- ☐ All Student Affairs Records (Case management, student conduct, housing and residence life, law enforcement unit)
- ☐ Other (Please specify) _____

The following individuals are authorized to access the information specified above. PIN required for phone conversations

Please PRINT full name(s):

Name	Relationship	4 digit PIN for ID Verification
Name	Relationship	4 digit PIN for ID Verification
Name	Relationship	4 digit PIN for ID Verification

Student Signature

I understand that although I am not required to release this information, I am giving my consent to the Elmhurst College to disclose these records. **Student Initial** _____

This authorization shall stay in effect August 31 of current academic year only or until such time as I revoke it in writing to the Registrar, if earlier. **Student Initial** _____

Student Signature _____

Date _____

Office Use Only

Government issued photo ID verified _____

0AA02/19

Appendix X – External Placement Survey

April 2023 External Placement Survey

The survey will take approximately 4 minutes to complete.

Please complete and submit this form to ensure that we have the most current information about your interests for external placements.

* Required

* This form will record your name, please fill your name.

1. Name *

2. Current Address *

3. Address as of August 2023 *

4. Cell Phone Number *

5. What area of speech-language pathology are you primarily interested in working upon graduation? *

- ☐ Public Schools
- ☐ Specialized Schools
- ☐ Pediatric Clinics/Private Practice
- ☐ Acute Hospitals
- ☐ SNF/Rehab Hospitals
- ☐ Outpatient Clinic
- ☐ Home Health
- ☐ Early Intervention

6. What age group best describes the clients you would primarily like to work with upon graduation? *

- ☐ Early Intervention (0-3 years)
- ☐ Early Childhood (3-6 years)
- ☐ Elementary Age (6-13 years)
- ☐ High School Age (14-22 years)
- ☐ Adults

7. What site best describes where you would like to be employed upon graduation? *

- ☐ Private Practice
- ☐ Contract Agency
- ☐ Pediatric Clinic
- ☐ Public Schools
- ☐ Specialized Schools
- ☐ Outpatient Clinic
- ☐ SNF
- ☐ Hospital

8. Please provide me with any additional information about your interestes and preferences for external placements. *

This content is neither created nor endorsed by Microsoft. The data you submit will be sent to the form owner.

 Microsoft Forms

Appendix Y – Artificial Intelligence in CSD

Generative AI (GAI) and Large Language Models (LLMs) are becoming more common in work place settings and have the potential to reframe our workflow. GAI refers to AI systems that can generate new content, such as text, images, or audio, based on the data they have been trained on. LLMs, like the ones powering tools like ChatGPT, are a type of GAI that can understand and generate human-like text, translate languages, write in different formats, and answer questions in an informative way. While these technologies hold potential for enhancing various aspects of education, their responsible and ethical use is critical. Unchecked or misguided application of GAI could lead to issues such as perpetuating biases, infringing on intellectual property rights, or enabling academic dishonesty.

The department is committed to the responsible and ethical use of GAI in teaching, learning, and research activities. Our goal is to ensure that GAI is utilized as a supplementary tool, not a replacement for human expertise, critical thinking, faculty instruction, or student learning. Guidelines will be established to promote academic integrity and responsible use of GAI by both faculty and students. Our AI policy framework is designed to strike a balance between harnessing the potential of GAI and LLMs while safeguarding against their misuse or unintended consequences.

Please note: GAI technologies and capabilities are ever-changing. This policy represents our understanding of GAI technologies as of Summer 2024. This policy will be reviewed and updated periodically to reflect advancements in GAI technology and best practices and should be considered a living document.

Ethical Considerations

GAI are tools that can be used to enhance work production and quality; however, faculty and students must be aware of ethical considerations and risks associated with GAI.

- Bias – GAI tools can perpetuate biases present in their training data, which may lack diversity and representation across the entirety of human experience. This may cause outputs to be biased or discriminatory
- Lack of transparency – GAI tools can operate as a “black box” – this means it can be difficult to predict or understand how their output is generated, even by the developers.
- Unethical training practices part 1 – GAI tools may be trained on copyrighted, restricted, or otherwise sensitive data without proper acknowledgement and may use any input/prompts as future training data. Anyone using GAI should be aware of the GAI tool’s specific data policies before use.
- Unethical training practices part 2 – GAI tools may be trained using exploitative practices including paying people from under representative backgrounds a very small wage for long hours of work.
- Hallucinations and false data – GAI tools can produce plausible and confident, but incorrect or nonsensical outputs (“hallucinations”). This may include creating false references, manufacturing facts, or spreading misinformation. Anyone using GAI should fact check everything in an output before assuming it is accurate.

Academic Integrity

AI policies are to be used in collaboration with existing University and Department policies related to academic integrity. GAI use when not permitted is considered a violation of academic integrity.

Data Privacy, Security, Ownership

Ensuring data privacy and security is a shared responsibility and professional obligation. Faculty, staff, and students must exercise extreme caution when interacting with GAI tools, carefully considering the confidential nature of data and potential for unauthorized distribution and reproduction. The department takes data privacy very seriously and adheres to all relevant regulations concerning the information used to train GAI models, specifically the Large Language Models (LLMs) that power these tools.

