

**Speech-Language Pathology
Master's Degree Student
Handbook**



Department of Speech-Language Pathology
Indiana University - South Bend
2023-24

This handbook is intended to provide all students in the speech-language pathology master's degree program with basic information about academic degree requirements for the major. Read it carefully and see the Graduate Program Director if you have any questions about any part of what is written here. This handbook supplements, but does not supersede, the degree requirements found in the Graduate School Bulletin. You should have a copy of the Bulletin which governs your degree program, and you are expected to be familiar with its contents (CONTAINS ALL REGULATIONS PASSED BY THE FACULTY AS OF May 2023)

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Welcome From the Dean of Vera Z. Dwyer College of Health Sciences:

Let me be one of the first to officially welcome you to our college and to your journey in becoming a health professional.

The Vera Z. Dwyer College of Health Sciences has a long history and tradition in educating health professionals in the Michiana region. Our graduates serve not only our region, but the state of Indiana and beyond. Employers are complimentary about our graduates' work performance and preparation. Many employers report our graduates make them the employers they are. Alumni of Indiana University South Bend are committed to excellence in their chosen field of study. You are now a part of this tradition. Congratulations!

As a college, we look forward to facilitating your journey of learning, professional development, and completion of the health professional program you have been accepted into. You have embarked on a health professional career that will provide you opportunities to grow not only as a student but as an individual and a competent and compassionate health professional.

Upon graduation and passing your national examination, you will earn a credential. We trust you will value those credentials and serve clients professionally, competently, and ethically.

This handbook provides you resources to answer questions you might have during the time in the program. In addition, there are other services and resources available to you on campus. We encourage you to take advantage of these resources.

Again, welcome!

Sincerely,

Jesús García-Martínez

Jesús García-Martínez, MD, MSc, PhD

Dean & Professor, Vera Z. Dwyer College of Health Sciences - Indiana University - South Bend

THE GRADUATE PROGRAM IN SPEECH-LANGUAGE PATHOLOGY

MISSION STATEMENT

The MS-SLP program at Indiana University South Bend is dedicated to educating and training future leaders in the field of speech-language pathology through collaborative and community engaged classroom and clinical experiences. Students will develop clinical practices that embrace human dignity, preparing them for the evolving needs of the population.

PROGRAM LEARNING OUTCOMES

At the end of their course of study, students will:

1. Demonstrate a wide theoretical base for understanding the basic human communication processes of both normal development as well as the nature, causes, evaluation and treatment of disorders of swallowing and communication across the lifespan.
2. Apply knowledge and theory of underlying processes related to communication to develop person-centered assessment and treatment plans.
3. Demonstrate awareness of different aspects of diversity, examine personal values and beliefs regarding culturally and linguistically diverse populations and translate that into the care continuum.
4. Serve as an effective team member with all relevant stakeholders, demonstrating professional standards of accountability, integrity, and privacy while interacting with individuals of varying backgrounds and duties.
5. Demonstrate critical thinking skills to formulate clinical hypotheses and make informed decisions using evidence-based information to write effective assessment and intervention plans.
6. Apply the processes of scientific inquiry to guide professional practice and promote life-long learning.

PREPARING FOR THE PROFESSION

The Certificate of Clinical Competence (CCC) of the American Speech-Language-Hearing Association (ASHA) is the only professional credential for speech-language pathologists recognized in every state. Currently, candidates for the CCC must have completed a master's degree or its equivalent and nine months of supervised professional experience and must pass a national exam. Although certification is a voluntary process, most clinics, hospitals, and other

service facilities require their employees to have the CCC. All 50 states and the District of Columbia now also require that speech-language pathologists be licensed. Licensure requirements vary by state, and it is the responsibility of the student to research and comply with licensure requirements in the state in which she/he wishes to practice.

UNDERGRADUATE PREPARATION

Students must have a bachelor's degree (typically in speech and hearing sciences or communication sciences and disorders) with a minimum grade point average of 2.5 from an accredited college or university (or its equivalent from a foreign institution) to be eligible for admission into the master's degree program. Students must also complete undergraduate coursework in the areas listed below with a minimum grade of C in each course. Non-majors who have not completed work in these areas will be required to take these classes prior to the graduate courses described on subsequent pages.

PREREQUISITE COURSEWORK

Course	Credits
Phonetics (must include IPA transcription)	3
Speech Anatomy and Physiology	3
Child Language Development	3
Audiology/Hearing Science*	3

*Must include audiological testing and treatment. This requirement may also be fulfilled with separate courses in audiological assessment and treatment.

In addition to required professional coursework, students hoping to achieve the Certificate of Clinical Competence in speech-language pathology must document, according to ASHA requirements (Standard IV-A), coursework (at least one course in each of the four areas) in the following basic sciences with a minimum grade of D in each course (coursework with a grade below D will not fulfill these requirements):

- Coursework in **biological sciences** taken outside the field of speech and hearing science (e.g., biology, human anatomy and physiology, neuroanatomy and neurophysiology, human genetics, veterinary science, etc.).
- Coursework in **physical sciences**: Students **must** take Physics or Chemistry. (CFCC 2020 standards).
- Coursework in **behavioral and/or social science** taken outside the field of speech and hearing science (e.g., psychology, sociology, anthropology, public health, etc.).

- Coursework in **statistics** taken outside the field of speech and hearing science. The statistics requirement cannot be met by a research methods course in speech and hearing science.

This coursework may be carried forward from the undergraduate degree, or taken for credit at an accredited college or university as a continuing education student or at the graduate level; if they are taken at the graduate level, they may not be counted to satisfy any requirements for the master's degree. Students are encouraged to visit the ASHA web site to review the above as well as additional certification requirements, as it is ultimately **their responsibility to ensure they have fulfilled certification requirements** (see "Certification/Licensure" in this manual for more information).

PROGRAM REQUIREMENTS

The graduate program in Speech-Language Pathology is in candidacy for accreditation by the Council on Academic Accreditation of the American Speech-Language-Hearing Association. Graduate speech-language pathology students will take five semesters (including summer) to complete the master's degree. All graduate students must complete the following requirements:

- 41 credit hours of required academic coursework beyond the bachelor's degree,
- 12 credit hours of required clinical coursework including on and off-campus part-time clinical practicums,
- 14 credit hours of off-campus full-time externships (summer II and spring II),
- Pass a comprehensive examination,
- Completion of a Capstone project or thesis option,
- Optional thesis for a minimum of 7 additional credit hours.

The graduate speech-language pathology curriculum content and sequence is revealed in the following table.

COURSE	CREDIT HOURS
FALL I	
SLHS-G 520 SPEECH SOUND DISORDERS	3
SLHS-G 505 CLINICAL METHODS IN SLP AND AUDIOLOGY	2
SLHS-G 521 EARLY CHILDHOOD LANGUAGE DISORDERS AND AUTISM	3
SLHS-G 504 MULTICULTURAL DIVERSITY AND COUNSELING	3
SLHS-G 501 NEUROANATOMY	3
SLHS-G 575 CLINICAL PRACTICUM	1
SLHS-G 570 DIAGNOSTIC PRACTICUM	1
TOTAL	16
SPRING I	
SLHS-G 522 SCHOOL AGE LANGUAGE AND LITERACY	3
SLHS-G 537 ADULT ACQUIRED LANGUAGE DISORDERS	3
SLHS-G 544 DYSPHAGIA	3
SLHS-G 511 BEST PRACTICES FOR SCHOOL SLPs	1
SLHS-G 502 RESEARCH METHODS AND EBP	3
SLHS-G 503 CAPSTONE PROJECT/RESEARCH	2
SLHS-G 585 CLINICAL PRACTICUM	1
SLHS-G 580 DIAGNOSTIC PRACTICUM	1
TOTAL	17
SUMMER I	
SLHS-G 535 CLEFT PALATE AND RESONANCE DISORDERS	1
SLHS-G 550 FLUENCY DISORDERS AND MANAGEMENT	2
SLHS-G 512 MEDICAL SPEECH-LANGUAGE PATHOLOGY	1
SLHS-G 510 AUDIOLOGY AND THE SLP	1
TOTAL	5
SUMMER II	
SLHS-G 680 CLINICAL PRACTICUM	5
SLHS-G 600 OPTIONAL THESIS	1-3
TOTAL	5
FALL II	
SLHS-G 560 AUGMENTATIVE AND ALTERNATIVE COMMUNICATION	3
SLHS-G 555 MOTOR SPEECH DISORDERS	3
SLHS-G 610 PROFESSIONAL REGULATION AND ISSUES	1
SLHS-G 540 VOICE DISORDERS	3
SLHS-G 531 COGNITIVE-COMMUNICATION DISORDERS IN BRAIN INJURY AND DISEASE	3
SLHS-G 675 CLINICAL PRACTICUM	1
SLHS-G 670 DIAGNOSTIC PRACTICUM	1

SLHS-G 600 OPTIONAL THESIS	3
TOTAL	15
SPRING II	
SLHS-G 700 PROFESSIONAL FIELDWORK EXPERIENCE	9
SLHS-G 600 OPTIONAL THESIS	TBD
TOTAL	9

ENROLLMENT STATUS

All degree seeking graduate students must register each semester during the dates and times posted by the University’s Registrar. Students are expected to enroll as full-time status for the duration of the program (6 semesters). Indiana University South Bend defines full time and half-time enrollment status in the following manner:

Status	Fall/Spring	Summer
Full time	8 credits	4 credits each session (total 8)
Part time	7 or fewer	3 or fewer per session (7 or less)

TRANSFER CREDIT

The program may accept graduate coursework completed at another accredited college or university toward meeting its degree requirements. Official transcripts must be submitted to Graduate Admission from the records office where the credits were earned. A student may transfer graduate credits at another accredited college or university only if all the following requirements are satisfied:

1. The student has graduate degree-seeking status at Indiana University South Bend,
2. The courses taken were graduate courses that are appropriate for their graduate program at IUSB and grades of B or better were achieved,
3. The courses to be transferred were completed within a five-year period prior to admission to the graduate program,
4. The transfer must be approved by the Program Director at the time of admission.

Typically, no more than six semester graduate credits may be transferred into the MS-SLP program. Grades for accepted transfer courses are not included in the student’s IUSB GPA. The post-secondary institution must have candidacy status or accreditation by a regional accrediting association.

GRADING

All courses in the Graduate Program in Speech-Language Pathology utilize the following grading scale. An **attainment of at least a B-** is required to successfully pass a lecture or clinical course. Failure to receive a final grade of “B-” will require the student to retake the course, be placed on academic probation, and fall out of progression. Clinical practicums are graded on a pass/fail basis. Students should refer to the clinical handbook for details regarding what factors might contribute toward a failing grade in clinic.

100-97	A+	89-87	B+	79-77	C+	69-67	D+
96-93	A	86-83	B	76-73	C	66-63	D
92-90	A-	82-80	B-	72-70	C-	62-60	D-
						59 & below	F

If a student is unsuccessful in a course, refer to the IU South Bend Bulletin and this handbook for progression guidelines.

GRADE GRIEVANCES

If a student disputes their final course grade, the student must discuss the matter with the faculty member assigning the grade. Further information regarding grade grievances can be found in the current IU South Bend *Bulletin* and *Code of Student Rights, Responsibilities, and Conduct*. Assistance may also be obtained from a Student Services Advisor. The following link has further information about the grade grievance process.

<https://students.iusb.edu/registrar/grades/grievances.html>

WITHDRAWALS

Withdrawals prior to the last day to drop a course (see official calendar for each semester) are automatically marked W. According to university regulations, withdrawal after this date is permitted only with the approval of the Dean of the student’s school for urgent reasons related to the student’s health or equivalent distress. In all such cases, the student must submit a request for late withdrawal to the graduate program director. This request must be supported by the instructor of the course, the graduate program director, and then be forwarded to the dean with an accompanying statement outlining the reasons for the request. If the dean approves the request, the student’s mark in the course shall be W, if the work completed up to the point of withdrawing is passing (B- or above); otherwise a grade of F shall be recorded. Failure to complete a course without an authorized withdrawal results in the grade of F.

THE CLINICAL EXPERIENCE

CLINICAL PRACTICUM

Graduate students are required to enroll in 5 semesters of clinical practicum to obtain 400 clinical hours. Students must complete and provide documentation of 25 observation hours in the field of speech-language pathology or audiology prior to beginning a clinical placement. These hours must have been obtained under an ASHA certified SLP or audiologist. Students enrolled in clinical practicum in speech-language pathology will be required to attend class meetings and participate in assigned clinical practicum unless alternative arrangements have been made in advance with the Speech-Language Clinic Director. Students at Indiana University South Bend who desire certification to practice as speech-language pathologists will be provided with the opportunity to obtain the proper number and distribution of supervised clinical contact hours. The hours of supervised clinical practicum required by ASHA are, however, to be regarded as minimum hours. It is the policy of this training program that students should have the maximum possible amount of supervised clinical practicum before leaving the program. For this reason, no students should regard the number of hours required by ASHA as the total number of hours she or he is expected to acquire. Only direct contact with the client or the client's family in assessment, management, and/or counseling can be counted towards practicum in speech-language pathology. Students transferring from other institutions should arrange to have any previously obtained practicum hours verified and sent to the Speech-Language Clinic Director.

Additionally, our department's policy is that students who are working and counting hours toward certification also need to be admitted and enrolled in the master's program while they are working. The department cannot go back and be accountable for hours that were acquired when it was not a partner in the "contract" between the student and his or her work site; there is no way the department can stipulate, after the fact, that ASHA supervision as well as other standards were met under those conditions. ASHA policy was established to permit students who were employed with a bachelor's degree to work toward the master's degree and certification without needing to leave employment completely to do so. The word "practicum" above is an important one because it implies status as a student and therefore, admission/enrollment in a graduate program. Therefore, the hours that a student accrued during the time between his or her undergraduate and graduate degrees cannot be counted within the 400 for certification because there was no university link for the student during that time period.

Indiana University South Bend's Department of Speech-Language Pathology makes every effort to help students obtain sufficient clinical practicum across the age span and across disorders (typically exceeding the minimum hours specified by ASHA) on a timely basis prior to exiting the program. However, if special circumstances arise that cause a student to obtain fewer clinical contact hours than recommended in one or more semesters, that student may need to extend her or his clinical training program to fulfill all the academic and clinical requirements for the

master's degree. Special circumstances may include, but are not limited to, poor academic or clinical performance, as well as situations related to personal necessity, such as pregnancy, extended illness, or emotional difficulties. In some of these special circumstances, documentation from the Office of Student Disability Services or a physician may be required. Another special circumstance may occur when a student requests externship experiences knowing in advance that the experience will be too limited in scope (e.g., exclusively pediatric) to fulfill the requirements of the clinical training program and possibly ASHA certification requirements.

Students may be assigned by the Clinic Director to the on-campus clinic for all or part of their practicum assignment for a semester. Students may be assigned to part-time, off-campus sites as part of their clinical practicum. In addition, students will complete two full-time (35-40 hour per week) practicum experiences in Summer IIB and Spring II. Off-campus practicum assignments during the academic semesters are made within commuting distance of the campus, but the full-time practicums can be arranged, with Department approval, outside of the commuting radius. See externship information below. Reliable transportation provided by the student is an expectation of the program. Travel liability to and from clinical assignment and community activities sites is the sole responsibility of the student. Indiana University South Bend does not provide travel liability insurance. Such travel has inherent risks and these risks are accepted by the student.

ESSENTIAL ABILITIES POLICY

Students must demonstrate these essential abilities to succeed in their program of study. Qualified applicants are expected to meet all admission criteria and matriculating students are expected to meet all progression criteria, as well as these essential abilities (technical standards) with or without reasonable accommodations.

Essential judgment skills to include: ability to identify, assess, and comprehend conditions surrounding patient situations for the purpose of problem-solving around patient conditions and coming to appropriate conclusions and/or course of actions.

Essential physical/neurological functions to include: ability to use the senses of seeing, hearing, touch, and smell to make correct judgments regarding patient conditions and meet physical expectations to perform required interventions for the purpose of demonstrating competence to safely engage in the practice of speech-language pathology. Behaviors that demonstrate essential neurological and physical functions include, but are not limited to observation, listening, understanding relationships, writing, and psychomotor abilities consistent with course and program expectations.

Essential communication skills to include: ability to communicate effectively with fellow students, faculty, patients, and all members of the healthcare team. Skills include verbal,

written, and nonverbal abilities as well as information technology skills consistent with effective communication.

Essential emotional coping skills: ability to demonstrate the mental health necessary to safely engage in the practice of speech-language pathology as determined by professional standards of practice.

Essential intellectual/conceptual skills to include: ability to measure, calculate, analyze, synthesize, and evaluate to engage competently in the safe practice of speech-language pathology.

Other essential behavioral attributes: ability to engage in activities consistent with safe speech-language pathology practice without demonstrated behaviors of addiction to, abuse of, dependence on alcohol or other drugs that may impair behavior or judgment. The student must demonstrate responsibility and accountability for actions as a student in the School of Rehabilitation Sciences and as a developing professional speech-language pathologist consistent with accepted standards of practice.

EXTERNSHIPS

Students will be expected to complete 2 full-time externships during the program as outlined above. Medical setting is the target experiences for the Summer IIB externship, while there is flexibility in the practicum site for Spring II. During Spring II, students who wish to become certified to work as speech-language pathologists in the schools will be assigned full-time, to a 12-week practicum in the public schools as this is a licensure requirement for most states. Graduate students who come from other schools where they have already completed the school practicum do not need to repeat that assignment but may receive an additional hospital or rehabilitation placement if available. These assignments may be any place where a site and a certified supervisor can be identified. Students are advised that some hospitals/rehabilitation facilities now require a 12-week externship and thus should clarify the length of the externship when making plans for their off-campus clinical placements.

Please note: Many sites are assigned over a year in advance, so it is imperative that planning for full-time practicums be done early. The Clinic Director will present information needed to begin this process during the first semester of the program. Students should plan for, and secure placement offers by midterm of the first semester of graduate school.

PRACTICUM AND EXTERNSHIP GRADES

Students should be aware that satisfactory clinical performance is a part of the department's expectation of them. Every graduate student must enroll in clinical practicum each semester, beginning in Fall I. Only the Clinic Director can waive this requirement. To have the Department Chairperson sign the application for the ASHA Certificate of Clinical Competence, students must

complete clinical practicum without having obtained a failing clinic grade in more than one semester (i.e., you must obtain a pass in clinic for four of the five semesters for which you are enrolled). In addition, should students have one semester with a failing clinic grade, the practicum hours completed during that semester cannot be counted toward ASHA certification. Without the signature of the Department Chairperson on your application, students will be unable to obtain clinical certification to practice as a speech-language pathologist.

Finally, students who receive a failing practicum grade in any clinical assignment as indicated on the Calipso® Student Performance Evaluation will be placed on clinical probation. For further information about any of the above clinical requirements as well as further information of clinical practicum policies (e.g., when and how a student may be placed on a learning contract), students should consult this Handbook and the Clinical Handbook.

DEGREE REQUIREMENTS

COMPLETION OF DEGREE REQUIREMENTS

A student who successfully meets the Program Requirements listed below is eligible for conferral of the MS degree in Speech-Language Pathology.

1. 67 total credit hours of academic coursework, clinical coursework, and off-campus externships.
2. A passing grade on the comprehensive examination.
3. Completion of a Capstone project or thesis option (minimum of 7 additional credit hours).

The registrar must receive all removal of Incompletes and deferred grades no later than three weeks prior to the end of classes of the student's last semester before graduation.

COMPREHENSIVE EXAMINATION

In October of the Fall II semester, students will take a written comprehensive exam. The purpose of the examination is to assess the students' ability to integrate theoretical and clinical knowledge gained through academic and clinical training. It is also an opportunity to identify any gaps in student preparation so that these can be remedied prior to graduation. The exam will be case study based. These case studies will be developed based on the ASHA 9: Fluency, Speech Production, Language, Cognition, Voice and Resonance, Feeding/Swallowing, Auditory Habilitation/Rehabilitation, Social aspects of Communication, and Augmentative and Alternative Communication Modalities. These nine disorder areas will be further divided into

children and adults. A series of case studies will be distributed across all students and a written product is expected.

