HANDBOOK FOR STUDENT INTERNS/EXTERN AND CLINICAL INSTRUCTORS IN SPEECH PATHOLOGY

THIS MANUAL WAS ADAPTED FROM THE FEBRUARY 1999 HANDBOOK DEVELOPED JOINTLY BY THE UNIVERSITY TRAINING DIRECTORS AND THE SOUTHERN CALIFORNIA MEDICAL SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY COUNCIL

UPDATED DECEMBER, 2013
ACKNOWLEDGEMENTS

The Southern California University Training Doctors
and
The Southern California Medical Speech-Language Pathology
and Audiology Council

Would like to extend their appreciation to Jean Maki of Loma Linda University,
Lisa O’Connor of California State University, Los Angeles, Diane Borrassa of
Saddleback Memorial Medical Center and Susan Naguchi of St. Jude’s Hospital
for the extensive time and effort spent in the development of this manual.

A very special thanks goes to Loma Linda University for their willingness to share
so many of the forms used in this handbook. Several of the forms have been
adapted or modified but a few have been used in their original form.
TABLE OF CONTENTS

Getting Started: Establishing the Externship/Internship; CALIPSO 1-2

Professional Issues in the Medical Setting: Message for the Extern/Intern 3

Supervision of Speech-Language Pathology Student Externs/Interns 4-6

APPENDICES

Appendix A  Daily Log of Student Clinician Hours

Appendix B  Student Internship in Communication Disorders: 12-14 Week Program Schedule

Appendix C  Therapy Session Feedback

Appendix D  Suggested Objectives for Graduate Student Internship in Medical Speech Pathology

Appendix E  Providing Feedback to Students: Guidelines for Supervisors

Appendix F  Guidelines for a Student Project

Appendix G  ASHA Position Statement on Clinical Supervision (ASHA, 2008)

Appendix H  SAMPLE - CALIPSO Performance Rating Scale/Evaluation

Appendix I  SAMPLE - CALIPSO Clock Hours

Appendix J  SAMPLE - CALIPSO Supervisor Feedback by Student
GETTING STARTED
ESTABLISHING THE EXTERNSHIP/INTERNSHIP

Supervision
The employer must be willing to provide for appropriate supervision by a certified and licensed professional who has a minimum of two years of experience. Supervision varies according to the student’s level of experience and competency in performing the tasks assigned.

Weekly Schedule
It is useful for both the supervisor and the student to understand what will be happening during the externship/internship experience. The sample schedule in Appendix B can be used for this purpose. Activities and expectations can vary somewhat from site to site, and so each facility may wish to prepare its own weekly schedule.

Clinical Hours
At least 275 of the 375 supervised clock hours must be in speech-language pathology. Some of these hours will be earned at the externship/internship site.

Evaluation Hours
Evaluation includes the collection of the relevant information regarding case history, past and present status, selection and administration of reliable evaluation procedures, interpretation of results, and appropriate referrals for additional evaluation and/or treatment based on the evaluation process. Clock hours devoted to counseling associated with the evaluation/diagnostic process may be counted in these categories. At least 50% of each student’s time in the evaluation of clients must be directly observed by a supervisor. At least 20 hours must be completed in each of the four categories below:
1. Evaluation: Speech disorders in children
2. Evaluation: Speech disorders in adults
3. Evaluation: Language disorders in children
4. Evaluation: Language disorders in adults

Treatment Hours
For language and speech disorders (articulation, fluency, voice) this refers to clinical management, including direct and indirect services, progress in monitoring activities, and counseling. At least 25% of each student’s total contact with each client in clinical treatment must be observed directly by a supervisor. These are minimum requirement and more supervision may be needed if the student’s level of competence and experience warrants. At least 20 hours must be completed in each of the four categories listed below:
1. Treatment: Speech disorders in children
2. Treatment: Speech disorders in adults
3. Treatment: Language disorders in children
4. Treatment: Language disorders in adults
Some hospital sites do not have clients under the age of 13; therefore, the hours required assessing/treating children must be done at an alternate site. Often this requirement will be fulfilled as part of student teaching experience. Appendix A may be useful for the student to track the clinical hours obtained on a daily basis. Appendix I is a sample of how hours will be documented in CALIPSO.