One of the key concerns surrounding GAI models and LLMs is the potential for these systems to inadvertently memorize and reproduce sensitive information from their training data. Therefore, we strictly prohibit the use of any prompts containing sensitive student or client information protected by laws like FERPA and HIPAA. This includes names, locations, diagnoses, treatment details, or any other data that could be used to identify individuals. Additionally, we discourage the use of personal opinions, beliefs, or content that could be discriminatory as prompts for GAI systems. These types of prompts can introduce biases into the LLM's outputs, potentially influencing research or learning experiences in an unintended way and possibly reinforcing harmful biases or perpetuating misinformation.

Ownership of output generated by GAI tools will depend on the specific use case. For any course materials or products created by the faculty, ownership resides with the faculty member. If GAI was used to develop materials or products, faculty must acknowledge the contribution of GAI. For products, including assignments, created by the student, ownership resides with the student. If GAI was used to develop products, students must acknowledge the contribution of GAI. One party may not copy/paste in entirety a work created by another. This is considered a violation of intellectual property. When using GAI tools, faculty and students may write prompts based on the information from another person's intellectual property.

We recognize the importance of establishing clear guidelines for data ownership and attribution when working with AI-generated content. Faculty and students must provide proper attribution for any GEI tool when their outputs are incorporated into academic or clinical work, including research. The level of specificity may vary depending on the context. Faculty should refer to APA recommendations and provide specific citations requirements on assignments. Students should refer to APA recommendations and follow guidelines provided by faculty on each assignment where GAI is permitted. The use of GAI tools to generate content that is then presented as original work constitutes a violation of academic integrity.

GAI Use Policies for Faculty and Students

Faculty and students are to use the below as guidelines for GAI use in collaboration with University and Department policy and syllabus or assignment instructions. Any violation of these policies may be considered a violation of academic integrity and will follow the same reporting as outlined in the University academic integrity policy. **Each individual is responsible for content generated by GAI.**

Students

If students are not sure about how or when to use GEI or what to include or not include in a prompt for GAI, **please ask your instructor.**

What can I do with AI?	What can I not do with AI?
------------------------	-----------------------------------

Generate ideas, proofread/offer suggestions for improving writing, edit and revise a first draft of a paragraph	Generate complete assignments
Write prompts based on information or assignments from class	Copy/paste complete or partial course materials, including notes and assignments without permission
Develop first drafts of clinical materials	Use AI generated materials without critical analysis
Use completely deidentified information from a client to edit and revise first drafts of clinical documents	Include any identifying information into a prompt including information protected under HIPAA (e.g., client name, client school)
Credit AI with citations, documentation of prompts, clearly distinguish between AI and your work, or other ways of distinction as required by the course or assignment	Claim AI generated work as my own without recognition
	Use AI generated materials without proper fact-checking, cross-referencing, or other ways of data verification
	Ensure accuracy of GAI-generated information without diligent fact-checking

Faculty

Faculty should develop clear policies for their course and, if applicable, each assignment about use of GAI to complete coursework. Faculty must specify if GAI is allowed for assignments. If not, the faculty should provide a rationale for why. If so, the faculty should provide guidelines for how GAI may or may not be used and how students should report their use (e.g., citation, using italics to represent GAI generated work, provide a narrative for how they improve GAI output).

What can I do with AI?	What can I not do with AI?
Generate ideas, brainstorm assignments or case studies	Generate complete course materials including powerpoints, notes, and assignments
Develop first drafts of rubrics,	Use AI generated materials without

assignments or other course materials	critical analysis
Write prompts based on rubrics or general ideas in student assignments for grading and feedback	Copy/paste complete or partial student work into a GAI without student permission
Use completely deidentified information from a student to edit and revise drafts of letters of recommendation,	Include any identifying information into a prompt including information protected under HIPAA or FERPA
Credit AI with citations, documentation of prompts, clearly distinguish between AI and your work, or other ways of distinction as required by APA or other	Claim AI generated work as my own without recognition
	Ensure accuracy of GAI-generated information without diligent fact-checking

AI Use Disclosure

This policy was written with input from Google Gemini and Perplexity as well as knowledge from many other AI policies in higher education. Both GAI tools provided examples of definitions of GAI and LLMS, possible ethical considerations, and offered suggestions for revision.

AI Citations

Gemini. (2024). *Google* [Large language model]. <http://gemini.google.com>

Perplexity. (2024). *Perplexity AI, Inc* [AI tool]. <http://perplexity.ai>

Example AI Higher Education Policies

Columbia <https://provost.columbia.edu/content/office-senior-vice-provost/ai-policy>

Harvard <https://aipedagogy.org/guide/>

UNC <https://provost.unc.edu/staff-generative-ai-usage-guide/>

University of Iowa <https://provost.uiowa.edu/ai-classroom>

UW Madison <https://it.wisc.edu/generative-ai-uw-madison-use-policies/>

Yale <https://yaledata.yale.edu/yale-university-ai-guidelines-staff>

Appendix Z – Circles of Excellence Framework

Our supportive clinical framework, the Circles of Excellence, highlights six key qualities we believe effective clinicians demonstrate. We believe effective clinicians are growth-minded, accountable, reflective, empathic, flexible, and culturally-sensitive. We encourage students to learn and practice these qualities in their academic and clinical work and support their development throughout the program.