Each student will be randomly assigned a case study for the comprehensive exam. Three cases consist of a child/adolescent with a communication disorder, and three cases discuss an adult with a communication disorder. Between two and three students will have the same case to prepare for the comprehensive exam. The focus of the exam is for the students to show integration of academic and clinical knowledge to develop a sound intervention plan, following EBP, for the assigned case. It also focuses on students being able to gather information from various sources (academic, clinical, outside readings/resources) to inform their clinical practice. Thus, cases may include variables/disabilities/factors that students may not have had specific academic coursework, as our goal is to evaluate students' ability to think critically, know how to access information (and what information they need to access), and problem solve, as it applies to clinical practice.

All students must be enrolled in the program during the semester that they take the examination. Students on academic or clinical probation must receive authorization from the Program Director before taking the exam.

Where and when can students access the cases:

A Canvas page has been created where the following information has been uploaded:

- General instructions (aka this document).
- Grading rubric.
- Case summaries and other pertinent data for each case, including pdf files of relevant literature chosen by the faculty who developed said case (5-8 articles per case).

A separate folder for each case has been created. Only students assigned to a case will have access to the pertinent documents for said case (e.g., client history/case summary, other information as needed, readings). On Canvas, students have been divided into groups, and will have access to case information and readings specific for their group.

Please note: It is permitted for students assigned to the same case to meet and discuss said case.

In early September, students will gain access to the Canvas site and the general and assigned case/group.

These are labeled as child case 1, 2, 3 and adult case 1, 2, 3.

What data will be available prior to the written exam?

Prior to the exam, the case study information will include background information/ history (e.g. medical, developmental, educational, vocational), as well as results from initial evaluations, **as**

applicable, to each case. In addition, 5-8 readings that are pertinent to the case will be available.

What will be available during the examination period?

For each case, information concerning diagnostic results and/or other pertinent information that may impact intervention will be provided to each student.

What can the student bring to the examination?

“Cheat Sheet”

Students are allowed to bring a one-page (8X11 inch) “cheat sheet” to the exam, with whatever data from the case summary and/or readings the student deems appropriate. Only one side of the paper is to be filled with the information (i.e., do not use both sides of the sheet).

It is imperative that the only written information on the cheat sheet be what was indicated above. It is expected that students develop goals/intervention procedures once s/he receives the diagnostic information. The cheat sheet, with your name, is to be handed in once the comprehensive exam has been written and uploaded to Canvas. A cheat sheet that includes LTGs and STGs will result in an automatic fail on the comprehensive exam.

Please note: The readings are provided to help you gain further information that will help you as you complete the comprehensive. You are not expected to cite specific articles. In addition, prior knowledge gained via coursework and clinical practice are to be used in this endeavor (as well via other sources of information that conform to EBP standards).

What will the response entail?

Students will be asked to develop an intervention plan for their assigned case. This will include:

1. Interpretation of the assessment data.
2. Intervention approach and focus, with a cogent rationale with evidence for the choice of intervention approach/model.
3. Discussion of client, family and environmental factors that will impact intervention (as appropriate) and how these will be incorporated within the intervention; included, if applicable, is inter-professional collaboration.
4. Long term goal(s).
5. Short term goal(s).

6. An example of a treatment activity, with a rationale for the choice of said activity.
(Please see rubric for information on areas that will be assessed.)

Length of response

The response will be a maximum of 6 double-spaced pages, 12-point font. The interpretation of the diagnostic data and diagnostic statement should be a maximum of one paragraph or 500 words (i.e., cannot be more than one page in length). The expectation is that students are succinct, use the most salient data, and come up with a diagnostic statement.

Other information

1. Students will complete their response on a computer and will submit it per instructions.
2. Students will have 3.5 hours to complete the written examination. The examination will take place on the designated dates in October. These dates are not negotiable.
3. Two faculty members, one clinical and one academic will evaluate and grade responses (pass/fail). If the evaluation is mixed, a third reader will independently evaluate the response. A final comprehensive rubric will be provided to each student. All responses are graded anonymously.

Procedures for students that do not pass the written comprehensive exam:

The following procedures are in place:

1. Prior to the oral remediation, the program will schedule a group meeting. During this group meeting (which is mandatory), faculty will discuss common themes and issues seen with the exam responses.
2. The returned rubric will not specifically outline where your answers went astray. As a lifelong learner, it is your responsibility to revisit your response and reflect on where your answer may need refinement. Use the group session as a guide for this. If you passed, you should **still** read the comments on the rubric to inform your clinical practice.
7. A schedule for the oral remediation will be provided at the group meeting and students will sign up in an available time slot for their version of the exam.
8. The faculty members (2) who evaluated the student's written response will be present during the oral remediation. Results of and written feedback as to performance on the oral remediation will be provided within a week of the student completing the remediation.
9. If the student does not pass the oral remediation, the faculty who participated in the oral examination will identify a remediation plan. This may include: (1) answering questions (written) where responses were weak; (2) new readings and reading summaries. The format of this remediation will be tailored to each student to address areas of weakness (and provide avenues for student learning).

10. The student and faculty will work together to establish a timeline to complete the remediation plan (length of allotted time will depend on the specific plan established). Failure to complete remediation plan in competent manner may result in extending the program or dismissal from the program. Students who do not pass the comprehensive examination and complete the remediation as indicated will not be permitted to graduate.

CAPSTONE PROJECT

All students not pursuing a thesis option will be required to complete a Capstone Project in order to fulfill the degree requirements.

Students will register for SLHS-G 502 Research Methods and SLHS-G 503 Capstone Project (2 credits) in their first spring semester. In the Research Methods course, students will consider a project option and his/her faculty advisor will be assigned. Within SLHS-G 503, students will participate in regular, joint meetings with their advisor, intended to provide both preliminary and extra support for initiation of the Capstone Project. Areas will include, but are not limited to: journal article critique, scientific writing, overview of research design and methodologies, statistical review, support for graph and table construction, and others.

Definition of Capstone Project:

Each student is required to complete a Capstone Project during the MS-SLP program. By the end of the second semester, following enrollment in SLHS-G 502 Research Methods and Evidence-Based Practice and SLHS-G 503 Capstone Project, each student must declare which of the Capstone options they will complete: 1.) Clinical Effectiveness Research Project, 2.) Entrepreneurship/Product-based project. Students will complete their Capstone Project during the subsequent year. General guidelines for task completion are provided in a table on the next page.

- **Clinical Effectiveness Research Project:** Students, in consultation with their advisors, will design and conduct a single-subject or cohort treatment design study that serves to document the efficacy of a specific treatment approach or procedure related to a client he/she serves. Student will conduct a literature review, create a research plan, describe the research methodologies employed, collect and analyze the data, compare the findings to existing literature, and discuss the implications of the findings. Projects are formally described in an APA-style paper and presented during a poster session.
- **Entrepreneurship/Community-based project:** Students, in consultation with their advisors, will identify an area of growth or need within a clinical setting or the community at large and seek to address that need via completion of a literature review, development of a plan with supporting rationale, creation of a deliverable (i.e. tangible product or service), assessment if needs were appropriately met by partnering institution, and presentation of the above (i.e. poster presentation). As speech-language pathologists, our role is often that of a patient and

family educator, community educator, advocate for services, or proponent for grass-roots level change in the facility or communities in which we work. This project could take many forms, but approval from the advisor is required. Students who do not pass the capstone will not be eligible for graduation. Remediation of the project will be required.

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Recommended Timeline for Completion of Capstone Project:

<p>Fall Year 1</p>	<p>Spring Year 1 SLP 502 Research Methods/Evidence Based Practice SLP 503 Capstone- Generate idea, explore needs of community partners, review literature, design methods of research, develop plan for needs assessment</p>	<p>Summer Year 1 Obtain IRB approval for research if applicable. Complete Needs Assessment with community partner on identifying an appropriate end-product.</p>
<p>Fall Year 2 Recruit participants, collect data, develop end-product, meet with Capstone adviser as scheduled. Plan public presentation for end of semester.</p>	<p>Spring Year 2 Analyze data. Prepare capstone document. Complete public presentation (ISHA conference and/or committee) of research project.</p>	

THESIS OPTION

Students choosing to write a thesis must select a thesis committee consisting of at least three academic faculty members from the Department. One of these faculty members will be chosen by the student to chair the committee. Students may choose to include clinical faculty as additional members of the thesis committee. The thesis committee shall:

1. Approve the thesis topic based upon a written proposal.
2. Assist in guiding the research.
3. Conduct an oral defense of the completed project.
4. Accept the properly written thesis.

Steps to completing a thesis typically include:

1. Identifying a thesis advisor/chair and committee.
2. Completing a thesis prospectus and obtaining committee approval of that prospectus.
3. Completing the thesis project.
4. Passing the oral defense.
5. Submitting the final copy of the thesis to the Graduate School, department, and committee members. Students are expected to provide committee members with hard copies of the prospectus and the final copy of the thesis.

The “use of human subjects” guidelines must be applied to ALL research utilizing human subjects. Approval of the research must be granted by the “Committee on Human Subjects.” Please consult your thesis advisor for complete information. Style and documentation will correspond to the professional journals of the American Speech-Language-Hearing Association and the Indiana University Graduate School (see <http://graduate.indiana.edu/theses-dissertations/formatting/index.shtml> for guidelines—students are advised that these guidelines vary from semester to semester).

The following thesis options are available:

1. Experimental Group or Single Subject Research Design. The traditional type of thesis completed in this department. Replication of key studies in the literature is encouraged.
2. Library Research Design. The project will include minimally:
 - Comprehensive review of pertinent English language literature.
 - Critique and discussion of unresolved issues in the field.
 - Conclusion and implications for theory/therapy and further research.
3. Individual Case Study Design.
 - Client must present evaluation, management, and treatment of problem(s) sufficiently interesting to warrant research attention.
 - Thesis supervisor and the clinical director must approve client choice and assessment/intervention procedures prior to data collection.
 - Student must research the literature for relevant diagnostic tools, treatment considerations, assessment strategies, interdisciplinary referral and consultation needs, and theoretical considerations. A written report of the literature as applied to the client is required.

Students completing a thesis will typically register for 3 semester credit hours of SLHS-G600. Students may elect to register for 3 credits in Summer II and 1-3 credits in Fall II. Students who elect to complete a thesis will typically begin the process of identifying a topic/mentor during their first (Fall I) semester in the program and then, depending on which thesis option is chosen, start working on the thesis in the Spring I session as SLHS-G502 (Capstone) or Summer II semester. Thus, the thesis process is often initiated prior to actually registering for thesis credits.

ACADEMIC PROGRESSION, PROBATION, DISMISSAL

ACADEMIC PROGRESSION

It is the goal of the department's faculty that all students make satisfactory progress toward the master's degree. We have found that the transition into graduate school can be very difficult for some students because of the increased demands that accompany graduate school and clinical assignments. To avoid problems and in line with ASHA requirements, the academic and clinical faculty formally reviews the progress of each master's student at mid-semester throughout their program. Prior to midterm, faculty will first utilize the Student Engagement Roster embedded within the Canvas course to provide feedback to the student regarding performance. Off-site clinical supervisors will be asked to provide feedback to the clinic director at marked intervals about student skills and performance. This step is critical in the first few weeks of class and weekly SER feedback is the expectation of faculty. If a student is experiencing difficulty with academic content or with clinical skills and is in jeopardy of not meeting the course objectives, the faculty or clinical supervisor will be responsible for reporting this to the program director. The Program Director of the Speech-Language Pathology Graduate Program will schedule a meeting with the student to find remedies for the problem (e.g., reduce clinical load, reduce credit hours). In cases in which the primary concern is clinical progress, a meeting with the student, Program Director, and the Speech-Language Clinic Director will be scheduled. Students are reminded that assessment of achievement is a joint effort and the responsibility of students, and clinical and academic faculty members. Students are therefore encouraged to carefully monitor their own academic and clinical progress, and if indicated, initiate discussion, action, or both to assure timely completion of their master's degree.

The program director/clinic director will utilize the following form to provide feedback to students and to develop a mutually agreed upon plan to ensure success:

Student/Faculty Advising Session Summary

Student Name:
Faculty Advisor:

Date of Session:

Student concerns/questions:

Faculty concerns:

Additional comments:

Plan of Action:

Action Item	Individual responsible	Date to be completed

A plan will be created and then the program director/clinical director will work with the faculty and student to ensure implementation and progress through the semester.

Graduate students must maintain at least a 3.0 overall GPA throughout the program. A student may be placed on academic probation if one of the following occurs:

- The student earns a grade lower than a B- in a course or a failing grade in clinic.
- The student earns a single semester GPA lower than a 3.0.

If a grade lower than a B-/fail is obtained, the student must retake the course. The existing grade continues to count toward the student's cumulative GPA. Graduate students may only repeat a course for graduate credit when a grade below B- was previously obtained in that course the student.

ACADEMIC PROBATION

The following policies apply to academic probation:

1. Students who are placed on academic probation due to a grade lower than B- on a single academic course or a cumulative GPA of less than 3.0 in the semester will have clinical assignments reduced or eliminated during the next semester of graduate enrollment. Changes in clinic privileges will be made to help students focus on their academic work to increase their GPAs. Decisions about clinic involvement will be made with input from the student, Program Director, and Speech-Language Clinic Director. If clinic privileges are restricted, extended enrollment in the department may be necessary to offset the lost clinic hours.
2. Students placed on academic probation will meet with the Program Director to determine a remediation plan. Students cannot receive a cumulative GPA below 3.0 in more than one semester. If this occurs, the student will be deemed to be making unsatisfactory progress toward the master's degree, and the case will be brought

before the faculty for review and possible dismissal.

3. If the student receives a grade or a fail in a clinical practicum course, a remediation plan will be crafted between the clinic director and the student to address the areas for improvement. Students who receive this grade may not count the clinical hours obtained during that semester toward the 400 required ASHA hours.
4. Students who are on academic probation may not register for the following semester until grades are received for the probationary semester. A letter will be placed in the student's file indicating that she or he is on probation. Students must follow the pre-requisites guidelines for coursework when registering for the next semester.

DISMISSAL FROM THE PROGRAM

A graduate student in speech-language pathology is dismissed from the program when, in the judgment of the program director and the Dwyer College of Health Sciences, there is a lack of progress toward the degree. Lack of progress includes, but is not limited to the following:

1. Failure to achieve a cumulative GPA of 3.0 in any two semesters.
2. A grade lower than a B-/fail in two courses during any given semester.
3. Demonstration of repeated unethical behavior that violates the ASHA Code of Ethics. This may include academic dishonesty, falsification of records and reports, plagiarism, cheating on an examination, quiz, comprehensive examination, or any other assignment. Dismissal in these cases may occur without prior probation.

When a student is dismissed, he or she will receive a formal letter from the Dean of the College of Health Sciences and Graduate Program Director and/or Judicial Affairs. Dismissal from the program is a serious matter and procedural safeguards are in place to protect the student and the University. Students have a right to appeal decisions made by the program and should follow College Policies related to this.

OUT OF PROGRESSION

The MS-SLP Program at IUSB is a cohort model program. Students are expected to continue to progress through the program full-time without interruption for 5 semesters. Students will fall out of progression if any of the following occur:

1. Receive a grade below B- in any academic course, resulting in course retake.

2. Receive a fail grade in clinical practicum, resulting in hours not counting toward 400 total and mandatory repetition of the practicum.
3. Withdrawal from any course or semester for any reason during any given semester.

RESUMING PROGRESSION/RETURN TO PROGRAM

Resuming progression for out-of-progression students is not automatic. Students who wish to reenter or progress in the program must submit a written request for reentry to the Program Director. This request requires a list of the specific courses in which the student wishes to enroll and as appropriate, an explanation of any extenuating circumstances that may have hindered academic performance, and a Plan for Success. All requests for progression are evaluated based on available resources, and, if appropriate, on the satisfactory completion of any conditions and/or faculty recommendations that existed at the time progression was disrupted.

Students are advised that courses are only offered during specific semesters, so if a retake is required, the student will then have to retake that course the following year thus delaying completion of the program. In addition, some graduate level courses have pre-requisites. Students will not be allowed to take a course if a grade lower than a B- was received on a pre-requisite course. Failure to successfully complete pre-requisite coursework on time may also result in students falling out of progression. Students may not continue in clinical practicums serving populations for which coursework has not been satisfactorily completed, which may result in a delay in progression.

STUDENT PLAN FOR SUCCESS

In the event of academic probation, the program director will initiate a Student Plan for Success to help a student succeed in their degree progression when the student is experiencing difficulties. It is not intended to be punitive, but it is a serious effort to identify ways to assist a student with on time graduation. Plans for Success will include the following:

1. A description of the problem, program competencies or objectives not being achieved.
2. Goals to achieve to be successful.
3. A mutually developed plan between the student and the Program Director/faculty. The plan will include deadlines by which these goals must be achieved.
4. If a student is unable to fulfill the terms of this plan, it may prevent program progression. A copy of this plan will be placed in the student's file.

PROCESS AND TIMELINE FOR GRADUATION

PETITION TO GRADUATE

Students must complete a petition for graduation with Indiana University South Bend. This form is available through the Assistant Dean for Student Success within the Dwyer College of Health Sciences. Students should submit this form along with the application for degree to student services for processing. The Department's administrative support will help remind students of the deadline for this petition. However, it is ultimately the responsibility of the student to ensure that graduation requirements are met and that deadlines are adhered to. Failure to petition on-time will delay graduation until the August semester. Commencement ceremonies occur only in May. Attendance is optional although highly encouraged and requested. The student must complete the application form and submit to the advising center for processing by September 15 for December graduation and by January 15 for May, June, or August graduation.

TIMELINE FOR DEGREE CONFERRAL

The registrar's office processes final grades and posts the degree earned on transcripts at set intervals throughout the academic year. The program abides by the May degree conferral, but there is also a June and August option if a student has not fully met requirements (i.e. required extended time in an externship, did not complete capstone). Students should be aware that commencement does not automatically equal the ability to obtain a license to practice. Licensure boards require final transcripts to be sent with the degree listed. This will not occur until end of May. Likewise, the licensure board processes hundreds of applications from new graduates at the end of each academic year. There may be delays that are not within the program's control.

Students should be mindful of the timelines discussed above when negotiating a start date for employment. Under certain circumstances, the program will provide a letter certifying a student has met degree requirements prior to the date of commencement. These steps are outlined in Policy SLP-AO-01-A.

NATIONAL EXAMINATION (PRAXIS)

All master's degree students should plan to take the examination at or near the completion of their coursework. Students may decide to take this at specific times during the year. If you fail the examination, it may be repeated, but a passing grade must be received before receiving ASHA certification.

Students need to send their PRAXIS scores to Indiana University South Bend and should do so at the time of the examination to avoid additional fees. It is also recommended that student's submit scores to ASHA and the state(s) in which they wish to obtain licensure. Further information regarding reporting of scores will be provided during clinical practicum in the Fall II semester.

SCHOOL AND PROFESSIONAL LICENSURE

Special licensure must be obtained by those who wish to work in the schools. In addition to meeting the ASHA requirements for certification mentioned above, a full-time school externship must be completed to obtain licensure in some states. Additional coursework may be required for states outside of Indiana. Please see the Director of Clinical Education for specific licensing procedures in Indiana. It is the student's responsibility to research licensure requirements outside of the state of Indiana. This program meets all the degree requirements for professional licensure in Indiana.

CLINICAL FELLOWSHIP

The Clinical Fellowship (CF) is usually completed after the degree is granted. It may be completed during the first year of actual employment as a clinician, or it may be accomplished in certain settings as a 9- to 18-month special position.

The CF must be supervised by a professional who holds CCC in the area you seek for yourself (speech- language pathology). Specific requirements for the CF can be obtained from ASHA.

ASHA CERTIFICATION

Any student who completes the clinical program of the Department of Speech and Hearing Sciences with a clinical master's degree in speech-language pathology is eligible to apply for ASHA certification (CCC- SLP). To do so, they must complete the following:

1. Graduate coursework.
2. Supervised clinical practicum.
3. National Examination in Speech-Language Pathology (PRAXIS).
4. Clinical Fellowship Year (CF).