**CALIPSO**
CALIPSO is the acronym for Clinical Assessment of Learning, Inventory of Performance, and Streamlined Office-Operations. This is a web based application designed specifically for speech-language pathology programs.

This system is to help reduce and streamline the paperwork for administrators, clinical supervisors, and students by creating a web-based system for entering and calculating student clinical performance evaluations and clinical clock hours.

**The Evaluation Process**
The University of the Pacific uses CALIPSO to document all clinical evaluations and practicum clock hours. Please follow the procedures outlined by CALIPSO to document student evaluations and practicum hours.

Please go to: [https://www.calipsoclient.com/pacific/](https://www.calipsoclient.com/pacific/)

The following appendices will be helpful to navigate in CALIPSO:
- CALIPSO Performance Rating Scale/Evaluation - Appendix H
- CALIPSO Clock Hours Sample - Appendix I
- CALIPSO Supervisor Feedback by the Student - Appendix J

**Tasks and Expectations**
Having a clear understanding of the externship/internship expectations is very important for the student. Sometimes supervisors do not have a clear idea of what is expected and this can lead to confusion and misunderstandings. Appendix D outlines “Suggested Objectives for the Medical Externship” and supervisors may wish to use this as it provides a list of expectations for the extern/intern.

Appendix F provides “Guidelines for a Student Project” which can be included as part of the externship/internship assignment.
PROFESSIONAL ISSUES IN THE MEDICAL SETTING
MESSAGE FOR THE EXTERN/INTERN

As an extern/intern in a medical setting you represent both your university and the hospital as you interact with patients and their families and when working with physicians and professionals from other disciplines. You are essentially treated as an associate of the hospital while you are gaining experience in a medical setting.

As an extern/intern you will be responsible for following hospital rules and regulations as designated. It is your responsibility to learn what these are. It is also important for you to take time to learn the expectations of your supervisor and/or program director.

When asked about desirable behaviors for graduate student externs/interns, most program directors agree with the following list:

- **Creativity and Flexibility** – these are important qualities for anyone involved in service delivery.

- **Good Communication** – courtesy goes hand-in-hand with professionalism, as does sharing mutual respect with patients and other professionals. Relationships are based on effective communication. Be sure to be a good listener and to be clear and concise in your messages.

- **Collaboration** – recognizing that there is more to being a professional than just offering speech-language services. The patient is better served when we serve as his/her advocate which includes interacting with physicians, family members, nurses and other clinicians who have an interest in caring for the patient.

- **Positive Attitude** – start your day being happy with yourself, and then you can be happy with others. Come to the workplace ready to see/treat patients and not just put in your time.

- **Competency** – be prepared to evaluate and treat patients. Ask your supervisor for references and/or observe others performing tasks where you feel you need more information or skill to perform the job adequately.

- **Responsibility** – arrive on time and wear your ID badge (if appropriate to your setting); exercise good judgment in terms of your personal appearance; follow health, safety and sanitation practices; adhere to professional practices/ethics, and maintain confidentiality.
SUPERVISION OF SPEECH-LANGUAGE PATHOLOGY
STUDENT EXTERNS/INTERNS

Guidelines for Clinical Instruction
Please refer to Appendix G – “ASHA’s Position Statement on Clinical Supervision in Speech-Language Pathology and Knowledge and Skills Needed by Speech-Language Pathologists Providing Clinical Supervision”

Qualifications of Clinical Supervisors
Ideally, clinical supervisors should have had a course on supervision either as part of their degree program or through continuing education. As a minimum they should have:

a) Appropriate credentials (e.g. state licensure and certification by ASHA)
b) Two years and preferably three years or more as a speech-language pathologist
c) An interest in helping new professionals develop clinical skills

This individual should also be a competent professional who feels comfortable within his/her work setting in order to provide a clinical model for the student to emulate.