The first two requirements must meet the standards specified by ASHA for knowledge and skills acquisition (KASA) (see Appendix I and ASHA website). The other two will be discussed briefly here. Please note: it is the student's responsibility to assure that he or she fulfills all ASHA/KASA certification requirements.

STUDENT POLICIES AND PROCEDURES

The Vera Z. Dwyer College of Health Sciences has adopted numerous policies as they pertain to Student and Academic Affairs. These policies have been drafted and approved by the faculty in accordance with IU policies and affiliation agreements with our numerous clinical sites. Students are expected to familiarize themselves with these policies and adhere to them. Questions regarding each policy can be directed to the Program Director who will consult with the Assistant Dean for Student Success and Operations as needed for interpretation. In addition, some policies are program-specific but have been vetted by the faculty and are reviewed and updated annually or as need arises.

Indiana University Code of Student Rights, Responsibilities, and Conduct

Each student is provided with a copy of the Indiana University Code of Student Rights, Responsibilities, and Conduct (formerly Indiana University Code of Ethics) upon admission. This document, which applies to all Indiana University students, contains the following sections: I. Student Rights and Responsibilities, II. Student Complaint Procedures, III. Student Misconduct, IV. Student Disciplinary Procedures, V. General Provisions, VI. Adoption Provisions, and VII. Appendix. It is available online at <http://studentcode.iu.edu/>

MS-SLP PROGRAM POLICIES

All policies listed here are provided in Appendix VIII

SLP-AC-01 Five-Year Course Policy

The purpose of this policy is to outline the requirements for completion of prerequisite coursework.

SLP-AC-02 Course Repeat Policy

The purpose of this policy is to outline the course repeat process for students in the MS-SLP program of the IUSB Vera Z. Dwyer College of Health Sciences (IUSB-CHS).

SLP-AS-01-B Essential Abilities Policy

This policy is to specify the essential abilities (technical standards) critical to the success of students in the MS-SLP program.

SLP-AS-02 Student Progression Document

This purpose of this policy is to identify the strategies and tools used by the graduate program in SLP to help students succeed.

SLP-AS-03 Academic Probation within the MS-SLP Program

The purpose of this policy is to identify the policy for students being placed on academic probation within the MS-SLP program and the implications regarding degree progression.

SLP-AS-04 Conditional Admit Policy

The purpose of this policy is to outline the criteria for conditional admission into the MS-SLP program.

SLP-AS-05 Resumption of Study Policy

The purpose of this policy is to identify the process for students seeking to resume their coursework following out-of-progression status.

SLP-AS-06 Dismissal Policy

The purpose of this policy is to identify the reasons for dismissal from the MS-SLP program.

SLP-AS-07 Zoom Policy

This policy outlines when a student may be allowed to zoom into class due to absences.

SLP-AS-08 Criminal Background Check

This policy informs students regarding the annual background check required for clinical placements.

SLP-AS-09-A Immunizations Policy

This policy provides students details regarding required immunizations for clinical placements.

SLP-AS-10-A CPR Policy

This policy outlines the type of CPR certification required for clinical placements.

SLP-AS-11-A Drug Screen Policy

This policy informs students of the required drug screen upon admission to the program.

GHP-AS-01-Student Appeals Policy

The graduate programs at IU South Bend have a different committee for student appeals than the undergraduate programs. This policy outlines the committee make up and the procedures.

SLP-AO-01-A Early Licensure Policy

This policy outlines the program's rights and responsibilities regarding student requests to obtain validation of their degree before graduation.

CLINICAL POLICIES

Students should familiarize themselves with the policies and procedures outlined in the Student Clinic Handbook. All students are expected to adhere to both the clinical and program policies when enrolled in the program.

CAMPUS, COLLEGE, AND UNIVERSITY POLICIES

Students can find the University policies listed at the link provided and the Vera Z. Dwyer Policies here <https://healthscience.iusb.edu/policies/index.html>

UA-02 Americans with Disabilities Act (ADA) Policy

This policy specifies the University's ADA accommodations and adjustments for its faculty, staff, and students.

University Course Grievance Policy

The program follows the policies outlined by the registrar for grade grievances <https://students.iusb.edu/registrar/grades/grievances.html>.

AS-03-C Student Clinical Site Compliance

This process is to establish a process to verify student clinical site compliance.

AS-05-B Appeals Policy

The purpose of this process is to outline the process for student appeals.

AS-13-C Confidentiality Policy

The purpose of this policy is to outline strict guidelines regarding patient information, including computer access, security and documentation, and confidentiality.

AS-14-A Clinical Malpractice Insurance

Students are covered under IUSB's limited malpractice insurance which is in effect only during the time the student is engaged in scheduled clinical field experience. Some fieldwork placements will require the student to carry his/her own malpractice/liability insurance.

Students are encouraged to purchase this insurance for the time spent on off-campus full-time externships. It is available through ASHA at a student rate. More information will be provided by the Director of Clinical Education in the Clinical Practicum coursework.

ACA-59 Religious Accommodations Policy

For students seeking a religious accommodation for a religious observance.

<https://policies.iu.edu/policies/aca-59-accommodation-religious-observances/index.html>.

AS-17-B Student Health Insurance

The purpose of this policy is informing the student about the requirement of maintaining health insurance coverage.

AS-18-B Licensed Students Policy

The purpose of this policy is to identify the reporting process(es) for students who hold a healthcare-related license or certification registered with a state public licensing agency (ipla.gov).

IT-04-B Social Networking Policy

The purpose of this policy is to outline the IUSB Vera Z. Dwyer College of Health Sciences (IUSB-CHS) guidelines for appropriate use of Internet social networking sites by students engaging in online discourse and identifying themselves with IUSB-CHS.

AS-21-B Impaired Student

The purpose of this policy is to outline the guidelines for IUSB Vera Z. Dwyer College of Health Sciences (IUSB-CHS) students regarding impairment in all settings.

AS-24-A Biosafety-Bloodborne Pathogen Policy

The Indiana University South Bend Exposure/Infection Control policies and procedures are based on the concept of Standard Precautions and are in compliance with the current recommendations of the United States Public Health Service and Occupational Safety and Health Administration. Standard Precautions refers to an approach to infection control that assumes all human blood and other potentially infectious materials (OPIM's) of all patients are potentially infectious with HIV, HBV, or other bloodborne pathogens. Standard Precautions are intended to prevent healthcare workers from parenteral, mucous membrane and non-intact skin exposure to bloodborne pathogens while carrying out the tasks associated with their occupation.

To remain in compliance with the CDC recommendations, the CHS will conduct annual in-service training and education sessions for all students who enroll in courses requiring a clinical experience. This annual training is required of all clinical/ internship students. *

Any student occupationally exposed to blood or other potentially infectious material while performing in the healthcare program, will follow the procedures of the healthcare institution in which the exposure occurred. These procedures will include counseling by a Health Care Provider as soon as possible after exposure and preventive treatment, as appropriate, at the student's expense.

STUDENT RESOURCES

ANTI-DISCRIMINATION POLICY

Consistent with Indiana University's Equal Opportunity Policy, the IU South Bend Speech-language Pathology program confirms and conducts all aspects of its teaching, scholarship, and service activities without discrimination on the basis of race, color, gender, socio-economic status, marital status, national or ethnic origin, age, religion or creed, disability, or political or sexual orientation or other characteristics protected by federal, state or local statute or ordinance.

Questions pertaining to discrimination may be directed the program director, Jennifer Essig, or the American Speech-Language-Hearing Association, Council on Academic Accreditation (CAA) at 10801 Rockville Pike, Rockville, MD 20852, telephone 888-321-ASHA

FERPA: FAMILY EDUCATION RIGHTS & PRIVACY ACT

What are the basic rules? As a student you and your family need to be informed about this law. For more information about this law please go to: <https://students.iusb.edu/registrar/policies/ferpa.html>.

AFFIRMATIVE ACTION

Responds and provides resolutions to those who are experiencing personal discomfort as a result of their race, sex, sexual orientation, age, religion, ethnicity, national origin, disability, or veteran's status. Further information can be found <https://iusb.edu/affirmative-action/index.html>

DISABILITY SUPPORT SERVICES

<https://students.iusb.edu/student-support-services/disability-support-services/index.html>
sbdss@iusb.edu or call 574-520-4256

Prospective students are encouraged to contact DSS early in the admissions process with any questions or concerns and for assistance tracking paperwork through the admissions office. Students taking the placement exams may request special testing accommodations. Students requesting this service must provide documentation of their disability prior to receiving assistance.

Current Students: Ensuring the best possible academic experience for each of our students, regardless of their disability, means we provide accommodations, resources and referrals, and programs that meet the unique needs of each student. Students requesting services will be asked to sign a disclosure form acknowledging they understand DSS's policy regarding the disclosure of disability information. It is the student's responsibility to meet with faculty to discuss accommodations for each class. Accommodations do not continue into the externship site.

STUDENT ENGAGEMENT AND SUCCESS: STUDENT SUPPORT SERVICES

<https://students.iusb.edu/student-support-services/index.html>

Resources include the Student Counseling Center, Disability Support Services, Office of Student Conduct, Office of Veteran Student Services, and Office of International Student Services.

FINANCIAL AID

Additional information can be found at <https://students.iusb.edu/financial-aid/index.html>

HOUSING

Information regarding housing can be found at <https://www.iusb.edu/housing/>

CAREER SERVICES

<https://students.iusb.edu/career-services/index.html>

Provides resources and support regarding career counseling, resumes, interviews, and hosts a career/job fair annually.

DENTAL CLINIC

<https://healthscience.iusb.edu/dental-clinic/index.html>

Provides preventative dental services 10 months of the year from September to June at a nominal charge.

LIBRARY SERVICES

For full range of services that the IUSB Library offers, please go to <https://library.iusb.edu/index.html>

SEXUAL MISCONDUCT (TITLE IX)

What you should know about sexual misconduct: IU South Bend does not tolerate acts of sexual misconduct, including sexual violence. If you have experienced sexual violence, or know someone who has, the University can help. It is important to understand that federal regulations and University policy require faculty to immediately report complaints of sexual misconduct known to them to the IU South Bend Deputy Title IX Coordinator to ensure that appropriate measures are taken, and resources are made available. IU South Bend will work with you to protect your privacy by sharing information with only those that have a legitimate administrative or legal reason to know. If you are seeking help and would like to speak to someone confidentially, you can make an appointment with a Mental Health Counselor on campus through the Student Counseling Center. Find more information about sexual violence, including campus and community resources, at <http://stopsexualviolence.iu.edu>.

PLAGIARISM

All students are expected to adhere to the IU Code of Conduct which includes the Dwyer College of Health Sciences policy regarding plagiarism. <https://healthscience.iusb.edu/policies/index.html>

CLASSROOM ETIQUETTE

In order to maintain a respectful environment, collegial behavior is required. Students who do not demonstrate professional, collegial behavior will be asked to leave the classroom and must meet with the instructor prior to the next class session. Any student who continues to demonstrate intimidating and/or disruptive behavior that interferes with a respectful environment conducive to learning may not be permitted to return to the classroom and will be referred to the Admission, Progression, and Graduation Board of the Dwyer College of Health Sciences and/or the Indiana University South Bend Office of Student Conduct.

Following IU South Bend policy, children are not permitted in the classroom, lab or clinical setting at any time.

Lecture content is presented beyond reading assignments and not all reading assignments are covered in the lecture—please plan accordingly when studying.

As a courtesy, students are to request permission of the instructor conducting the class to tape/digitally record the class.

All handouts and test questions are the intellectual property of the course instructor. Students are prohibited from posting and/or sharing handouts or test questions with other students. Sharing test questions with other students is considered as cheating and will be dealt with according to IU South Bend policy.

PowerPoint handouts are often provided for each lecture on Canvas. It is not mandatory for students to print out the handouts, which are provided as a courtesy to students. Students should be prepared to take detailed notes. These handouts are intended as a tool for students and should not be distributed for uses beyond the class note-taking.

LAB & SIMULATION RULES:

1. Children are not allowed in the labs at any time.
2. Clean up after your practice or lab time, returning the lab to the state you found it in.
3. Expensive, high tech equipment is in the labs and should be cared for appropriately; assure that the doors are closed if you are the last one to leave.

4. Simulation sessions are treated as clinicals and require expected professional behavior.
5. If you do not know how to use the equipment, please seek assistance.
6. Simulations provide essential learning (or evaluation) and are to be taken seriously including any assigned preparation.
7. Inappropriate use of the lab and equipment can result in disciplinary action.

PROFESSIONAL ATTIRE/APPEARANCE

While on clinical rotations, including the on-campus clinic, your appearance is a direct reflection of Indiana University, therefore professional attire/appearance is of the utmost importance. Time will be spent during the first semester reinforcing the dress code appropriate for clinical practicum, but students should also review the guidelines below. Students who arrive at a clinical not appropriately dressed will be sent home and those clinical hours will need to be made up. The laboratory space at Elkhart Center is a working clinical space. There may be clients present in the building even if you are not scheduled with them. Please make sure your appearance is tidy and appropriate if visiting the lab space to review materials, plan a therapy session, or observe.

Students should follow these guidelines:

Clothing should be neat and clean. Individual supervisors may identify specific dress criteria for student clinicians, and student clinicians in an off-campus site should follow the site's dress code. Some examples of inappropriate clothing include, but are not limited to: shorts, spaghetti straps, halter tops, casual tee-shirts, workout clothes, sweat shirts, and sweat pants. **With any clothing you choose, students should be mindful of how the body may be exposed during different clinical activities (i.e. bending over table, sitting or kneeling on the floor with a child, reaching up, etc.).**

In general, careful consideration should be given to wearing jewelry during clinical experiences as it may pose a safety hazard. Jewelry that can be easily grabbed and pulled should not be worn (e.g., hoop or dangling earrings, long necklaces). This may include facial jewelry such as eyebrow and nose rings. For working with some clients, it may also be best to avoid decorative scarves around the neck. Your supervisor may require you to remove jewelry or accessories if they are a distraction to the client or a safety risk for you. Student clinicians are encouraged to wear a wristwatch while providing therapy services to assist in time management.

Some placements, particularly those in healthcare settings, may require closed-toed shoes and may discourage or prohibit the use of artificial fingernails, as these can harbor dirt and pathogens even after handwashing. It is the student's responsibility to determine the regulations of his/her site.

If you have a visible tattoo, please consider each of your client's ages, difficulties, and cultural considerations, and cover any tattoo that a client may consider scary or controversial.

Perfume, strongly scented lotion, cologne, etc. are discouraged as some clients may have allergies or be sensitive to the smell.

Clinic name tags will be ordered upon arrival and should be worn when participating in sessions at the on-campus clinic. Students should adhere to policies related to identification badges when at off-campus sites. These badges typically must be turned in upon completion of the clinical.

Some agencies, especially schools, require you to show a driver's license upon check-in. If you are visiting a school for any reason, be sure to bring a driver's license into the building.

APPENDICES

Appendix I: ASHA Standards for the Certificate of Clinical Competence

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 speech-language pathology program accredited by the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA).

Implementation: The graduate program of study must be initiated and completed in a CAA-accredited program or a program with candidacy status for CAA accreditation. 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-A

The 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:

1. Speech sound production, to encompass articulation, motor planning and execution, phonology, and accent modification.
2. Fluency and fluency disorders.
3. Voice and resonance, including respiration and phonation.
4. 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.
5. Hearing, including the impact on speech and language.
6. 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.
7. Cognitive aspects of communication, including attention, memory, sequencing, problem solving, and executive functioning.
8. Social aspects of communication, including challenging behavior, ineffective social skills, and lack of communication opportunities.

9. 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

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

Standard IV-H

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

Standard V: Skills Outcomes

Standard V-A

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

Implementation: Applicants are eligible to apply for certification once they have completed all graduate-level academic coursework and clinical practicum and have been judged by the

graduate program as having acquired all 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.

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:

1. interpret, integrate, and synthesize core concepts and knowledge.
2. Demonstrate appropriate professional and clinical skills.
3. 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:

1. Integrate and apply theoretical knowledge.
2. Evaluate their strengths and identify their limitations.
3. Refine clinical skills within the *Scope of Practice in Speech-Language Pathology*.
4. 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 II: ASHA Code of Ethics¹ (Updated March 2023)

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.

Appendix III: ASHA Scope of Practice for Speech-Language Pathology

<https://www.asha.org/policy/sp2016-00343/>

APPENDIX IV: COUNCIL FOR CLINICAL CERTIFICATION BOARD INTERPRETATIONS ON CLINICAL PRACTICUM

1. Persons who hold the Certification of Clinical Competence (CCC) in speech-language pathology may supervise:
 - a. assessment, rehabilitation, and prevention of disorders of speech (e.g., articulation, fluency, voice) and language.
 - b. assessment and rehabilitation of cognitive/communication disorders.
 - c. assessment and rehabilitation of disorders of oral-pharyngeal function (dysphagia) and related disorders.
 - d. assessment, selection, and development of augmentative and alternative communication systems and the provision of training for their use.
 - e. aural habilitative/rehabilitative services and related counseling services.
 - f. enhancement of speech-language proficiency and communication effectiveness (e.g., accent reduction).
 - g. pure tone air conduction hearing screening.
2. Persons who hold the CCC in Audiology may supervise:
 - a. assessment of the peripheral and central auditory system, including behavioral and (electro)physiological measurements of the auditory and vestibular functions as well as intraoperative monitoring.
 - b. selection, fitting, and dispensing of amplification, assistive devices, and other systems (e.g., implantable devices).
 - c. conservation of auditory system function, including development and implementation of environmental and occupational hearing conservation programs.
 - d. aural habilitative/rehabilitative services and related counseling service.
 - e. screening for speech or language disorders.
3. Only direct client contact time may be counted as clinical practicum hours. Time spent in writing lesson plans, scoring tests, transcribing language samples, preparing activities, in-service training, and writing reports may not be counted.
4. Evaluation refers to those hours in screening, assessment, and diagnosis that are accomplished prior to the initiation of a treatment program. Hours to be counted in the evaluation category may also include reevaluation (another formal assessment). Periodic assessments during treatment are to be considered treatment.
5. Time spent with either the client or a family member while engaging in information seeking, information- giving, counseling, or parental education/involvement may be counted as clinical clock hours (provided the activity is directly related to evaluation and/or treatment).
6. Time spent in a multidisciplinary staffing, educational appraisal and review, or in meetings with professional persons regarding diagnosis and treatment of a given client may be counted up to 25 hours.

7. Conference time with clinical supervisors may not be counted.
8. If a client presents communication disorders in two or more of the disorder categories, accumulated clock hours should be distributed among these categories according to the amount of treatment time spent on each. For example, if a client with both language and articulation problems received 20 hours of treatment and approximately three quarters of each treatment session was spent on language and one quarter was spent on articulation, the student may receive credit for 15 hours of language treatment and 5 hours of articulation treatment.

NOTE: Students who are not yet professionals should not be reimbursed directly for the provision of clinical practicum services. However, students can receive traineeships, scholarships, and/or stipends.

APPENDIX V: Summary of Knowledge and Skills



Standards	Knowledge/Skill Met? (check)	Course # and Title	Practicum Experiences # and Title	Other (e.g. labs, research) (include descriptions of activity)
Standard IV-A. The applicant must demonstrate knowledge of the principles of:				
• Biological Sciences		Prerequisite		
• Physical Sciences		Prerequisite		
• Statistics		Prerequisite		
• Social/behavioral Sciences		Prerequisite		
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				
• Basic Human Communication Processes				
• Biological		501 Neuroanatomy	570 Dx Prac 575 Clinical 580 Dx II 585 Clinical II 680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II	
• Neurological		501 Neuroanatomy	570 Dx Prac 575 Clinical 580 Dx II 585 Clinical II 680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II	
• Acoustic		501 Neuroanatomy 510 Audiology and SLP	570 Dx Prac 575 Clinical 580 Dx II 585 Clinical II 680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II	

• Psychological		521 Early Childhood Language 522 School Age Language 550 Fluency	570 Dx Prac 575 Clinical 580 Dx II 585 Clinical II 680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II	
• Developmental/Lifespan		521 Early Childhood Language 522 School Age Language	570 Dx Prac 575 Clinical 580 Dx II 585 Clinical II 680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II	
• Linguistic		521 Early Childhood Language 520 Speech Sound Disorders	570 Dx Prac 575 Clinical 580 Dx II 585 Clinical II 680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II	
• Cultural		504 Multicultural Diversity	570 Dx Prac 575 Clinical 580 Dx II 585 Clinical II 680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II	
• Swallowing Processes				
• Biological		544 Dysphagia 535 Genetic Syndromes	570 Dx Prac 575 Clinical 580 Dx II 585 Clinical II 680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II	
• Neurological		544 Dysphagia 535 Genetic Syndromes	570 Dx Prac 575 Clinical 580 Dx II 585 Clinical II 680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II	
• Psychological		544 Dysphagia 535 Genetic Syndromes	570 Dx Prac 575 Clinical	

			580 Dx II 585 Clinical II 680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II	
• Developmental/Lifespan		544 Dysphagia 535 Genetic Syndromes	570 Dx Prac 575 Clinical 580 Dx II 585 Clinical II 680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II	
• Cultural		544 Dysphagia 535 Genetic Syndromes 504 Multicultural Diversity	570 Dx Prac 575 Clinical 580 Dx II 585 Clinical II 680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II	

Standard IV-C. The applicant must <u>demonstrate knowledge</u> of the nature of speech, language, hearing, and communication disorders and differences and swallowing disorders, including their etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates. Specific knowledge must be demonstrated in the following areas:				
• Articulation				
• Etiologies	501 Neuroanatomy 502 Research Methods 520 Speech Sound Disorders 555 Motor Speech Disorder 511 Best Practices for School SLP	570 Dx Prac 575 Clinical 580 Dx II 585 Clinical II 680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
• Characteristics	501 Neuroanatomy 502 Research Methods 520 Speech Sound Disorders 555 Motor Speech Disorder 511 Best Practices for School SLP	570 Dx Prac 575 Clinical 580 Dx II 585 Clinical II 680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
• Fluency				
• Etiologies	501 Neuroanatomy 502 Research methods 550 Fluency Disorders 511 Best Practices for School SLP	570 Dx Prac 575 Clinical 580 Dx II 585 Clinical II 680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
• Characteristics	501 Neuroanatomy 502 Research methods 550 Fluency Disorders 511 Best Practices for School SLP	570 Dx Prac 575 Clinical 580 Dx II 585 Clinical II 680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
• Voice and resonance, including respiration and phonation				
• Etiologies	501 Neuroanatomy 502 Research 540 Voice	570 Dx Prac 575 Clinical 580 Dx II		

	535 Genetic 555 Motor Speech Disorders 512 Medical SLP	585 Clinical II 680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
• Characteristics	501 Neuroanatomy 502 Research 540 Voice 535 Genetic 555 Motor Speech Disorders 512 Medical SLP	570 Dx Prac 575 Clinical 580 Dx II 585 Clinical II 680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
• Receptive and expressive language (phonology, morphology, syntax, semantics, pragmatics, prelinguistic communication, and paralinguistic communication) in speaking, listening, reading and writing				
• Etiologies	501 Neuroanatomy 502 Research Methods 521 Early Childhood 522 School Age 537 Adult Acq Language 532 Cog-Comm Dis 560 AAC 511 Best Practices for School SLP 512 Medical SLP	570 Dx Prac 575 Clinical 580 Dx II 585 Clinical II 680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
• Characteristics	501 Neuroanatomy 502 Research Methods 521 Early Childhood 522 School Age 537 Adult Acq Language 532 Cog-Comm Dis 560 AAC 511 Best Practices for School SLP 512 Medical SLP	570 Dx Prac 575 Clinical 580 Dx II 585 Clinical II 680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
• Hearing, including the impact on speech and language				
• Etiologies	501 Neuroanatomy 502 Research Methods 520 Speech Sound	570 Dx Prac 575 Clinical 580 Dx II 585 Clinical II		

	Dis 521 Early Childhood Language 522 School Age 505 Clinical Methods 510 Audiology and the SLP	680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
• Characteristics	501 Neuroanatomy 502 Research Methods 520 Speech Sound Dis 521 Early Childhood Language 522 School Age 505 Clinical Methods 510 Audiology and the SLP	570 Dx Prac 575 Clinical 580 Dx II 585 Clinical II 680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
• Swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding; orofacial myology)				
• Etiologies	501 Neuroanatomy 502 Research Methods 544 Dysphagia 540 Voice 535 Genetic 512 Medical SLP	570 Dx Prac 575 Clinical 580 Dx II 585 Clinical II 680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
• Characteristics	501 Neuroanatomy 502 Research Methods 544 Dysphagia 540 Voice 535 Genetic 512 Medical SLP	570 Dx Prac 575 Clinical 580 Dx II 585 Clinical II 680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
• Cognitive aspects of communication (e.g., attention, memory, sequencing, problem solving, executive functioning.)				
• Etiologies	501 Neuroanatomy 502 Research Methods 522 School Age 537 Adult Acq	570 Dx Prac 575 Clinical 580 Dx II 585 Clinical II 680 Fieldwork I		

	Language 531 Cog-Comm Dis 512 Medical SLP	670 Dx III 675 Clinical III 700 Fieldwork II		
• Characteristics	501 Neuroanatomy 502 Research Methods 522 School Age 537 Adult Acq Language 531 Cog-Comm Dis 512 Medical SLP	570 Dx Prac 575 Clinical 580 Dx II 585 Clinical II 680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		

• Social aspects of communication (e.g., behavioral and social skills affecting communication)				
• Etiologies	501 Neuroanatomy 502 Research Methods 537 Adult Acq Language 560 AAC 540 Voice 535 Genetic Syndromes 511 Best practices for School	570 Dx Prac 575 Clinical 580 Dx II 585 Clinical II 680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
• Characteristics	501 Neuroanatomy 502 Research Methods 537 Adult Acq Language 560 AAC 540 Voice 535 Genetic Syndromes 511 Best practices for School	570 Dx Prac 575 Clinical 580 Dx II 585 Clinical II 680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
• Augmentative and alternative communication modalities				
• Characteristics	501 Neuroanatomy 502 Research 520 Speech Sound Dis 537 Adult Acq language 560 AAC 555 Motor Speech 511 Best practices for School	570 Dx Prac 575 Clinical 580 Dx II 585 Clinical II 680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
Standard IV-D: The applicant must possess knowledge of the principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates of the disorders.				
• Articulation				
• Prevention	520 Speech Sound Disorders	570 Dx Prac 575 Clinical 580 Dx II 585 Clinical II 680 Fieldwork I 670 Dx III		

		675 Clinical III 700 Fieldwork II		
• Assessment	520 Speech Sound Disorders 555 Motor Speech	570 Dx Prac 575 Clinical 580 Dx II 585 Clinical II 680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
• Intervention	520 Speech Sound Disorders 555 Motor Speech	570 Dx Prac 575 Clinical 580 Dx II 585 Clinical II 680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
• Fluency				
• Prevention	550 Fluency	570 Dx Prac 575 Clinical 580 Dx II 585 Clinical II 680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
• Assessment	550 Fluency	570 Dx Prac 575 Clinical 580 Dx II 585 Clinical II 680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
• Intervention	550 Fluency	570 Dx Prac 575 Clinical 580 Dx II 585 Clinical II 680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
• Voice and resonance				
• Prevention	540 Voice 535 Genetic	570 Dx Prac 575 Clinical 580 Dx II 585 Clinical II 680 Fieldwork I		

		670 Dx III 675 Clinical III 700 Fieldwork II		
• Assessment	540 Voice 535 Genetic	570 Dx Prac 575 Clinical 580 Dx II 585 Clinical II 680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
• Intervention	540 Voice 535 Genetic	570 Dx Prac 575 Clinical 580 Dx II 585 Clinical II 680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
• Receptive and expressive language				
• Prevention	521 Early Childhood 522 School Age 537 Adult Acq Language 560 AAC 531 Cog Comm	570 Dx Prac 575 Clinical 580 Dx II 585 Clinical II 680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
• Assessment	521 Early Childhood 522 School Age 537 Adult Acq Language 560 AAC 531 Cog Comm	570 Dx Prac 575 Clinical 580 Dx II 585 Clinical II 680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
• Intervention	521 Early Childhood 522 School Age 537 Adult Acq Language 560 AAC 531 Cog Comm	570 Dx Prac 575 Clinical 580 Dx II 585 Clinical II 680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
• Hearing, including the impact on speech and language				
• Prevention	510 Audiology 520 Speech Sound Dis 521 Early	570 Dx Prac 575 Clinical 580 Dx II 585 Clinical II		

	Childhood 531 Cog-Comm	680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
• Assessment	510 Audiology 520 Speech Sound Dis 521 Early Childhood 531 Cog-Comm	570 Dx Prac 575 Clinical 580 Dx II 585 Clinical II 680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
• Intervention	510 Audiology 520 Speech Sound Dis 521 Early Childhood 531 Cog Comm	570 Dx Prac 575 Clinical 580 Dx II 585 Clinical II 680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
• Swallowing				

• Prevention	544 Dysphagia 540 Voice 535 Genetic Syndromes	570 Dx Prac 575 Clinical 580 Dx II 585 Clinical II 680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
• Assessment	544 Dysphagia 540 Voice 535 Genetic Syndromes	570 Dx Prac 575 Clinical 580 Dx II 585 Clinical II 680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
• Intervention	544 Dysphagia 540 Voice 535 Genetic Syndromes	570 Dx Prac 575 Clinical 580 Dx II 585 Clinical II 680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
• Cognitive aspects of communication				
• Prevention	522 School Age 537 Adult Acq language 531 Cog Comm	570 Dx Prac 575 Clinical 580 Dx II 585 Clinical II 680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
• Assessment	522 School Age 537 Adult Acq language 531 Cog Comm	570 Dx Prac 575 Clinical 580 Dx II 585 Clinical II 680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
• Intervention	522 School Age 537 Adult Acq language 531 Cog Comm	570 Dx Prac 575 Clinical 580 Dx II 585 Clinical II 680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
• Social aspects of communication				

• Prevention	521 Early Childhood 522 School Age 537 Adult Acq 531 Cog Comm 560 AAC 540 Voice 535 Genetic	570 Dx Prac 575 Clinical 580 Dx II 585 Clinical II 680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
• Assessment	521 Early Childhood 522 School Age 537 Adult Acq 531 Cog Comm 560 AAC 540 Voice 535 Genetic	570 Dx Prac 575 Clinical 580 Dx II 585 Clinical II 680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
• Intervention	521 Early Childhood 522 School Age 537 Adult Acq 531 Cog Comm 560 AAC 540 Voice 535 Genetic	570 Dx Prac 575 Clinical 580 Dx II 585 Clinical II 680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
• Augmentative and alternative communication modalities				
• Assessment	520 Speech Sound 537 Adult Acq 560 AAC 555 Motor Speech	570 Dx Prac 575 Clinical 580 Dx II 585 Clinical II 680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
• Intervention	520 Speech Sound 537 Adult Acq 560 AAC 555 Motor Speech	570 Dx Prac 575 Clinical 580 Dx II 585 Clinical II 680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
Standard V-B: The applicant for certification must complete a program of study that includes supervised clinical experiences sufficient in breadth and depth to achieve the following skills outcomes (in addition to clinical experiences, skills may be demonstrated through successful performance on academic course work and examinations, independent projects, or other appropriate alternative methods):				

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)				
• Articulation				
Std. V-B 1a. Conduct screening and prevention procedures (including prevention activities)	505 Clinical Methods 511 Best Practices for School SLP 504 Multicultural	570 Dx Prac 575 Clinical 580 Dx II 585 Clinical II 680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
Std. V-B 1b. Collect case history information and integrate information from clients/patients, family, caregivers, teachers, relevant others, and other professionals	505 Clinical Methods 511 Best Practices for School SLP 504 Multicultural 520 Speech Sound	570 Dx Prac 575 Clinical 580 Dx II 585 Clinical II 680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
Std. V-B 1c. Select and administer appropriate evaluation procedures, such as behavioral observations nonstandardized and standardized tests, and instrumental procedures	505 Clinical Methods 511 Best Practices 504 Multicultural 520 Speech Sound	570 Dx Prac 575 Clinical 580 Dx II 585 Clinical II 680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		

Std. V-B 1d. Adapt evaluation procedures to meet client/patient needs	505 Clinical Methods 511 Best Practices 504 Multicultural 520 Speech Sound	570 Dx Prac 575 Clinical 580 Dx II 585 Clinical II 680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
Std. V-B 1e. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention	505 Clinical Methods 511 Best Practices 504 Multicultural 520 Speech Sound	570 Dx Prac 575 Clinical 580 Dx II 585 Clinical II 680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
Std. V-B 1f. Complete administrative and reporting functions necessary to support evaluation	505 Clinical Methods 511 Best Practices 504 Multicultural 520 Speech Sound	570 Dx Prac 575 Clinical 580 Dx II 585 Clinical II 680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
Std. V-B 1g. Refer clients/patients for appropriate services	505 Clinical Methods 511 Best Practices 504 Multicultural 520 Speech Sound	570 Dx Prac 575 Clinical 580 Dx II 585 Clinical II 680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
• Fluency				
Std. V-B 1a. Conduct screening and prevention procedures (including prevention activities)	550 Fluency	680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
Std. V-B 1b. Collect case history information and integrate information from clients/patients, family, caregivers, teachers, relevant others, and other professionals	550 Fluency	680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
Std. V-B 1c. Select and administer appropriate evaluation procedures, such as behavioral observations nonstandardized and standardized tests, and instrumental procedures	550 Fluency	680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
Std. V-B 1d. Adapt evaluation procedures to meet client/patient needs	550 Fluency	680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		

Std. V-B 1e. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention	550 Fluency	680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
Std. V-B 1f. Complete administrative and reporting functions necessary to support evaluation	550 Fluency	680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
Std. V-B 1g. Refer clients/patients for appropriate services	550 Fluency	680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
• Voice and resonance, including respiration and phonation				
Std. V-B 1a. Conduct screening and prevention procedures (including prevention activities)	540 Voice 535 Genetic	680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
Std. V-B 1b. Collect case history information and integrate information from clients/patients, family, caregivers, teachers, relevant others, and other professionals	540 Voice 535 Genetic	680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
Std. V-B 1c. Select and administer appropriate evaluation procedures, such as behavioral observations nonstandardized and standardized tests, and instrumental procedures	540 Voice 535 Genetic	680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		

Std. V-B 1d. Adapt evaluation procedures to meet client/patient needs	540 Voice 535 Genetic	680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
Std. V-B 1e. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention	540 Voice 535 Genetic	680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
Std. V-B 1f. Complete administrative and reporting functions necessary to support evaluation	540 Voice 535 Genetic	680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
Std. V-B 1g. Refer clients/patients for appropriate services	540 Voice 535 Genetic	680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
• Receptive and expressive language (phonology, morphology, syntax, semantics, pragmatics, prelinguistic communication, and paralinguistic communication) in speaking, listening, reading and writing				
Std. V-B 1a. Conduct screening and prevention procedures (including prevention activities)	504 Multicultural 520 Speech Sound 521 Early Childhood 522 School Age 537 Adult Acq 531 Cog comm 505 Clinical Methods	570 Dx Prac 575 Clinical 580 Dx II 585 Clinical II 680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
Std. V-B 1b. Collect case history information and integrate information from clients/patients, family, caregivers, teachers, relevant others, and other professionals	504 Multicultural 520 Speech Sound 521 Early Childhood 522 School Age 537 Adult Acq 531 Cog comm 505 Clinical Methods	570 Dx Prac 575 Clinical 580 Dx II 585 Clinical II 680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
Std. V-B 1c. Select and administer appropriate evaluation procedures, such as behavioral observations nonstandardized and standardized tests, and instrumental procedures	504 Multicultural 520 Speech Sound 521 Early Childhood 522 School Age 537 Adult Acq 531 Cog comm 505 Clinical Methods	570 Dx Prac 575 Clinical 580 Dx II 585 Clinical II 680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
Std. V-B 1d. Adapt evaluation procedures to meet client/patient needs	504 Multicultural 520 Speech Sound 521 Early	570 Dx Prac 575 Clinical 580 Dx II		

	Childhood 522 School Age 537 Adult Acq 531 Cog comm 505 Clinical Methods	585 Clinical II 680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
Std. V-B 1e. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention	504 Multicultural 520 Speech Sound 521 Early Childhood 522 School Age 537 Adult Acq 531 Cog comm 505 Clinical Methods	570 Dx Prac 575 Clinical 580 Dx II 585 Clinical II 680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
Std. V-B 1f. Complete administrative and reporting functions necessary to support evaluation	504 Multicultural 520 Speech Sound 521 Early Childhood 522 School Age 537 Adult Acq 531 Cog comm 505 Clinical Methods	570 Dx Prac 575 Clinical 580 Dx II 585 Clinical II 680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
Std. V-B 1g. Refer clients/patients for appropriate services	504 Multicultural 520 Speech Sound 521 Early Childhood 522 School Age 537 Adult Acq 531 Cog comm 505 Clinical Methods	570 Dx Prac 575 Clinical 580 Dx II 585 Clinical II 680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
• Hearing, including the impact on speech and language				
Std. V-B 1a. Conduct screening and prevention procedures (including prevention activities)	510 Audiology	570 Dx Prac 575 Clinical 580 Dx II 585 Clinical II 680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
Std. V-B 1b. Collect case history information and integrate information from clients/patients, family, caregivers, teachers, relevant others, and other professionals	510 Audiology	570 Dx Prac 575 Clinical 580 Dx II 585 Clinical II 680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		

Std. V-B 1c. Select and administer appropriate evaluation procedures, such as behavioral observations nonstandardized and standardized tests, and instrumental procedures	510 Audiology	570 Dx Prac 575 Clinical 580 Dx II 585 Clinical II 680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
Std. V-B 1d. Adapt evaluation procedures to meet client/patient needs	510 Audiology	570 Dx Prac 575 Clinical 580 Dx II 585 Clinical II 680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
Std. V-B 1e. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention	510 Audiology	570 Dx Prac 575 Clinical 580 Dx II 585 Clinical II 680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
Std. V-B 1f. Complete administrative and reporting functions necessary to support evaluation	510 Audiology	570 Dx Prac 575 Clinical 580 Dx II 585 Clinical II 680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
Std. V-B 1g. Refer clients/patients for appropriate services	510 Audiology	570 Dx Prac 575 Clinical 580 Dx II 585 Clinical II 680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
• Swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding; orofacial myology)				
Std. V-B 1a. Conduct screening and prevention procedures (including prevention activities)	544 Dysphagia 535 Genetic Disorders	680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		

Std. V-B 1b. Collect case history information and integrate information from clients/patients, family, caregivers, teachers, relevant others, and other professionals	544 Dysphagia 535 Genetic Disorders	680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
Std. V-B 1c. Select and administer appropriate evaluation procedures, such as behavioral observations nonstandardized and standardized tests, and instrumental procedures	544 Dysphagia 535 Genetic Disorders	680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
Std. V-B 1d. Adapt evaluation procedures to meet client/patient needs	544 Dysphagia 535 Genetic Disorders	680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
Std. V-B 1e. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention	544 Dysphagia 535 Genetic Disorders	680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
Std. V-B 1f. Complete administrative and reporting functions necessary to support evaluation	544 Dysphagia 535 Genetic Disorders	680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
Std. V-B 1g. Refer clients/patients for appropriate services	544 Dysphagia 535 Genetic Disorders	680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
• Cognitive aspects of communication (attention, memory, sequencing, problem-solving, executive functioning)				
Std. V-B 1a. Conduct screening and prevention procedures (including prevention activities)	522 School Age 537 Cog Comm	680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		