Responsibilities of the Clinical Instructor
1. Careful evaluation of the student’s level of performance. The supervisor needs to identify the student’s level of functioning and then develop a plan to move the student to a higher level.
2. Providing whatever assistance is needed to insure student learning and quality of patient care.
3. Observing the student to identify clinical skills that need development.
4. Providing appropriate instruction and opportunity for practice with immediate and accurate feedback to the student.
5. Helping the student identify existing strengths that will support the goal of becoming a competent and employable professional and addressing those areas that could hinder the student from achieving this goal.
6. Receiving feedback from students and using the feedback to experiment with new techniques and methods of supervision.

Evaluation of performance must be based on the actual performance of the student. It is often tempting to grade on the basis of effort or improvement which may be appropriate for beginning clinicians; however, grades for intermediate and advanced clinicians should always be based on the degree to which they are able to demonstrate selected competencies.

Specified competencies should be mastered in a single semester, but it is not the responsibility of a clinical instructor to insure that all competencies are mastered in this time period. However, evaluation of all competencies, which may be outlined in a particular evaluation form, should be done at the end of the assignment so the student will know which areas continue to need work.
**Time Requirements for Direct Supervision**
ASHA suggests direct supervision of 50% of all diagnostic sessions and 25% of all therapy session with each client. The amount of supervision may be increased depending on the student’s level of performance. An ASHA certified individual needs to be accessible whenever a clinical practicum student is present and working with clients.

**DOCUMENTATION OF CLINICAL PRACTICUM EXPERIENCE**

**Clinical Hours**
The student clinician or extern/intern is responsible for keeping track of the number of practicum hours. However, at the end of the assigned time period, the supervisor will be asked to sign a form verifying the hours. Thus, it is wise to be sure the student is maintaining a weekly log of client contact time.

**Session Documentation**
The student should be required to complete the paperwork used by professionals at a particular work setting. In addition, lesson plans may be required to help the student better understand the structure of the sessions.

**Clinical Notes/Reports**
It is highly recommended that supervisors require the student to submit reports and/or notes on each client seen. It is suggested that these notes and/or reports be submitted in draft form before the material is included in a patient chart or client file.

**EVALUATION OF THE SUPERVISEE**

**Feedback**
While verbal feedback to the supervisee should be continuous throughout the semester, written feedback should also be provided on a regular basis. Students really appreciate written feedback which can be read later and facilitate recall of the supervisor’s comments. Attached as Appendix E is a list of guidelines regarding providing feedback to students. Appendix E also includes examples of actual supervision notes written to students by various supervisors. We hope that these examples will prove to be helpful to the supervisor during the evaluation process.

**Grades Assigned**
Usually the university’s clinical education coordinator is responsible for assigning and reporting clinical grades. Evaluation forms are completed by the externship site supervisor with a recommendation for a letter grade. The faculty member will read the evaluation(s), consult with the supervisor(s) and assign the grade. Please see Appendix H which is a sample of the online evaluation form. This form can be found on CALIPSO and is used in assigning the clinical grade.
**Problem Solving**
Should problems or conflict arise between a supervisor and supervisee, the following suggestions are being provided as a way to resolve these difficulties:

1. The problems should be discussed by the student and the supervisor in an effort to clear up any misunderstanding. During such discussions, the student must recognize the supervisor’s responsibility to patients and his/her charge as the “master” clinician. The supervisor must take into account the student’s needs and skill levels.

2. If the problem cannot be resolved by discussion as suggested in #1 above, the university faculty member or clinical coordinator is contacted. The university representative may meet alone with the supervisor and/or the student or meet with both in an attempt to resolve the problem.