Std. V-B 1b. Collect case history information and integrate information from clients/patients, family, caregivers, teachers, relevant others, and other professionals	522 School Age 537 Cog Comm	680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
Std. V-B 1c. Select and administer appropriate evaluation procedures, such as behavioral observations nonstandardized and standardized tests, and instrumental procedures	522 School Age 537 Cog Comm	680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
Std. V-B 1d. Adapt evaluation procedures to meet client/patient needs	522 School Age 537 Cog Comm	680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
Std. V-B 1e. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention	522 School Age 537 Cog Comm	680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
Std. V-B 1f. Complete administrative and reporting functions necessary to support evaluation	522 School Age 537 Cog Comm	680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
Std. V-B 1g. Refer clients/patients for appropriate services	522 School Age 537 Cog Comm	680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
• Social aspects of communication (including challenging behavior, ineffective social skills, lack of communication opportunities)				
Std. V-B 1a. Conduct screening and prevention procedures (including prevention activities)	521 Early Childhood 522 School Age	570 Dx Prac 575 Clinical 580 Dx II 585 Clinical II 680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
Std. V-B 1b. Collect case history information and integrate information from clients/patients, family, caregivers, teachers, relevant others, and other professionals	521 Early Childhood 522 School Age	570 Dx Prac 575 Clinical 580 Dx II 585 Clinical II 680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
Std. V-B 1c. Select and administer appropriate evaluation procedures, such as behavioral observations nonstandardized and standardized tests, and instrumental procedures	521 Early Childhood 522 School Age	570 Dx Prac 575 Clinical 580 Dx II 585 Clinical II 680 Fieldwork I 670 Dx III		

		675 Clinical III 700 Fieldwork II		
Std. V-B 1d. Adapt evaluation procedures to meet client/patient needs	521 Early Childhood 522 School Age	570 Dx Prac 575 Clinical 580 Dx II 585 Clinical II 680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
Std. V-B 1e. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention	521 Early Childhood 522 School Age	570 Dx Prac 575 Clinical 580 Dx II 585 Clinical II 680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
Std. V-B 1f. Complete administrative and reporting functions necessary to support evaluation	521 Early Childhood 522 School Age	570 Dx Prac 575 Clinical 580 Dx II 585 Clinical II 680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
Std. V-B 1g. Refer clients/patients for appropriate services	521 Early Childhood 522 School Age	570 Dx Prac 575 Clinical 580 Dx II 585 Clinical II 680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
• Augmentative and alternative communication modalities				
Std. V-B 1a. Conduct screening procedures	560 AAC	680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		

Std. V-B 1b. Collect case history information and integrate information from clients/patients, family, caregivers, teachers, relevant others, and other professionals	560 AAC	680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
Std. V-B 1c. Select and administer appropriate evaluation procedures, such as behavioral observations nonstandardized and standardized tests, and instrumental procedures	560 AAC	680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
Std. V-B 1d. Adapt evaluation procedures to meet client/patient needs	560 AAC	680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
Std. V-B 1e. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention	560 AAC	680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
Std. V-B 1f. Complete administrative and reporting functions necessary to support evaluation	560 AAC	680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
Std. V-B 1g. Refer clients/patients for appropriate services	560 AAC	680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
2. Intervention (must include all skill outcomes listed in a-g below for each of the 9 major areas)				
• Articulation				
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	520 Speech Sound	570 Dx Prac 575 Clinical 580 Dx II 585 Clinical II 680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
Std. V-B 2b. Implement intervention plans (involve clients/patients and relevant others in the intervention process)	520 Speech Sound	570 Dx Prac 575 Clinical 580 Dx II 585 Clinical II 680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
Std. V-B 2c. Select or develop and use appropriate materials and instrumentation for prevention and intervention	520 Speech Sound	570 Dx Prac 575 Clinical 580 Dx II 585 Clinical II 680 Fieldwork I 670 Dx III		

		675 Clinical III 700 Fieldwork II		
Std. V-B 2d. Measure and evaluate clients'/patients' performance and progress	520 Speech Sound	570 Dx Prac 575 Clinical 580 Dx II 585 Clinical II 680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
Std. V-B 2e. Modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients	520 Speech Sound	570 Dx Prac 575 Clinical 580 Dx II 585 Clinical II 680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
Std. V-B 2f. Complete administrative and reporting functions necessary to support intervention	520 Speech Sound	570 Dx Prac 575 Clinical 580 Dx II 585 Clinical II 680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
Std. V-B 2g. Identify and refer clients/patients for services as appropriate	520 Speech Sound	570 Dx Prac 575 Clinical 580 Dx II 585 Clinical II 680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
• Fluency				

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	550 Fluency	580 Dx II 585 Clinical II 680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
Std. V-B 2b. Implement intervention plans (involve clients/patients and relevant others in the intervention process)	550 Fluency	580 Dx II 585 Clinical II 680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
Std. V-B 2c. Select or develop and use appropriate materials and instrumentation for prevention and intervention	550 Fluency	580 Dx II 585 Clinical II 680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
Std. V-B 2d. Measure and evaluate clients'/patients' performance and progress	550 Fluency	580 Dx II 585 Clinical II 680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
Std. V-B 2e. Modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients	550 Fluency	580 Dx II 585 Clinical II 680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
Std. V-B 2f. Complete administrative and reporting functions necessary to support intervention	550 Fluency	580 Dx II 585 Clinical II 680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
Std. V-B 2g. Identify and refer clients/patients for services as appropriate	550 Fluency	580 Dx II 585 Clinical II 680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
• 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	540 Voice 535 Genetic Disorders	680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		

Std. V-B 2b. Implement intervention plans (involve clients/patients and relevant others in the intervention process)	540 Voice 535 Genetic Disorders	680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
Std. V-B 2c. Select or develop and use appropriate materials and instrumentation for prevention and intervention	540 Voice 535 Genetic Disorders	680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
Std. V-B 2d. Measure and evaluate clients'/patients' performance and progress	540 Voice 535 Genetic Disorders	680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
Std. V-B 2e. Modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients	540 Voice 535 Genetic Disorders	680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
Std. V-B 2f. Complete administrative and reporting functions necessary to support intervention	540 Voice 535 Genetic Disorders	680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
Std. V-B 2g. Identify and refer clients/patients for services as appropriate	540 Voice 535 Genetic Disorders	680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		

• Receptive and expressive language (phonology, morphology, syntax, semantics, pragmatics, prelinguistic communication, and paralinguistic communication) 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	521 Early Childhood 522 School Age 537 Adult Acq 560 AAC	570 Dx Prac 575 Clinical 580 Dx II 585 Clinical II 680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
Std. V-B 2b. Implement intervention plans (involve clients'/patients and relevant others in the intervention process)	521 Early Childhood 522 School Age 537 Adult Acq 560 AAC	570 Dx Prac 575 Clinical 580 Dx II 585 Clinical II 680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
Std. V-B 2c. Select or develop and use appropriate materials and instrumentation for prevention and intervention	521 Early Childhood 522 School Age 537 Adult Acq 560 AAC	570 Dx Prac 575 Clinical 580 Dx II 585 Clinical II 680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
Std. V-B 2d. Measure and evaluate clients'/patients' performance and progress	521 Early Childhood 522 School Age 537 Adult Acq 560 AAC	570 Dx Prac 575 Clinical 580 Dx II 585 Clinical II 680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
Std. V-B 2e. Modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients'/patients	521 Early Childhood 522 School Age 537 Adult Acq 560 AAC	570 Dx Prac 575 Clinical 580 Dx II 585 Clinical II 680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
Std. V-B 2f. Complete administrative and reporting functions necessary to support intervention	521 Early Childhood 522 School Age 537 Adult Acq 560 AAC	570 Dx Prac 575 Clinical 580 Dx II 585 Clinical II 680 Fieldwork I 670 Dx III		

		675 Clinical III 700 Fieldwork II		
Std. V-B 2g. Identify and refer clients/patients for services as appropriate	521 Early Childhood 522 School Age 537 Adult Acq 560 AAC	570 Dx Prac 575 Clinical 580 Dx II 585 Clinical II 680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
• 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	510 Audiology 521 Early Childhood 522 School Age 531 Cog Comm	570 Dx Prac 575 Clinical 580 Dx II 585 Clinical II 680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
Std. V-B 2b. Implement intervention plans (involve clients/patients and relevant others in the intervention process)	510 Audiology 521 Early Childhood 522 School Age 531 Cog Comm	570 Dx Prac 575 Clinical 580 Dx II 585 Clinical II 680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
Std. V-B 2c. Select or develop and use appropriate materials and instrumentation for prevention and intervention	510 Audiology 521 Early Childhood 522 School Age 531 Cog Comm	570 Dx Prac 575 Clinical 580 Dx II 585 Clinical II 680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
Std. V-B 2d. Measure and evaluate clients'/patients' performance and progress	510 Audiology 521 Early Childhood 522 School Age 531 Cog Comm	570 Dx Prac 575 Clinical 580 Dx II 585 Clinical II 680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
Std. V-B 2e. Modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients	510 Audiology 521 Early Childhood 522 School Age 531 Cog Comm	570 Dx Prac 575 Clinical 580 Dx II 585 Clinical II 680 Fieldwork I 670 Dx III 675 Clinical III		

		700 Fieldwork II		
Std. V-B 2f. Complete administrative and reporting functions necessary to support intervention	510 Audiology 521 Early Childhood 522 School Age 531 Cog Comm	570 Dx Prac 575 Clinical 580 Dx II 585 Clinical II 680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		

Std. V-B 2g. Identify and refer clients/patients for services as appropriate	510 Audiology 521 Early Childhood 522 School Age 531 Cog Comm	570 Dx Prac 575 Clinical 580 Dx II 585 Clinical II 680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
• Swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding; orofacial myology)				
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	544 Dysphagia 535 Genetic	680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
Std. V-B 2b. Implement intervention plans (involve clients/patients and relevant others in the intervention process)	544 Dysphagia 535 Genetic	680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
Std. V-B 2c. Select or develop and use appropriate materials and instrumentation for prevention and intervention	544 Dysphagia 535 Genetic	680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
Std. V-B 2d. Measure and evaluate clients'/patients' performance and progress	544 Dysphagia 535 Genetic	680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
Std. V-B 2e. Modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients	544 Dysphagia 535 Genetic	680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
Std. V-B 2f. Complete administrative and reporting functions necessary to support intervention	544 Dysphagia 535 Genetic	680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
Std. V-B 2g. Identify and refer clients/patients for services as appropriate	544 Dysphagia 535 Genetic	680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
• Cognitive aspects of communication (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	531 Cog-Comm	680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		

Std. V-B 2b. Implement intervention plans (involve clients/patients and relevant others in the intervention process)	531 Cog-Comm	680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
Std. V-B 2c. Select or develop and use appropriate materials and instrumentation for prevention and intervention	531 Cog-Comm	680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
Std. V-B 2d. Measure and evaluate clients'/patients' performance and progress	531 Cog-Comm	680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
Std. V-B 2e. Modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients	531 Cog-Comm	680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		

Std. V-B 2f. Complete administrative and reporting functions necessary to support intervention	531 Cog-Comm	680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
Std. V-B 2g. Identify and refer clients/patients for services as appropriate	531 Cog-Comm	680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
• Social aspects of communication (including challenging behavior, ineffective social skills, 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	521 Early Childhood 522 School Age	570 Dx Prac 575 Clinical 580 Dx II 585 Clinical II 680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
Std. V-B 2b. Implement intervention plans (involve clients/patients and relevant others in the intervention process)	521 Early Childhood 522 School Age	570 Dx Prac 575 Clinical 580 Dx II 585 Clinical II 680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
Std. V-B 2c. Select or develop and use appropriate materials and instrumentation for prevention and intervention	521 Early Childhood 522 School Age	570 Dx Prac 575 Clinical 580 Dx II 585 Clinical II 680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
Std. V-B 2d. Measure and evaluate clients'/patients' performance and progress	521 Early Childhood 522 School Age	570 Dx Prac 575 Clinical 580 Dx II 585 Clinical II 680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
Std. V-B 2e. Modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients	521 Early Childhood 522 School Age	570 Dx Prac 575 Clinical 580 Dx II 585 Clinical II 680 Fieldwork I 670 Dx III 675 Clinical III		

		700 Fieldwork II		
Std. V-B 2f. Complete administrative and reporting functions necessary to support intervention	521 Early Childhood 522 School Age	570 Dx Prac 575 Clinical 580 Dx II 585 Clinical II 680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
Std. V-B 2g. Identify and refer clients/patients for services as appropriate	521 Early Childhood 522 School Age	570 Dx Prac 575 Clinical 580 Dx II 585 Clinical II 680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
• 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	560 AAC	680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
Std. V-B 2b. Implement intervention plans (involve clients/patients and relevant others in the intervention process)	560 AAC	680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
Std. V-B 2c. Select or develop and use appropriate materials and instrumentation for prevention and intervention	560 AAC	680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
Std. V-B 2d. Measure and evaluate clients'/patients' performance and progress	560 AAC	680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		

Std. V-B 2e. Modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients	560 AAC	680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
Std. V-B 2f. Complete administrative and reporting functions necessary to support intervention	560 AAC	680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
Std. V-B 2g. Identify and refer clients/patients for services as appropriate	560 AAC	680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
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 client/patient, family, caregivers, and relevant others.		680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
Std. V-B 3b. Collaborate with other professionals in case management.	511 Best Practices in SLP 512 Medical SLP	680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
Std. V-B 3c. Provide counseling regarding communication and swallowing disorders to clients/patients, family, caregivers, and relevant others.	504 Multicultural	680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		
Std. V-B 3d. Adhere to the ASHA Code of Ethics and behave professionally.	610 Professional regulation	680 Fieldwork I 670 Dx III 675 Clinical III 700 Fieldwork II		

APPENDIX VI: Calipso® Student Evaluation

CALIPSO
Performance Evaluation Printed
for
Admin, CALIPSO

Performance Evaluation

Supervisor: _____

*Student: _____

*Site: _____

*Evaluation Type: _____

*Semester: _____

*Course number: _____

*Patient population: _____

- Young Child (0-5)
- Child (6-17)
- Adult (18-64)
- Older adult (65+)

Severity of Disorders (check all that apply):

- Within Normal Limits
- Mild
- Moderate
- Severe

Interprofessional (or collaborative) practice (IPP) includes (check all that apply): [?]

- Audiologist
- Dentist
- Dietitian
- Family Member
- Nurse/Nurse Practitioner
- Occupational Therapist
- Pharmacist
- Physical Therapist
- Physician
- Physician Assistant
- Psychologist/School Psychologist
- Recreational Therapist
- Respiratory Therapist
- Social Worker
- Special Educator
- Teacher (classroom, ESL, resource, etc.)
- Vocational Rehabilitation Counselor
- Other

Client(s)/Patient(s) Multicultural Aspects (check all that apply): [?]

- Ethnicity
- Race
- Culture
- National origin
- Socioeconomic status
- Gender identity
- Sexual orientation
- Religion
- Exceptionality
- Other

Client(s)/Patient(s) Linguistic Diversity (check all that apply): [?]

- English
- English Language Learner
- Primary English dialect
- Secondary English dialect
- Bilingual
- Polyglot
- Gender identity
- Sign Language (ASL or SEE)
- Cognitive / Physical Ability
- Other

Save

PERFORMANCE RATING SCALE

[Click to see Rating Scale](#)

Please refer to the Performance Rating Scale for grading criteria. Use a score between 1 and 5, in 0.25 increments (1.25, 1.5 etc.)

- 1 - Not evident 4 - Adequate
- 2 - Emerging 5 - Consistent
- 3 - Present

* If n/a, please leave space blank

Evaluation Skills

Evaluation Skills	Speech Sound Production?	Fluency?	Voice?	Language?	Hearing?	Swallowing?	Cognition?	Social Aspects?	AAC?
	Refer to Performance Rating Scale above and place number corresponding to skill level in every observed box.								
1. Conducts screening and prevention procedures (std IV-D, std V-B, 1a)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Collects case history information and integrates information from clients/patients and/or relevant others (std V-B, 1b)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Selects appropriate evaluation instruments/procedures (std V-B, 1c)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. Administers and scores diagnostic tests correctly (std V-B, 1c)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5. Adapts evaluation procedures to meet client/patient needs (std V-B, 1d)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6. Possesses knowledge of etiologies and characteristics for each communication and swallowing disorder (std IV-C)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7. Interprets, integrates, and synthesizes test results, history, and other behavioral observations to develop diagnoses (std V-B, 1e)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8. Makes appropriate recommendations for intervention (std V-B, 1e)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9. Completes administrative and reporting functions necessary to support evaluation (std V-B, 1f)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10. Refers clients/patients for appropriate services (std V-B, 1g) ?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Score totals:	<u> 0 </u>	<u> 0 </u>	<u> 0 </u>	<u> 0 </u>	<u> 0 </u>	<u> 0 </u>	<u> 0 </u>	<u> 0 </u>	<u> 0 </u>
Total number of items scored: <u> 0 </u> Total number of points: <u> 0 </u> Section Average: <u> 0 </u>									
Comments:									

Save

Treatment Skills

Treatment Skills	Speech Sound Production?	Fluency?	Voice?	Language?	Hearing?	Swallowing?	Cognition?	Social Aspects?	AAC?
	Refer to Performance Rating Scale above and place number corresponding to skill level in every observed box.								
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

1. Develops setting-appropriate intervention plans with measurable and achievable goals. Collaborates with clients/patients and relevant others in the planning process (std V-B, 2a, std 3.1.1B)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Implements intervention plans (involves clients/patients and relevant others in the intervention process) (std V-B, 2b, std 3.1.1B)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Selects or develops and uses appropriate materials/instrumentation (std V-B, 2c)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. Sequences tasks to meet objectives	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5. Provides appropriate introduction/explanation of tasks	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6. Measures and evaluates clients'/patients' performance and progress (std V-B, 2d)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7. Uses appropriate models, prompts or cues. Allows time for patient response.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8. Modifies intervention plans, strategies, materials, or instrumentation to meet individual client/patient needs (std V-B, 2e)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9. Completes administrative and reporting functions necessary to support intervention (std V-B, 2f)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10. Identifies and refers patients for services as appropriate (std V-B, 2g) ?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Score totals:	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Total number of items scored: <u>0</u> Total number of points: <u>0</u> Section Average: <u>0</u>									
Comments:									

Save

Professional Practice, Interaction and Personal Qualities

Professional Practice, Interaction and Personal Qualities	Score
1. Demonstrates knowledge of and interdependence of communication and swallowing processes (std IV-B, std 3.1.6B)	<input type="text"/>
2. Uses clinical reasoning and demonstrates knowledge of and ability to integrate research principles into evidence-based clinical practice (std IV-F, std 3.1.1B) ?	<input type="text"/>
3. Adheres to federal, state, and institutional regulations and demonstrates knowledge of contemporary professional issues and advocacy (includes trends in best professional practices, privacy policies, models of delivery, and reimbursement procedures/fiduciary responsibilities) (std IV-G, IV-H, std 3.1.1B, 3.1.6B, 3.8B) ?	<input type="text"/>
4. Communicates effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the patient, family, caregiver, and relevant others (std V-B, 3a, std 3.1.1B) ?	<input type="text"/>
5. Establishes rapport and shows care, compassion, and appropriate empathy during interactions with clients/patients and relevant others (std 3.1.1B)	<input type="text"/>
6. Uses appropriate rate, pitch, and volume when interacting with patients or others	<input type="text"/>
7. Provides counseling regarding communication and swallowing disorders to clients/patients, family, caregivers, and relevant others (std V-B, 3c, std 3.1.6B)	<input type="text"/>
8. Collaborates with other professionals in case management (std V-B, 3b, std 3.1.1B, 3.1.6B) ?	<input type="text"/>
9. Displays effective oral communication with patient, family, or other professionals (std V-A, std 3.1.1B) ?	<input type="text"/>

10. Displays effective written communication for all professional correspondence (std V-A, std 3.1.1B) ?	<input type="text"/>
11. Adheres to the ASHA Code of Ethics and Scope of Practice documents and conducts him or herself in a professional, ethical manner (std IV-E, V-B, 3d, std 3.1.1B, 3.1.6B) ?	<input type="text"/>
12. Demonstrates professionalism (std 3.1.1B, 3.1.6B) ?	<input type="text"/>
13. Demonstrates openness and responsiveness to clinical supervision and suggestions	<input type="text"/>
14. Personal appearance is professional and appropriate for the clinical setting	<input type="text"/>
15. Displays organization and preparedness for all clinical sessions	<input type="text"/>
Total number of items scored: <u> 0 </u> Total number of points: <u> 0 </u> Section Average: <u> 0 </u>	
Comments:	

Save

Improvements Since Last Evaluation:

Strengths/Weaknesses:

Recommendations for Improving Weaknesses:

Total points (all sections included): 0 Adjustment: **0.0**
 divided by total number of items 0
 Evaluation score: 0
 Letter grade Fail

By entering the student's name, I verify that this evaluation has been reviewed and discussed with the student prior to final submission.
 Student name: _____ Date reviewed: _____

I verify that this evaluation is being submitted by the assigned clinical supervisor and that I have supervised the above named student.
 *Supervisor name: _____ *Date completed: _____

Final submission (if this box is checked, no more changes will be allowed!)