3. If steps one and two do not resolve the problem, the student may need to be removed from the placement.

**Scheduling**
Students are usually placed at a facility for periods of twelve to fourteen weeks. The days per week and hours per day may vary with each placement. It is wise to discuss the time expectations at the time of the initial interview so that everyone has a clear understanding of what is expected.

When setting the schedule, it is wise to consider the goals of the assignments. If it does not appear that the student will be able to meet all the goals based on the timeline that is established, then adjustments should be made.

If a student is absent for more than two days during the assignment, the supervisor should notify the university’s clinical education coordinator immediately. This is usually considered excessive, and the student must make-up the time missed if the supervisor’s schedule can accommodate this make-up time.
# DAILY LOG OF STUDENT CLINICIAN HOURS

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>20</td>
<td>20</td>
<td>20</td>
<td>20</td>
<td>20</td>
<td>20</td>
<td>20</td>
<td>20</td>
<td>10</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>27</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>29</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>30</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>31</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total # of Hours in Column
STUDENT INTERNSHIP IN COMMUNICATION DISORDERS
12-14 WEEK PROGRAM SCHEDULE

This schedule should provide a general outline of your internship. We do realize that census and other factors may cause this schedule to change slightly. This schedule should be used as a guideline to demonstrate the “flow” of the assignment. Please note that your internship experience includes presentation of an in-service/project at the end of the semester. This can be on a topic or area that is agreed upon by you and your supervisor.

| WEEK 1 | • Meet staff and team members  
• Review student packet  
• Read and sign student orientation checklist and sheet  
• Review hospital policies and procedures for dress code, emergencies and infection control with your supervisor  
• Review patient charts and documentation standards for speech therapy  
• Review department evaluation protocols and location of therapy materials  
• Set-up time for “rounds” or patient discussion time with your supervisor  
• Review your planned weekly schedule and hours with your supervisor  
• Observe therapy  
• Observe team conference, as appropriate  
• Begin treating patient #1 by the end of the week  |
|---|---|
| WEEK 2 | • Continue to observe therapy  
• Plan and conduct treatment for patient #1, along with any daily documentation  
• Begin treating one or two more patients by the end of the week  
• Follow one of your patients through OT, PT, REC in addition to speech  
• Arrange to meet with therapists of other disciplines to get an overview of their scope of practice  
• Plan therapy session for your new patient(s) for later this week or next week, as appropriate  |
| WEEK 3 | • Observe therapy  
• Continue treating two or three patients  
• Plan treatment for all patients picked up in week two  
• Prepare FIM for conference on patient #1 (weekly)  
• Report in conference on patient #1, as appropriate  
• Complete documentation on all patients picked up in week two  
• Add one or two more patients to caseload, as appropriate  
• Complete a speech/language or cognitive evaluation, as appropriate  
• Write a report on a patient after this evaluation with your supervisor  
• Observe PT, OT and REC for patients picked up in week two, as appropriate |
| WEEK 4 | • Treat up to four patients this week, planning treatment and documenting for five of them  
• Prepare weekly documentation on up to three patients and report on them in conference  
• Initiate speech/language or cognitive evaluation on new referrals  
• Write reports on any new patients that are referred for speech therapy |
|---|---|
| WEEK 5 | • Continue to add patients gradually to your caseload as census permits  
• Complete daily and weekly documentation on all patients  
• Continue to do cognitive and language assessments on all new patients  
• Continue to write reports for new patients  
• Report on all patients treated, in conference  
• Take on one new patient from another supervisor/site (OT, day rehab., acute or rehab., depending on where you started)  
• Set-up planning time/”rounds” with second supervisor to review those patients |
| WEEK 6-14 | • Gradually work up to treating patients for the entire time you are onsite, at a rate with which you and your supervisor are comfortable.  
• Assist with and/or conduct bedside dysphagia evaluation  
• Observe video fluoroscopy, as time and schedule permits  
• Complete all required documentation for patient treatment in either setting  
• Have at least one or two patients on your caseload from a secondary setting  
• Participate in community outings, as schedule and caseload allows  
• Work with non-English speaking patients, as caseload allows  