Save

Standards referenced herein are those contained in the Membership and Certification Handbook of the American Speech-Language-Hearing Association. Readers are directed to the [ASHA Web site](#) to access the standards in their entirety.

APPENDIX H Performance Rating Scale

- 1 **Not evident:** Specific direction from supervisor does not alter unsatisfactory performance. 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 less than 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. Efforts to modify may result in varying degrees of success. Frequent supervisor feedback, specific instruction, and support is required for all aspects of case management and services. (skill is present 26-50% of the time).
- 3 **Present:** Skill is present and needs further development, refinement, and/or consistency. Student is aware of need to modify behavior, but does not demonstrate consistent independent ability to do so. Specific supervisor feedback is rarely generalized to other actions or areas of intervention sessions. Supervisor provides on-going monitoring and feedback; focuses on increasing student's critical thinking on how/when to improve skill. (skill is present 51-75% of the time).
- 4 **Adequate:** Skill is developed/implemented most of the time, though in need of some continued refinement or consistency. Student demonstrates some independent ability to generalize superior feedback to other aspects of intervention. Student is aware and can modify behavior in-session. Student demonstrates ability to self-reflect and evaluate clinical performance. Problem-solving is independent. Supervisor acts as a collaborator to plan and suggest possible alternatives (skill is present 76-90% of the time).
- 5 **Developed:** 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. Demonstrates independent and creative problem solving. Supplements supervisor feedback with consultation and critical analysis of reliable external sources such as recent academic literature. Supervisor serves as consultant in areas where student has less experience; provides guidance on ideas initiated by student (skill is present more than 90% of the time).

APPENDIX I Pass/Fail Scores by Semester/Course

1 st Fall Semester, G575 and G570	
2.60-5.00	PASS
2.59 and below	Fail

1 st Spring Semester, G585 and G580	
2.70-5.00	PASS
2.69 and below	Fail

Summer Semester, G680	
3.00-5.00	PASS
2.99 and below	Fail

2 nd Fall Semester, G675 and G670	
3.30-5.00	PASS
3.29 and below	Fail

2 nd Spring Semester, G700	
3.33-5.00	PASS
3.32 and below	Fail

APPENDIX VII: CAA COMPLAINT PROCEDURES

Procedures for Complaints against Graduate Education Programs

A complaint about any accredited program or program in candidacy status may be submitted by any student, instructional staff member, speech-language pathologist, audiologist, and/or member of the public.

Criteria for Complaints

1. Complaints about programs must:
 - a. Be against an accredited educational program or program in candidacy status in speech-language pathology and/or audiology.
 - b. Relate to the standards for accreditation of education programs in audiology and speech-language pathology.
 - c. Include verification, if the complaint is from a student or faculty/instructional staff member, that the complainant exhausted all institutional grievance and review mechanisms before submitting a complaint to the CAA.

All complaints must be signed and submitted in writing to the Chair, Council on Academic Accreditation in Audiology and Speech-Language Pathology, American Speech-Language-Hearing Association.

The complaint must clearly describe the specific nature of the complaint and the relationship of the complaint to the accreditation standards and provide supporting data for the charge. The complainant's burden of proof is a preponderance or greater weight of the evidence. Complaints will not be accepted by email or facsimile.

The complaint form must be signed and submitted with any relevant appendices 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
For more information:
<http://caa.asha.org/programs/complaints/>

2. Determination of Jurisdiction

Receipt of a complaint is acknowledged and forwarded to the Executive Committee of the CAA within fifteen (15) days of receipt of the complaint. The original letter of complaint is placed in a National Office file separate from the program's accreditation file. The Executive Committee determines whether the complaint meets the above-specified criteria.

If the Executive Committee of the CAA makes the determination that the complaint does not meet the above-listed criteria, the complainant is informed within thirty (30) days of the letter transmitting the complaint to the chair that the CAA will not review the complaint.

3. Evaluation of Complaint

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

- A. The chair of the CAA informs the complainant within thirty (30) days of the letter transmitting the complaint to the chair that the Council will proceed with an evaluation. Because it may be necessary to reveal the identity of the complainant to the affected program or to other potential sources of relevant information, the complainant will be required to sign a waiver of confidentiality within thirty (30) days of the letter indicating that the CAA will proceed with its evaluation. The complainant is given the opportunity to withdraw the complaint during that time. If the complainant does not wish to pursue the matter, the investigation is concluded. If the complainant does not wish to withdraw the complaint, the complainant is asked to keep the initiation of an investigation confidential.
- B. Within fifteen (15) days of receipt of the waiver of confidentiality, the chair of the CAA notifies the program director and the institution's president or president's designee by certified return receipt mail that a complaint has been registered against the program. The notification includes a redacted copy of the complaint without revealing the identity of the complainant. The program's director and the institution's president or president's designee are requested to provide complete responsive information and supporting documentation that they consider relevant to the complaint within forty-five (45) days of the date of the notification letter.
- C. Within fifteen (15) days of receipt of the program's response to the complaint, the chair of the CAA forwards the complaint and the program's response to the complaint to the CAA. The materials are redacted and the identity of the complainant and the program under investigation is not revealed to the members of the CAA or to recipients of requests for information, unless a majority of CAA members consider such disclosure necessary for the proper investigation of the complaint. If the majority of Council members conclude that individuals other than the complainant, the program director, and the institution's president or president's designee may have information relevant to the complaint, the chair of the CAA requests such information.
- D. After reviewing all relevant information, the CAA determines the course of action within thirty (30) days. Such actions include, but are not limited to: dismissal of the complaint recommending changes in the program within a specified period of time as they relate to standards (except for those areas that are solely within the purview of the institution) continuing the investigation through an on-site visit to the program placing the program on probation withholding/withdrawing accreditation.
- E. If the CAA determines that a site visit is necessary, the program director and the institution's president or president's designee are notified, and a date for the site visit is expeditiously scheduled. The program is responsible for expenses of the site visit. The site visit team is

selected from the current roster of CAA site visitors. During the site visit, emphasis is given only to those standards with which the program is allegedly not in compliance. The site visit team submits a written report to the CAA no later than thirty (30) days following the site visit. As with all other site visits, only the observations of the site visitors are reported; site visitors do not make accreditation recommendations. The CAA forwards the report to the program director and the institution's president or president's designee within fifteen (15) days. The program or institution should provide a written response to the chair of the CAA within thirty (30) days of the date on which the report is postmarked to the program director and the president or president's designee. The purpose of the response is to verify the accuracy of the site visit report.

- F. The CAA reviews all evidence before it, including the site visit report and the program's response to the report, and takes one of the following actions within twenty-one (21) days: dismisses the complaint, recommends modifications of the program within a specified period of time (except for those areas that are solely within the purview of the institution), places the program on probation, withholds/withdraws accreditation.
- G. If the CAA withholds/withdraws accreditation, the program director and the institution's president or president's designee are informed within fifteen (15) days of the CAA decision that accreditation has been withheld/withdrawn. Notification also includes justification for the decision and informs the program of its option to request Further Consideration. Further Consideration is the mechanism whereby the program can present appropriate standards and ask the CAA to reevaluate its decision to withhold/withdraw accreditation. If the program does not exercise its Further Consideration option, the CAA's decision to withhold/withdraw accreditation is final and no further appeal may be taken. If accreditation is withheld/withdrawn, the chair of the CAA notifies the Secretary of the United States Department of Education at the same time that it notifies the program of the decision. If the program chooses to request Further Consideration, the CAA must receive the request within thirty (30) days from the date of the notification letter. With the request for Further Consideration, the program must submit additional written documentation to justify why accreditation should not be withheld/withdrawn. A hearing with the CAA is not provided for Further Consideration requests. The CAA will evaluate the request for Further Consideration and take one of the following actions within thirty (30) days: recommends modifications of the program within a specified period of time (except for those areas that are solely within the purview of the institution) places the program on probation withholds/withdraws accreditation
- H. Within fifteen (15) days of its decision the CAA notifies the program and the complainant of its decision.
- I. If the CAA decision after Further Consideration is to withhold/withdraw accreditation, the program may appeal the decision in accord with the Appeal Procedures described in the Accreditation Manual.

APPENDIX VIII: SLP Program Policies



VERA Z. DWYER

COLLEGE OF HEALTH SCIENCES
School of Rehabilitation Sciences

Five Year Course Policy Limit Policy SLP-AC-01

About This Policy:

Faculty Approval Date: 6-01-2020, 5-20-2021

Effective Date: 6-01-2020

Scope

This policy is for students enrolled in the MS-SLP program.

Policy Statement

The purpose of this policy is to outline the pre-requisite course age requirement for the speech-language pathology graduate students in the IUSB Vera Z. Dwyer College of Health Sciences (IUSB-CHS).

Procedure

This policy applies to the following courses:

1. Required sciences;
2. Statistics;
3. Prerequisite SLP courses P211 Phonetics, P275 Human Hearing and Communication, P233 Language Development and DHYG-211 Head and Neck Anatomy or equivalent from another institution.

These courses must have been completed within five (5) years prior to the semester in which a student begins the program.

Program Directors may allow an exemption to students whose pre-requisites have been completed over 5 years ago. Exemptions include, but are not limited to, work experience, licensures, and certifications that demonstrate current knowledge and skill in the prerequisite course content.



VERA Z. DWYER

COLLEGE OF HEALTH SCIENCES

School of Rehabilitation Sciences

Course Repeat Policy-MS-SLP Policy SLP-AC-02

About This Policy:

Faculty Approval Date: 6-01-2020

Effective Date: 6-01-2020

Scope

This policy applies to all students enrolled in the MS-SLP program at IUSB.

Policy Statement

The purpose of this policy is to outline the course repeat process for students in the MS-SLP program of the IUSB Vera Z. Dwyer College of Health Sciences (IUSB-CHS).

Procedure

The IUSB-CHS policy requires students to achieve a grade of B- (3.0) in each required course. Students who earn a grade of less than B- in a required course must earn a grade of B- by the second completed attempt. Because the program is designed on the cohort model, courses may only be repeated when they are next offered, which is typically the following academic year. This will result in the student falling out of progression. In addition, students who receive less than a B- in a clinical practicum course may not count the clinical hours obtained during that semester toward the 400 required ASHA hours.

When a student receives a grade lower than a B-, the existing grade continues to count toward the student's cumulative grade. Graduate students are not allowed to repeat a course for graduate credit unless a grade below B- has been previously obtained in the course the student would like to retake.

Students should refer to Policy SLP-AS-03 regarding academic probation and Policy SLP-AS-02 regarding Out of Progression for further details regarding the repercussions of obtaining a grade below B-.



VERA Z. DWYER
COLLEGE OF HEALTH SCIENCES
School of Rehabilitation Sciences

Essential Abilities Policy Policy SLP-AS-01

About This Policy:

Faculty Approval Dates: 06/01/2020

Revised and approved: 05/20/2021

Effective Date: 6/01/2021

Scope

This policy is for all students enrolled in the MS-SLP program of the Dwyer College of Health Sciences.

Policy Statement

This policy informs the student of the essential abilities (technical standards) critical to the success of students in the MS-SLP program.

Policy

Students are expected to meet all admission and progression criteria, as well as these essential abilities (technical standards) with or without reasonable accommodations.

Judgment skills—A student must possess adequate judgment skills to:

- Follow ethical principles and legal policies
- Adhere to program procedures
- Meet professional expectations for timelines and task completion in both academic and clinical endeavors
- Accurately self-identify areas of strength and challenge as a professional
- Accept and implement positive changes from constructive criticism.
- Identify, assess and comprehend conditions surrounding patient situations.

Sensory/observational-A student must possess adequate sensory skills of vision, hearing, tactile, and smell to:

- Visually and auditorily identify normal and disordered—fluency, articulation, voice, resonance, respiration characteristics, oral and written language in the areas of semantics, pragmatics, syntax, morphology and phonology, hearing and balance disorders, swallowing, cognition, social interaction related to communication.
- Identify the need for alternative modalities of communication.
- Visualize and identify anatomic structures
- Visualize and discriminate imaging findings.
- Identify and discriminate findings on imaging studies.
- Discriminate text, numbers, tables and graphs associated with diagnostic instruments and tests.
- Recognize when a patient's family does or does not understand the clinician's written and/or verbal communication.

Motor-A student must possess adequate motor skills to:

- Sustain necessary physical activity level in required classroom and clinical activities.
- Respond quickly to provide a safe environment for patients in emergency situations including fire, choking, etc.
- Access transportation to clinical and academic placements.
- Participate in classroom and clinical activities for the defined workday.
- Efficiently manipulate testing and treatment environment and materials without violation of testing protocol and with best therapeutic practice.
- Manipulate patient-utilized equipment (e.g. durable medical equipment to include AAC devices, hearing aids, etc.) in a safe manner.
- Access technology for clinical management (e.g. billing, charting, therapy programs, etc.)

Communication-A student must possess adequate communication skills to:

- Communicate proficiently in both oral and written English language.
- Possess reading and writing skills sufficient to meet the curricular and clinical demands.
- Perceive and demonstrate appropriate non-verbal communication for culture and context.
- Modify communication style to meet the communication needs of patients, caregivers, and other persons served.
- Communicate professionally and intelligibly with patients, colleagues, other healthcare professionals and community or professional groups.

- Communicate professional, effectively, and legibly on patient documentation reports, and scholarly papers required as a part of coursework and professional practice.
- Convey information accurately with relevance and cultural sensitivity.

Behavioral/Social: A student must possess adequate behavioral and social attributes to:

- Display mature empathetic and effective professional relationships by exhibiting compassion, integrity, and concern for others.
- Recognize and show respect for individuals with disabilities and for individuals of different ages, genders, race, religions, sexual orientation, and cultural and socioeconomic backgrounds.
- Conduct oneself in an ethical and legal manner, upholding the ASHA Code of Ethics and University and federal privacy policies.
- Maintain general good physical and mental health and self-care in order not to jeopardize the health and safety of self and others in the academic and clinical settings.
- Adapt to changing and demanding environments, which includes maintaining both professional demeanor and emotional health.
- Manage the use of time effectively to complete professional and technical tasks within realistic time constraints.
- Accept appropriate suggestions and constructive criticism, and respond by modification of behaviors.
- Dress appropriately and professionally.

Intellectual/Cognitive skills-A student must possess adequate intellectual and cognitive skills to:

- Comprehend, retain, integrate, synthesize, infer, evaluation, and apply written and verbal information sufficient to meet curricular and clinical demands.
- Identify significant findings from history, evaluation, and data to formulate a diagnosis and develop a treatment plan.
- Solve problems, reason, and make sound clinical judgments in patient assessment, diagnostic and therapeutic plan and implementation.
- Self-evaluate, identify, and communicate limits of one's own knowledge and skill to appropriate professional level and be able to identify and utilize resources in order to increase knowledge.
- Utilize detailed written and verbal instruction in order to make unique and dependent decision.

Other essential behavioral attributes: ability to engage in activities consistent with safe speech-language pathology practice without demonstrated behaviors of addiction to, abuse of, dependence on alcohol or other drugs that may impair behavior or judgment. The student must

demonstrate responsibility and accountability for actions as a student in the School of Rehabilitation Sciences and as a developing professional speech-language pathologist consistent with accepted standards of practice

Procedure

1. The essential abilities criteria is published in the IU South Bend MS-SLP Program Handbook.
2. Applicants accepting admission in the MS-SLP program will be required to sign a letter of agreement that specifies the essential abilities criteria. This agreement states they have read and understand that they will be expected to meet the essential abilities. Students questioning their ability to meet these essential abilities criteria will be encouraged to address their inquiries to the program director. The program director may direct the student to Student Services for consultation regarding accommodations.
3. Faculty have the responsibility to determine whether a student has demonstrated these essential abilities. Faculty have the right to request consultation from recognized experts as deemed appropriate.
4. Students failing to meet these essential abilities, as determined by faculty, at any point in their academic program may have their progress interrupted until they have demonstrated their ability to meet these essential abilities within negotiated time frames.
5. Students will be dismissed from their program of study if faculty determines that they are unable to meet these essential abilities even if reasonable accommodations are made.
6. Students failing to demonstrate these essential abilities criteria, as determined by the faculty, may appeal this adverse determination in accordance with Indiana University's appeal procedures.



VERA Z. DWYER

COLLEGE OF HEALTH SCIENCES
School of Rehabilitation Sciences

Student Progression Documentation Policy Policy SLP-AS-02

About This Policy:

Faculty Approval Date: 6-01-2020, 05-20-2021

Effective Date: 6-01-2021

Scope

This policy is for students enrolled in the MS-SLP graduate program housed within the Dwyer College of Health Sciences.

Policy Statement

The purpose of this policy is to identify the strategies and tools used by the IUSB MS-SLP program to help students succeed.

Procedure

In the event of academic probation, the program director will initiate a Student Plan for Success to help a student succeed in their degree progression when the student is experiencing difficulties.

Student Plan for Success:

Plans for Success will include the following:

1. A description of the problem, program competencies or objectives not being achieved.
2. Goals to achieve in order to be successful and deadlines by which these goals must be achieved.
3. Evidence of mutual development between the student and the Program Director.

4. Statement of consequences for failure to successfully complete the plan, including interruption of program progression or program dismissal.

A copy of this plan will be placed in the student's file.

Appeal Process

If a student feels that a Plan for Success has been applied in a punitive manner or without just cause, or if the student does not feel that the plan was drafted mutually, the student has the right to appeal to the Graduate Academic Performance Committee for review. The student should refer to Policy GHP-AS-01-B for the appeal process.



VERA Z. DWYER
COLLEGE OF HEALTH SCIENCES
School of Rehabilitation Sciences

Academic Probation within the MS-SLP Program Policy SLP-AS-03

About This Policy:

Faculty Approval Date: 6-01-2010

Effective Date: 6-01-2020

Scope

This policy applies to all students enrolled in the MS-SLP program within the Vera Z. Dwyer College of Health Sciences

Policy Statement

The purpose of this policy is to state the expectations for students being placed on academic probation within the MS-SLP program and the implications regarding degree progression.

Procedure

To provide timely student support, the academic and clinical faculty formally reviews the progress of each master's student at mid-semester throughout their program. If a student is having difficulty in coursework, clinic, or both, the Program Director of the Speech-Language Pathology Graduate Program will schedule a meeting with the student to find remedies for the problem (e.g., reduce clinical load, reduce credit hours). In cases in which the primary concern is clinical progress, a meeting with the student, Program Director, and the Speech-Language Clinic Director will be scheduled.

Students are reminded that assessment of achievement is a joint effort and the responsibility of students, and clinical and academic faculty members. Students are therefore encouraged to carefully monitor their own academic and clinical progress, and if indicated, initiate discussion, action, or both to assure timely completion of their master's degree.

Graduate students must maintain at least a 3.0 overall GPA throughout the program. A student may be placed on academic probation if one of the following occurs:

1. The student earns a grade lower than a B- in a course or a "fail" in a clinical course; or
2. The student earns a single semester GPA lower than a 3.0.

If a grade lower than a B- or a "fail" is obtained, the student must retake the course. The existing grade continues to count toward the student's cumulative GPA. Graduate students are not allowed to repeat a course for graduate credit unless a grade below B- has been previously obtained in the course the student would like to retake.

The following policies apply to academic probation:

1. Students who are placed on academic probation due to a grade lower than B- or a "fail" on a single academic course or a cumulative GPA of less than 3.0 in the semester will have clinical assignments reduced or eliminated during the next semester of graduate enrollment. Changes in clinic privileges will be made to help students focus on their academic work to increase their GPAs. Decisions about clinic involvement will be made with input from the student, Program Director, and Speech-Language Clinic Director. If clinic privileges are restricted, extended enrollment in the department may be necessary to offset the lost clinic hours.
2. Students placed on academic probation will meet with the Program Director to determine a remediation plan. Students cannot receive a cumulative GPA below 3.0 in more than one semester. If this occurs, the student will be deemed to be making unsatisfactory progress toward the master's degree, and the case will be brought before the faculty for review and possible dismissal.
3. If the student does not receive a "pass" in a clinical practicum course, a remediation plan will be crafted between the clinic director and the student to address the areas for improvement. Students who receive a "fail" in a clinical practicum course may not count the clinical hours obtained during that semester toward the 400 required ASHA hours.
4. Students who are on academic probation may not register for the following semester until grades are received for the probationary semester. A letter will be placed in the student's file indicating that she or he is on probation. Students must follow the pre-requisites guidelines for coursework when registering for the next semester.



VERA Z. DWYER

COLLEGE OF HEALTH SCIENCES

School of Rehabilitation Sciences

Conditional Admit Policy

Policy SLP-AS-04-B

About This Policy:

Faculty Approval: 6-01-2020, 05-20-2021

Effective Date: 6-01-2020

Scope

This policy applies to students seeking enrollment in the MS-SLP graduate program at Indiana University South Bend.

Policy Statement

The purpose of this policy is to outline the criteria for conditional admission into the MS-SLP program.

Procedure

Admission Requirements

Admission to the IUSB Master of Science in Speech-Language Pathology program is competitive and selective; therefore, completion of the prerequisites and submission of an application does not guarantee admission to the program. This program is designed for students who have a baccalaureate degree from a regionally accredited institution and are seeking an entry-level graduate program in speech-language pathology. The admission application cycle will begin in August and continue on a rolling basis with a best consideration date of January 15. .

Students seeking admission to the MS-SLP program must submit application materials via both the Communication Sciences and Disorders Central Application System (CSDCAS) and Indiana University's Graduate School Application System (GRADCAS).

Website: <https://csdcas.liasoncas.com/applicant-ux/#/login>

Applicants must meet the following criteria by the CSDCAS application deadline:

1. Complete a baccalaureate degree prior to the start of IUSB MS-SLP graduate program from a regionally accredited institution. The program will not have a preference as to the background or type of bachelor's degree.
2. A minimum GPA for the last 60 credit hours completed of a 3.0 on a 4.0 scale, and minimum prerequisite GPA of 3.0. (All prerequisites must be completed with a minimum grade of C).
3. Completed all prerequisites prior to the start of the program in the fall with a grade of 'C' or higher while maintaining at least the required 3.0 admission cumulative GPA. Students may still be working on prerequisites during the admission cycle and should report registered but outstanding courses. Final transcripts accounting for all prerequisite courses must be received prior to matriculation into the program.
4. Students who have not begun the required prerequisites may apply for conditional admission. Conditional admission would guarantee a position in the program following successful completion of this coursework at IUSB.
5. Submitted CSDCAS application by the preferred application deadline of January 15th. For serious consideration, all program materials, official transcripts and payments must be received and verified by January 30th.
6. Students may submit GRE scores to CSDCAS IUSB but the GRE is not required. The program has no minimum GRE requirement, but a combined verbal and qualitative GRE score of 280 is considered competitive.

*****Additional requirements for international applicants where English is not the primary language:***

7. **Test of English Proficiency (TOEFL)** For applicants whose native language is not English, submission of a TOEFL score which meets or exceeds the minimum passing scores by NBCOT, is required.

NBCOT Minimum passing scores TOEFL iBT® (Internet-based Test)

Total Score: 89

Speaking: 26

8. International applicants, or applicants with foreign transcripts, must meet additional requirements as determined by the IUSB Office of International Affairs:

- International Student Services
Indiana University South Bend
Administration Building, Rm 140
[1700 Mishawaka Avenue](#)
P.O Box 7111 (Mail)
South Bend, IN 46634-7111
United States
Phone: +1 (574) 520-4419
Fax: +1 (574) 520-4834
E-mail: oiss@iusb.edu
Office hours:
Monday - Friday: 8 a.m. - 5:00 p.m.

For purposes of admission, students may submit copies of official academic documents in the original language along with an English translation. For more information, please refer to: <https://admissions.iusb.edu/apply/graduate.html>

Required CSDCAS Application Materials

1. CSDCAS application must be submitted by the recommended best application date for consideration. Applications submitted after the application deadline date will be considered on a rolling basis based on availability within the program.
2. Complete the Prerequisites section within the program's application.
3. Personal statement
4. Three letters of recommendation
5. Program interview

Other Application Materials/Requirements

Indiana University Graduate Application. Complete the IUSB Graduate Application and pay the required application fee – must be completed before application cycle is closed to be considered “complete status.”

- a. Graduate students:
<https://admissions.iusb.edu/apply/graduate.html>
- b. International graduate students:
<https://admissions.iusb.edu/oiss/admissions/index.html>

Prerequisite Courses (8 courses)

Completion of pre-requisite coursework as defined:

- a. 1 course in biological science
- b. 1 course in physical science (physics or chemistry)
- c. 1 course in behavioral science

- d. 1 course in statistics taken outside of CSD major
- e. Minimum of 12 credits that includes coursework in head and neck anatomy, audiology and aural rehabilitation, speech and language development, and phonetics.

All prerequisite courses must be complete with a grade of "C" or higher.

All prerequisite course work must be completed not more than 5 years prior to the application deadline as outlined in Policy SLP AC-01 unless approval from program director was obtained

Students are approved to retake up to 15 credit hours of prerequisite courses, and the higher grade will be used to calculate the prerequisite GPA. Each prerequisite course can only be retaken twice.

Credit for Previous Courses

If graduate coursework has been completed in advance of acceptance into the program, the student may request approval to transfer up to 6 credits. Certain conditions apply and students should refer to the program handbook for further details.

Advanced Placement (AP) Credit/Dual Credit

High School Advance Placement (AP) credit appearing on official college transcripts is accepted if score is 3 or higher. If the AP credit is for a prerequisite course, the course is omitted from the prerequisite GPA. For dual credit courses, the course title must appear on an official college transcript with letter grade.

Reporting Satisfactory/Pass Grades within CSDCAS

Acceptance of a Satisfactory grade for prerequisite courses completed in academic year 2020-21. The preference would be for all applicants to earn a letter grade.

If an applicant's school has transitioned to a Satisfactory/Fail or Pass/Fail grading option, grades would be accepted as follows: For students in the **Indiana University system**, a Satisfactory grade would be accepted although a Passing grade would not be accepted.

For applicants from universities **other than Indiana University**, either Satisfactory or Passing grades will be accepted, though Satisfactory is preferred if both S and P grades are an option.

Observation Hours:

ASHA requires a minimum of 25 observation hours. While it is not required for admission, it is highly recommended that students complete these hours in advance of matriculation into the program. Observation hours will need to be completed prior to being assigned clinical or diagnostic practicum.

Admissions Committee Procedures

The admissions committee will select applicants based on the following rubric determined by the program director:

- GPA of last 60 credit hours completed at undergraduate level-weighted 25%
- Prerequisite GPA-weighted 20%
- Personal statement-weighted 25%
- Letters of recommendation-weighted 10%
- Interview-weighted 20%

The program will then extend conditional acceptance to qualified applicants with a goal of fifteen (15) students in the first year of the program, eighteen (18) in years 2 and 3 and twenty (20) in subsequent years.

Full acceptance is granted upon receipt of final transcripts and completed criminal background check with the approved IU vendor. Drug screening will also be required upon admission and will be conducted during new student orientation per Dwyer College of Health Sciences Policy 7.5.

A non-refundable deposit of \$100 is required at the time the student accepts admission into the program.



VERA Z. DWYER

COLLEGE OF HEALTH SCIENCES

School of Rehabilitation Sciences

Resumption of Study in the Vera Z. Dwyer College of Health Sciences MS-SLP Program Policy SLP-AS-05

About This Policy:

Faculty Approval Date: 6-01-2020, 05-20-2021

Effective Date: 6-01-2021

Scope

This policy applies to all students enrolled in the MS-SLP program within the Vera Z. Dwyer College of Health Sciences

Policy Statement

The purpose of this policy is to identify the process for students seeking to resume studies in the MS-SLP Program following out-of-progression status.

Procedure

According to the Program Handbook, students will fall out of progression if any of the following occur:

1. Receive a grade below B- in any course, resulting in course retake.
2. Receive a "Fail" in clinical practicum, resulting in hours not counting toward 400 total and practicum retake.
3. Withdrawal from any course or semester for any reason during any given semester.

Resuming study for out-of-progression students is not automatic. Students who wish to reenter or progress in the program must submit a written request for reentry to the Program Director. This request requires a list of the specific courses in which the student wishes to enroll and as appropriate, an explanation of any extenuating circumstances that may have hindered

academic performance, and a Plan for Success. All requests for resumption of study are evaluated on the basis of available resources, and, if appropriate, on the satisfactory completion of any conditions and/or faculty recommendations that existed at the time progression was disrupted.

Students are advised that courses are only offered during specific semesters, so in the event that a retake is required, the student will have to retake that course the following year thus delaying completion of the program. In addition, some graduate level courses have pre-requisites. Students may not enroll in coursework and clinical experiences that have pre-requisite coursework assigned to them.

Students desiring to resume study must submit a written request to the program director. The written request must be submitted by July 1 for fall resumption, October 1 for spring resumption, and February 1 for summer session resumption.

Students who resume study must adhere to the policies in effect at the time of return.

An IUSB-CHS student may resume study only one time. Students will be dismissed from the IUSB-CHS upon failure of one additional program course, breach of the Code of Ethics for the program of their major, breach of the Critical Behaviors policy or the Essential Abilities policy, or the Indiana University Code of student rights, Responsibilities, and Conduct (see dismissal policy).



VERA Z. DWYER

COLLEGE OF HEALTH SCIENCES
School of Rehabilitation Sciences

Dismissal from the MS-SLP Program Policy SLP-AS-06

About This Policy:

Faculty Approval Date: 6-01-2020, 05-20-2021

Effective Date: 6-01-2020

Scope

This policy applies to all students enrolled in the MS-SLP Program within the Vera Z. Dwyer College of Health Sciences.

Policy Statement

The purpose of this policy is to identify the reasons for dismissal from the MS-SLP Program.

Procedure

A graduate student in speech-language pathology is dismissed from the program when, in the judgment of the program director and the Dwyer College of Health Sciences, there is a lack of progress toward the degree.

Lack of progress includes, but is not limited to the following:

1. Failure to achieve a cumulative GPA of 3.0 in any two semesters.
2. A grade lower than a B- in two courses during any given semester.
3. Demonstration of repeated or significant violations of the ASHA Code of Ethics and/or Indiana University Student Code of Conduct. This may include academic dishonesty, falsification of records and reports, plagiarism, cheating on an examination, quiz, comprehensive examination, or any other assignment. Dismissal in these cases may occur without prior probation.

When a student is dismissed, he/she/they will receive a formal letter from the Dean of the College of Health Sciences and Graduate Program Director and/or Judicial Affairs. Dismissal from the program is a serious matter and procedural safeguards are in place to protect the student and the university. Students have a right to appeal decisions made by the program and should follow Policy GHP-AS-01-A and GHP-AS-01-B for the policy and process.

Students who are on Academic Probation are deemed at highest risk for dismissal and their progression in the program will be closely monitored by the Program Director.



VERA Z. DWYER
COLLEGE OF HEALTH SCIENCES
School of Rehabilitation Sciences

Zoom Policy
Policy SLP-AS-07

About This Policy:

Faculty Approval Date:8/24/2022

Effective Date: 8/24/2022

Scope:

This policy applies to all students enrolled in the MS-SLP Program within the Vera Z. Dwyer College of Health Sciences.

Policy Statement:

The purpose of this policy is to outline the position of the academic program regarding the use of Zoom in the classroom and the procedures for requesting a Zoom option when appropriate.

Procedure:

The design and expectations of graduate level coursework require consistent attendance and participation in class; however, the faculty of the program recognize that changing policies at the Indiana University level may prevent a student from attending when experiencing an illness. Attendance via the remote option of Zoom is allowable for all courses within the graduate program at the discretion of the faculty member and when the procedure outlined below is followed. The faculty reserves the right to decline Zoom participation if the content and design of the course that day does not lend itself to a remote option or would detract from the experience for the students who are attending in-person. When a request to Zoom is denied for this reason, it is the faculty member and student's joint responsibility to make arrangements regarding make up instruction.

The expectation when participating via Zoom is that you are still an active member of the class, engaging in the discussion, camera on, ready to work. You may request a Zoom option when you are presenting with contagious symptoms of an illness, are awaiting Covid-19 results, or are in isolation or quarantine but feeling well enough to participate. If you are extremely ill and

unable to fulfill the expectations regarding participation, you should make alternate arrangements with the faculty to make-up the work.

Requesting the Zoom alternative:

- Requests for Zoom attendance must be received by the faculty by 8:00 AM EST for morning classes and by 12:00 PM EST for afternoon/evening classes. This request should be sent by the student in the preferred mode of contact indicated by the faculty member (i.e. email vs. phone call).
- If you have not received an acknowledgment from the professor before class, you should assume that you are not able to Zoom and should make arrangements with a peer to collect missed notes.
- Regardless of whether or not you have used Zoom for class, you should follow up with the professor during office hours with questions, missed assignments/content, and/or quiz and exam make-ups.

Inclement Weather

The SLP program follows the official IU policy regarding cancellation of classes for inclement weather. The program is only permitted to cancel classes for weather when the University closes for weather. We do recognize that our faculty and our students commute from different parts of the region and weather changes quickly.

- If a faculty member cancels class due to weather issues, the class will default to **asynchronous** to allow students to participate in any additional classes/clinic scheduled that day.
- If a student is unable to travel to class due to weather, the student will notify the instructor and make arrangements to make up work.

Zoom Etiquette

Zoom is an extension of the classroom and for some courses, it is the classroom. The program has the following expectations regarding student behavior during Zoom sessions:

1. Log in on time.
2. Camera on when possible. It will often be required.
3. Quiet room free of distractions.
4. Name on Zoom tile includes your first and last name as it would appear on the class roster.
5. Turn off unnecessary notifications on your computer.
6. Keep your microphone muted when not talking.
7. Be prepared to participate by making comments, answering and asking questions.
8. Use a headset when possible.

9. Stay on topic: Use the chat window for questions and comments relevant to class. Avoid private chatting with peers via Zoom or via another modality (I.e. cell phone).
10. No disrespect or hate speech. The Zoom room follows the same rules as the classroom regarding creating a respectful, judgment free and creative learning space.



VERA Z. DWYER

COLLEGE OF HEALTH SCIENCES

School of Rehabilitation Sciences

Criminal Background Check Policy

SLP-AS-08-A

About This Policy:

Faculty Approval Date: 05/31/23

Effective Date: 08/01/23

Related Policy:

PS-01 Programs Involving Children

Policy Statement:

This policy is for all students who participate in an clinical opportunity where a criminal background check is required.

Policy:

A past criminal history may become a significant barrier to clinical practicum rotation placements or have a negative impact on a graduate's ability to sit for a registry or certification examination or obtain a license to practice. While a conviction of a crime does not automatically disqualify a student from participation in the educational experience, a criminal history may be grounds for denying progression depending on the facts and circumstances surrounding each individual case.

Affiliates of Indiana University agree that the background check that is conducted by the University for compliance with Policy PS-01 is sufficient unless it is specifically stated otherwise in the affiliation agreement. Policy PS-01 states that students are subject to a criminal background check, which includes a sex offender registry check, within the last five years. The background check and sex offender registry checks must be repeated at least every five years thereafter. The MS-SLP program requires an annual background check to ensure timely placement in clinical rotations.

The college Requirement to Disclose form must be completed and submitted annually if the student is continuing in a course-related service or clinical practicum requirement in a subsequent year(s).

***The successful passing of the required Indiana University background check may not be sufficient to pass future background checks for future licensure, certification, or job placement.**

Procedure:

1. Transparent discussion about the requirement for background checks will begin after the student is admitted to the graduate program.. The Program Director will share the potential implications of a past criminal history on future licensure, certification, and job placement. Students should be aware that the background check and/or program admission at this time does not guarantee eligibility to sit for future licensure or certification. At the time of future licensure or certification, a separate background check would be completed by the certifying agency.
2. Students must register and submit a criminal background history check with the approved IU vendor upon acceptance to the program. Students must submit checks for any county that they have lived in for the last seven (7) years and additional charges may apply for extra counties. Background checks will be completed at the student's expense.
3. Students will be asked to complete an annual Requirement to Disclose form as defined above. It is the student's responsibility to notify the Assistant Dean for Student Success and Operations within seven (7) business days of any changes in their status or changes in criminal history that occur after the initial criminal background check has been completed. Failure to do so may result in immediate dismissal from the program or a course failure.
4. Students may be asked to provide a more current background check at any point in the program, based on an affiliate's request to meet their regulatory requirements.
5. If a student discloses any information regarding a criminal history or if the background check indicates that the student is not compliant with Indiana University policy, the Assistant Dean for Student Success and Operations will investigate the information and communicate with the Program Director.
6. If a student discloses any information regarding a criminal history or if the background check indicates that the student is not compliant with Indiana University policy, the Assistant Dean for Student Success and Operations will consult with the Program Director to determine if the student is eligible for the educational opportunity. The outcome of that decision will be placed in the student's file.

7. The School Recorder is responsible for maintaining updated documentation of criminal background histories for IU South Bend students enrolled in programs at Indiana University South Bend.



VERA Z. DWYER
COLLEGE OF HEALTH SCIENCES
School of Rehabilitation Sciences

AS-SLP-09-A Immunizations Policy

Faculty Approval: 5/31/23

Effective Date: 8/15/2023

Policy Statement:

The purpose of this policy is to outline the immunization requirements for students enrolled in the MS-SLP program in accordance with clinical placement requirements.

Policy:

It is imperative that students have required immunizations prior to entering the program to eliminate delays in obtaining clinical clock hours for direct patient care. IUSB-DCHS adheres to the CDC recommended adult immunizations for all healthcare workers. Due to epidemiological changes, requirements may change abruptly and those involved in clinical will need to meet the requirements. The student's primary care provider on the immunization record form must properly record the appropriate information. Students will not be allowed in the clinical areas or allowed to participate in the internship experience unless all information is up-to-date and on file with the IUSB-DCHS. Students are requested to make a copy of all submitted documentation for their personal files.

The following immunizations/tests are required:

- **Tetanus Diphtheria (Tetanus/Diphtheria/Acellular Pertussis Tdap)** within 10 years
- **Measles Mumps Rubella** 2 doses unless born prior to 1957.
- **Rubella (3 days)** 2 doses of MMR or 2 doses of ProQuad or Rubella titer of 1.10.
- **Rubeola (Measles 10 days)** 2 doses of MMR or 2 doses of ProQuad or Rubeola titer of 1.11.
- **Mumps** 2 doses of MMR or 2 doses of ProQuad or Mumps titer of 1.10

- **Varicella (Chicken Pox)** 2 doses of varicella or 2 doses of ProQuad or Varicella titer of 1.10 or a written statement detailing approximate date of having the chicken pox.
- **Tuberculosis** PPD tuberculin skin test upon admission and upon exposure or travel to high risk areas. After an initial negative test, students will be required to complete an annual TB Questionnaire. A newly positive reaction to the skin test requires a chest x-ray and documentation of counseling by a patient care provider regarding future treatment. Students with a history of a positive skin test require a negative chest x-ray within five years. Thereafter, students will be required to complete an annual TB Questionnaire.
- **Influenza Immunization** Annually before November 1.
- **Hepatitis B Immunization** 3-dose vaccine series, the first shot is required before program due date unless the student is shown to be immune, the vaccine is contraindicated for medical reasons, or a declination is signed (see below). Following the series of 3 vaccines, an evaluation of vaccine response will be completed within 2 months. Evidence of immunity to HBV, medical risk from the vaccine, or receipt of a booster(s) should be in the form of a signed statement from the healthcare provider. If no response to the primary vaccine series, the 3-dose vaccine series will be repeated and vaccine response evaluated. or be evaluated to determine if they are HBsAg-positive. Revaccinated persons should be retested and counseled by a healthcare provider. The program cannot determine or modify the requirements for participation at external locations. Some sites may require this vaccination series.
- **Covid-19 Vaccine**-2 dose vaccine series, preferably with boosters as indicated by age and history of infection. While IUSB cannot and does not mandate the Covid-19 vaccine, it is *highly* recommended as most of our clinical sites require it. IUSB MS-SLP cannot determine or modify the requirements for participation at external locations. It also does not intentionally or proactively identify sites that do not require the Covid-19 vaccine. Students should read and be familiar with policy SLP-CL-12A regarding the process for obtaining clinical sites.