*** Present project/in-service to the department ***
THERAPY SESSION FEEDBACK

1. Therapy Session Date: ________________  Time: ________________

2. Patient Observed: ________________  Dx: ________________

3. Activities Observed:
   a. ________________
   b. ________________
   c. ________________
   d. ________________

4. Were the goals addressed? ________________

5. Were activities adequately explained to the patient? ________________

6. Were tasks modified according to patient responses? ________________

7. Was feedback provided at the end of the session? ________________

8. Was closure provided at the end of the session? ________________

9. Overall impression of this session? ________________

10. For the student: What could you do in the next session for this patient? What would you change from today’s session, if anything? (this section can be filled-out independently or with your supervisor).
SUGGESTED OBJECTIVES FOR GRADUATE STUDENT INTERNSHIP
IN MEDICAL SPEECH PATHOLOGY

By the end of 12-14 weeks, the graduate student should be able to:

1. Administer a speech/language and/or cognitive battery to patients with a diagnosis of CVA, brain injury or other neurological diagnoses.

2. Write a comprehensive initial report to include background information, speech/language/cognitive diagnosis, prognosis, recommendations and functional goals.

3. Conduct individual and group therapy.

4. Participate and report on initial assessment, progress and discharge plans at team conference for acute rehab patients.

5. Conduct oral peripheral exam and assist with, or conduct a bedside dysphagia evaluation.

6. Observe at least one video fluoroscopic evaluation.

7. Give an in-service to the communication disorders staff or to rehabilitation staff.

8. Be able to provide education to family members regarding speech/language/cognitive deficits.

9. Learn the differential diagnosis between various speech/language/cognitive disorders within the neurological impaired population.

10. Have some experience and general understanding of the differences between acute medical, acute rehabilitation, day treatment and outpatient therapy operations.
PROVIDING FEEDBACK TO STUDENT: GUIDELINES FOR SUPERVISORS
(ADAPTED FROM FORMS USED BY LOMA LINDA UNIVERSITY)

The following information pertains to feedback given to students during the evaluation process.

1. Include positive feedback with specific observations (i.e. not only saying that they did a nice job). A common characteristic of students, especially beginning clinicians is that they are not sure of when they are doing something right. They need to be told specifically what they are doing well.

2. Supply instructive feedback that includes rationale. Telling the student to do or not do something without rationale leaves them unable to know how to generalize to other situations.

3. Offer general positive statements that build a student’s self-confidence.

4. Use underlining to emphasize to the student that a point needs to be given attention and the noted change needs to occur. Overuse of underlining may serve to reduce effectiveness.

5. Provide cues in the feedback (see “Pix” in example 3) so that the student immediately knows the portion of the session to which the comment pertains.

6. Provide feedback on how the patient is responding, both during the session and in comparison to the previous session, since students may not be skilled enough to identify clinically significant changes in behaviors.

7. Outline specific procedures to be followed which will serve as a reference for the student, reminding them of the steps for later sessions.

8. Ask questions that will require the student to review course content and use the observation form for follow-up discussion.

9. Provide rationale for your suggestions to the student. Rationales will help the student develop a more comprehensive understanding of the reasons underlying therapeutic/diagnostic decisions.

10. Comment on what the student needs to do to be more prepared for a session. Supervisors should let the student know that the differences between a planned session and one that is created along-the-way are easily identified. Scheduling problems may demand spontaneity at times; however, the expectation is that careful thinking and preparation will be done before the session, not during.
EXAMPLES OF SUPERVISOR COMMENTS

The following examples were collected from previous observation reports written to several students assigned at the Loma Linda University Medical Center. Although some terms are unique to that setting, the types of feedback provided to the student are appropriate for any site. In the examples, look for the types of feedback discussed on the previous page.

Example 1:
You established rapport nicely and incorporated patient’s interests which was good. Nice prompting and consistent reminders to monitor rate. Glad you re-explained rationales. Be careful to say, “I can’t understand you,” only when you truly don’t. I think sometimes you were saying this when you just wanted him to be clearer. Very nicely done today! It certainly didn’t look like it was your first day.