Regarding Hepatitis B:

Students have the right to decline the Hepatitis B series, but need to read the following Declination statement carefully:

Declination Statement: *I understand that, due to my occupational exposure to blood or other potentially infectious materials as a student in a healthcare program, I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with the hepatitis B vaccine at my own expense. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupation exposures to blood or other potentially infectious materials and I want to be vaccinated with the hepatitis B vaccine, I can receive the vaccination series at my own expense.*

Note:

Due to frequent changes in the national standards and recommendations for adult immunizations, it may be necessary for the IUSB-DCHS to request additional documentation beyond what is listed here prior to clinical admission. Students will be notified if they are affected, and it is the responsibility of the student to provide this information prior to the deadline.

Procedure:

Prior to start of the clinical program, students will be required to upload copies of their immunization history to the clinical compliance tracking system. The program director and/or clinical director review this documentation to ensure compliance. It is the student's responsibility to update their documentation as new vaccines are received (I.e. flu shot).



VERA Z. DWYER
COLLEGE OF HEALTH SCIENCES
School of Rehabilitation Sciences

CPR Policy SLP-AS-10-A

Faculty approval: 5/31/2023

Effective Date: 8/15/2023

Policy Statement:

The purpose of this policy is to outline the MS-SLP guidelines for professional-level CPR requirements.

Policy:

All students must have CPR certification through the American Heart Association before they will be allowed to participate in clinical/service-learning experiences.

Re-certification is required prior to expiration. The American Heart Association certification is valid for a two-year period. However, failure to re-certify prior to the expiration requires that the student complete the entire certification course. A re-certification course will only be accepted if completed prior to the expiration date.

The cost is the student's responsibility.

Procedure:

Students are responsible for timely completion of the CPR course and will upload a copy of their certificate to the compliance tracking system.



VERA Z. DWYER
COLLEGE OF HEALTH SCIENCES
School of Rehabilitation Sciences

Student Drug Screen Policy

SLP-AS-11-A

Faculty Approval: 5/31/2023

Effective Date: 8/15/2023

Policy Statement:

To provide a safe working environment, area hospitals and other institutions require individuals who provide care to patients to undergo drug testing. For this reason, students in the MS-SLP Program will undergo similar testing to meet the criteria of clinical agencies.

Policy:

The IUSB-DCHS has intolerance for impairment due to alcohol and/or drug use while on campus or in clinical affiliation experiences. Infringement of this policy will cancel the offer of admission, and for those admitted to the programs, be subject to disciplinary action up to and including academic dismissal.

Procedure:

Upon admission into a clinical program:

1. Student admission to the clinical program is contingent upon a drug screening test result indicating no evidence of drug use. A drug screening result indicating dilution of the sample will require a repeat drug test.
2. The student is responsible for the cost of the drug screening.
3. The initial 10-panel drug screening must be completed prior to the start of the student's first semester in the clinical program.
4. The drug screen must be completed prior to the first day of classes.

5. Students must bring all medications/prescriptions that could alter a drug screen with them at the time of the drug screen. In the event of a positive drug screening, there will be an automatic lab drawn (blood) at the time of visit at the student's expense for second confirmation.
6. In the event of a drug screening result indicating use of an illegal drug or controlled substance without a legal prescription, student admission to the clinical programs will be denied. Results will be submitted to the Program Director or designee.

Duty to Report: if the student is a licensed/registered health professional, a report will be made to the Attorney General and Indiana Professional Licensing Agency (or in the state(s) in which the applicant holds a license).

Progression within a clinical program:

1. Students may be permitted to take legally prescribed and/or over-the-counter medications consistent with appropriate medical treatment plans while on duty. However, when such prescribed or over-the-counter medications affect clinical/ internship judgment, the student's safety or the safety of others, the student will be removed from the clinical site. The Program Director will be consulted to determine if the student is capable of continuing in the academic program.
2. After admission into the program, if at any time faculty, a clinical agency representative, and/ or an administrator suspect a student is impaired due to drug or alcohol use while in the clinical setting, classroom, or campus areas, the student will be removed from the area and required to undergo immediate testing for drug and alcohol use at the student's expense. Impaired students will not be permitted to drive and must bear the cost of transportation. The student will be suspended from all clinical activities until the investigation into the situation is complete. The student will still be able allowed to attend didactic classes that do not include any clinical activities.
3. Referrals for evaluation and counseling for drug and/or alcohol use will be part of a plan for a student with a positive screening or incident related to drug or alcohol use.
4. In the event of a positive drug screening of a student currently enrolled the clinical programs, the student will be suspended from the program pending review by the Program Director and/or the GAP committee and subject to possible program dismissal.
5. If a student is reinstated after a positive result, that student is required to undergo random screening as determined by the Program Director each semester and will be dismissed if any further positive results are found.



VERA Z. DWYER
COLLEGE OF HEALTH SCIENCES
School of Rehabilitation Sciences

Early Licensure Policy

SLP-AO-01-A

Faculty Approval: 5/31/23

Effective Date: 8/15/2023

Policy Scope:

This policy is for all students completing the final semester of their graduate program.

Policy Statement:

This policy and procedure statement discusses how the program director will handle requests for degree validation prior to graduation with the intent to apply for state licensure in speech-language pathology.

Policy:

The final externship experience (SLHS-G700 Fieldwork 2) is intended to be completed in 12-16 weeks over the spring semester. In some cases, due to varying start and end dates for the fieldwork requirement, students may find themselves finished with the semester term ahead of graduation. There may be the desire to seek early licensure through the state in order to start employment more quickly.

In rare circumstances and only if all degree requirements have truly been met, the program director may issue a letter indicating that degree requirements have been completed. This letter will then be sent to the registrar to affix the university seal and send the letter to the state licensing board. Please note that this is additional work for the registrar's office at a very busy time of year. Students must follow the procedure stated below in the timeline posted for this exception to be made.

Procedure:

In order to request a letter from the program director, the following conditions must be met:

1. The student must have finished the externship experience for the time commitment agreed upon between the site and the university.
2. All final evaluations must be completed and signed in Calipso.
3. Student must have completed all course requirements, including receiving a final grade for the Capstone and passing the comprehensive examination.

4. Student must have completed all competencies indicated in Calipso, as indicated by completion of the cumulative evaluation.

5. An anticipated start date for employment must be established.

Requests will only be honored between April 1 and April 30. All requests following this date will not be honored as the registrar has begun final degree conferral.

If all conditions have been met, the student must submit in writing, via email, a request for early licensure to the program director. The email must include the student's forwarding address, the name and address of the state licensure board, as well as the intended start date for employment.

The program director will confirm that the conditions have been met and will forward a signed letter to the registrar's office. The registrar will affix the university seal and forward the letter to the licensing board.

This letter **does not guarantee** that a student can begin employment by the intended start date. It also does not guarantee that the licensure board will accept the letter as proof of degree completion. The student is responsible for requesting final transcripts with degree posted to be sent to the licensing board. The licensing board reserves the right to process applications in the timeframe specified and the program has no control over this process. Students should be mindful that there are to date 8 SLP programs in the state of Indiana with graduates each spring, so volume at any state licensing board is especially heavy at this time of year.



VERA Z. DWYER COLLEGE OF HEALTH SCIENCES

INDIANA UNIVERSITY SOUTH BEND

Policy Graduate Student Appeals Policy GHP-AS-01-A

About This Policy:

Effective Date:

05/25/2021

Date of Last Review/Update:

05/25/2021

Responsible College Administrator/Committee:

Program Director Jennifer Essig

Scope:

This policy is for students enrolled in the advanced health sciences.

Policy Statement: The purpose of this policy is to outline the creation, organization and purpose of the Graduate Academic Performance Committee.

Policy: With the removal of the DCHS APG committee (effective 05/25/2021, The DCHS graduate programs in speech-language pathology, occupational therapy, and nursing have formed the Graduate Academic Performance (GAP) Committee. The GAP Committee will consist of one full-time graduate faculty representative appointed from each program (SLP, OT, MSN) who will serve a two-year term on the committee, with reappointment as needed.

In the event of a student appeal related to a program decision affecting progression, the GAP Committee will convene, gather the necessary information, interview parties involved as needed, and render a recommendation related to the appeal.

As representatives on the committee, faculty will be required to review existing program, college and university policies related to the appeal.

The committee may make recommendations regarding student progression processes to the Program Director on a yearly basis.

If a committee member is unable to participate in the appeal due to a conflict of interest, the program director will appoint a faculty member to serve as a substitute from either the remaining program faculty or the Dwyer College of Health Sciences.

History:



VERA Z. DWYER COLLEGE OF HEALTH SCIENCES

INDIANA UNIVERSITY SOUTH BEND

Title Graduate Student Appeals Procedure

Number GHP-AS-01-B

About This Procedure:

Effective Date:

05/25/2021

Responsible College Administrator/Committee:

Program Director Jennifer Essig

Scope:

This process is for graduate students enrolled in the advanced health sciences programs (MSN, OT, SLP)

Related University Policies:

Procedure Statement:

The purpose of this process is to outline the steps for submitting a student appeal to the Graduate Academic Performance Committee (GAP) further described in GHP-AS-01-A.

College Procedures:

Students have the right to appeal decisions made by the program director related to academic progression.

Factors that may impact academic progression may include violation of professional or critical behaviors, dismissal from a clinical position, academic probation, continuation of academic progression following a leave of absence or failed course.

Once a student has been notified of a progression decision from the respective program, he/she has the right to appeal the decision.

The student must submit the appeal in writing to the program director.

The appeal must include student name, issue that is being appealed, and rationale for appeal.

The program director will acknowledge receipt of the appeal to the student and provide the written appeal to the GAP Committee within 5 business days. In addition, the Program Director will direct the student to the Assistant Dean for Student Success and Operations for support during the appeal process.

The GAP Committee will then have 10 business days to review the case and render a written

recommendation to the program director.

The program director will provide the recommendation response in writing to the student.

If the student is unsatisfied with the committee's recommendation, the student may submit a second appeal to the Assistant Dean (MSN) or College Dean (SLP and OT) of the program.

The Assistant Dean or College Dean will confirm or reverse the appeal decision.

In the event of dissatisfaction with that decision, students have the right to appeal at the University level. (Reference IU Right to Appeal policy here)

All appeals and written student correspondences will be provided to the Assistant Dean for Student Success and Operations to be placed in the student's file.

Americans with Disabilities Act (ADA) Policy

UA-02

About This Policy

Effective Dates:

01-01-2007

Last Updated:

12-06-2018

Responsible University Administrator:

President, Indiana University

Policy Contact:

Office of Institutional Equity

oiie@iu.edu

Scope

1. All academic appointees, including faculty; staff; hourly employees; students; and volunteers at Indiana University. All university units.
2. Any questions regarding interpretation of this policy or procedures may be referred to the University ADA Coordinator.

Policy Statement

1. Indiana University is committed to maintaining an inclusive and accessible environment across all of its campuses. Ensuring that all members of the university community have access to facilities, information, and information technology associated with administration and services, coursework and instruction, programs, and university-sponsored activities is critical to the university's educational mission and is among its highest priorities. The Americans with Disabilities Act (ADA), the Indiana Civil Rights Act, and Indiana University policy prohibit discrimination against qualified individuals with disabilities in employment and educational programs. University websites must be accessible so that students, prospective students, employees, guests and visitors with disabilities have equivalent access to the information and functionality provided to individuals without disabilities.
2. Indiana University provides reasonable accommodations in the form of reasonable modifications to policies, practices, or procedures in order to make its services, programs, and activities accessible to qualified individuals with disabilities unless the modification would fundamentally alter the nature of a university service, program, or activity. These accommodations and adjustments must be made in a timely manner and on an individualized and flexible basis.
3. Individual students, staff, and faculty members are responsible for identifying themselves as an individual with a disability when seeking an accommodation or, specifically in the case of students, a modification to an academic program. Individual students, staff, and faculty members are also responsible for documenting their disability (from an appropriately licensed professional) and demonstrating how the disability limits their ability to complete the essential functions of their job or limits the student's participation in services, programs, or activities of the university. Medical documentation will be kept confidential.
4. Students, staff, and faculty members must maintain institutional standards of performance.

Procedure

The standard procedures for accommodation requests allow for an interactive process whereby the following occur:

1. A request for accommodation is made;
2. The appropriate documentation is provided to support the disability and the requested accommodation; and
3. A reasonable accommodation is made, if appropriate.

More detailed procedural steps based on the role of the individual seeking the accommodation are below.

1. Employees

- a. To request an accommodation under the ADA, employees must make a request to the designated office on their campus. Employees should include documentation of their functional limitations. Documentation of the disability should be timely and from appropriate professionals licensed to diagnose the type of disability the employee has. An initial request may be made through a departmental chair, HR representative, dean, or directly with academic affairs, but the requester should keep in mind that requests made are ultimately elevated to the designated office identified. Note: Unit employees who receive a request for accommodation should elevate the request to the designated office identified on the [ADA@IU website](#).
- b. After reviewing the documentation and the facts of each request, the designated office will determine if the employee is eligible for accommodations under the ADA.
- c. A member of the designated office will then facilitate a plan of reasonable accommodation. A member of the designated office will:
 1. Determine what documentation is needed to support the employee's request for accommodation;
 2. Clarify the responsibilities of the university and the employee throughout the process;
 3. Identify the essential and marginal functions of the position (if not already done);
 4. Discuss the employee's specific physical or mental abilities or limitations as they relate to the essential functions along with potential accommodations;
 5. Identify the accommodation that best serves the needs of the employee and the university.
- d. It is the responsibility of the designated office to determine the reasonable accommodation in a particular situation. The designated office will coordinate with the appropriate parties as necessary.
- e. The accommodation and any related documentation will be maintained by the designated office. Information will be shared only with those having an official need to know.
- f. The employee is responsible for contacting the designated office if reasonable accommodations are not implemented in an effective and timely manner. The designated office will work with the employee, and other parties as needed, to resolve disagreements regarding the recommended accommodation.

2. Students

- a. To request an accommodation under the ADA, students must file an application with the office serving students with disabilities on their campus.
 1. Requests for accommodations should be made far enough in advance to allow staff adequate time to coordinate needed services. Generally, it is best to request needed services before a semester begins or as soon as a disability becomes known.
 2. Students must provide documentation of their disability and how it limits their participation in the university's services, programs, or activities. Documentation of the disability should be timely and from appropriate professionals licensed to diagnose the type of disability the student has. Medical documentation will be retained by only the office serving students with disabilities and will be kept confidential.
 3. The office serving students with disabilities makes the determination of whether the student is eligible for accommodations under the ADA. The office serving students with disabilities and the student will then discuss what assistance is needed and, if requested, will provide information to relevant faculty members, information technology personnel, and/or the academic unit indicating the nature of the accommodation required. Common examples of reasonable academic adjustments include but are not limited to extension of time for tests, private test settings, priority registration, etc.

4. If there is a discrepancy regarding requested accommodations, the office serving students with disabilities will facilitate discussions between the student and faculty member(s) and/or academic unit(s). It is the responsibility of the office serving students with disabilities to determine the reasonable accommodation in a particular case, taking into account the content of the course, the student's disability, and the documentation from an appropriately credentialed professional. Nothing in these procedures requires an academic unit to make accommodations that would fundamentally alter the nature of its academic program.
 5. Students are expected to discuss with their instructors the need for accommodations in their respective course. Faculty members are expected to discuss such matters privately and maintain confidentiality.
 6. Students are responsible for notifying the office serving students with disabilities if reasonable accommodations are not implemented in an effective and timely way. In the event that an accommodation is not implemented in a test-taking or similar situation, the student should address that with the faculty member, associate instructor, or proctor immediately and the amount of time necessary to implement the accommodation (e.g., to print a test paper with enlarged print or move the student to a quiet room) should be added back to the test time such that the student is not disadvantaged.
- b. To request an academic program modification under the ADA, students must file an application with the office serving students with disabilities on their campus and the application must be accompanied by documentation of their disability. Requests submitted directly to an academic unit will be referred to the office serving students with disabilities to initiate the process.
1. Documentation of the disability should be timely and from appropriate professionals licensed to diagnose the type of disability the student has. If the student is already receiving accommodations pursuant to Paragraphs B.1.a.-f. of these procedures, the student may, but is not required to submit additional documentation in support of the request for an academic program modification. The office serving students with disabilities may also request additional documentation if prior documentation does not adequately address the requested academic program modification.
 2. The office serving students with disabilities will forward the request and any other relevant information developed by that office to the appropriate official(s) in the academic unit and will serve as a resource as the unit makes its determination as to whether the requested academic program modification constitutes a fundamental alteration to the program. In addition to serving as a resource for the academic unit, the office serving students with disabilities will support the interactive process by facilitating requests for additional information and updates, if any, between the academic unit and the student. This process will be undertaken by using reasoned deliberation and will include a diligent assessment of available options. Nothing in these procedures requires an academic unit to make a program modification that would fundamentally alter the nature of its academic program.
 - a. The office serving students with disabilities will fully document in the student's file the date of the request for program modifications, the nature of each request and any supporting documentation, the reason(s) for any denials, and the interactive process that occurred between the university and the student.
 - b. The academic unit will consider whether the requested program modification constitutes a fundamental alteration to the academic program, which includes lowering its academic standards or compromising the rigor of the program.
 - c. The appropriate official in the academic program will notify the student in writing that the request for an academic program modification has been approved or denied in a timely manner and, if denied, the reason(s) for the denial. The student may appeal a denial of a request for an academic program modification to the Dean of the affected School no later than ten calendar days after the date of the denial. The Dean will make a determination on the appeal within ten calendar days of receipt of the appeal and will communicate that determination in writing to the student. The Dean's decision is final.

3. Complaint Procedure

- a. Employees or students who believe the university has not met its obligations under the ADA should consult with the university's ADA Coordinator, who serves all IU campuses and has overall responsibility for coordinating the efforts of the university to comply with the Americans with Disabilities Act (ADA).
The university ADA Coordinator will refer complaints to the appropriate campus or university office for investigation.

4. Website Accessibility

- a. All university websites published after November 1, 2016, are required to meet the accessibility standards set forth by Web Content Accessibility Guidelines (WCAG) 2.0 AA. University websites published prior to that date are also expected to meet accessibility standards and have been prioritized for review and update for compliance. Priority websites will be determined by the electronic and information technology (EIT) coordinator and the university chief compliance officer in consultation with the Office of the Vice President for IT and CIO/UITs and the Office of the Vice President and General Counsel.

Definitions

University Community consists of the members of the Board of Trustees, any employee of the university, including administrators, faculty, staff, temporary, and student employees, any individual using the university's resources or facilities or receiving funds administered by the university, and volunteers and other representatives when speaking or acting on behalf of the university.

Sanctions

Any violations of university policies by an individual will be addressed with in accordance with applicable university policies and procedures.

Additional Contacts

Employee Accommodations and Resources by Campus

Employees may navigate to the following pages to identify the designated offices on their campus:
[Employee Accommodations and Resources by Campus](#)

Student Accommodations and Resources by Campus

Students may navigate to the following pages to identify the designated offices on their campus:
[Student Accommodations and Resources by Campus](#)

University ADA Coordinator

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Office for Civil Rights

U.S. Department of Education
Office for Civil Rights
Lyndon Baines Johnson Department of Education Bldg
400 Maryland Avenue, SW
Washington, DC 20202-1100

Telephone: 800-421-3481
FAX: 202-453-6012; TDD: 800-877-8339

Email: OCR@ed.gov

Website: <http://www2.ed.gov/about/offices/list/ocr/index.html>

University EIT Coordinator

Chief Compliance Officer
Office of the Vice President and General Counsel
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History

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Contacts Added 03-31-2016
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