Example 2:
This was a little trickier having the family here. You did well. Response delays increased compared to last week. Because of delays, you need to be patient and wait for his response. You are seeing significant cognitive deficits. Be careful to keep your tallying discreet.

Example 3:
Pix – good explanation of rationale. You might have just reminded him to concentrate on “clear speech” as well. I might have had him describe the pix w/o you seeing it so you can provide more naturalistic feedback. It’s hard to know whether it’s true word finding or decreased vocabulary, secondary to ESL. He seems to have problems with logical reasoning (i.e. determining consequences of an action or what causes a problem). It was good that you had him doing some “predicting” of “why.” You did well cueing him to provide more information after he said, “a lot of times.”

Example 4 (note: a/c = auditory comprehension; v/e = verbal expression):
Body parts – OK after imitation. Did well with trying to cue. You can also provide function cues, as appropriate. You had done 2 a/c tasks in a row. Vary between v/e and a/c usually. Good, you were consistently using rhythm. Sometimes reinforcing in between messes her up. I would:
1. Say phrase simultaneously with rhythm (2-3x) with “again” in between.
2. Fade out your voice as she says it.
3. Shadow as she says it.

You should have a list of approximately 10 phrases ready to go, rather than making up as you go, then repeating. You might have made use of pix or words.

A/C – you could also use description cues to assist with increasing a/c.
Example 5 (Note: ADLs = activities of daily living):
Yes/No – make sure you know the answer. I don’t think it’s worth pushing specifics with him at least about T.V. Good – you gave him choices with ADLs. You did better at waiting for a response, except he was quite off-the-mark most of the time. Do you think using objects would have been any different?

Example 6:
Let me show you how I “score” intelligibility. You did well at modeling during your turn. Categories – he was doing well with these, but you might need to provide more structure. Retelling – ++++/+++--/+++++/- 14/17 Nice pace of reading. Help him recall if he’s omitting some major points. Did you notice how he was self-correcting at times?

Example 7:
Slow processing, don’t you think? What did you notice about her performance level? I don’t know if you were stalling or providing decreased amount of information on purpose. Sometimes it seemed like you were holding out a little too long. Do you think you were challenging her enough?

You did better at explaining rationale.

Example 8:
Remember to provide periodic reminders to increase intelligibility. Hearing about her “life” makes you appreciate what you have, right?

Writing – I was intending to have her construct complete sentences.

Notice this is R hemisphere damage, different from L, right? In what ways?

Example 9:
Y/N – good that you said her name to alert her prior to asking questions. Focusing inconsistently. Good interaction for the first time doing this. Remember to provide direct instructions/rationale prior to the task, even for this level of patient.

Example 10:
A/C – good explanation of the task; also provide rationale (increase your understanding/listening ability). Glad you read paragraph again to assist him with recall. When you are picking materials for a/c tasks, you have to remember to find material that is novel, not relying so much on long-term memory.

V/E – 45%. Nice job with providing model and picking up on the “rate” aspect. Remember the goal is for shorter sentences and trying to keep them about the same length. You were definitely trying to keep these more consistent at the end. You provided good and appropriate feedback.
GUIDELINES FOR A STUDENT PROJECT

Purpose:
To improve the student’s ability to identify diagnostic and therapeutic needs in the hospital/medical setting.

Description:
A student project, completed during the externship/internship assignment, is presented to the interdisciplinary team at the end of the externship/internship. During the externship/internship, students develop and/or expand on a diagnostic method or treatment technique. This project is designed to be a learning experience that will enable the student to problem-solve, thus improving his/her clinical skills.

The final project will need to be duplicated for the staff and the student to retain for reference purposes. The student should be allowed access to all hospital materials and may be reimbursed for materials that need to be purchased. All purchases should be approved by the clinical coordinator in advance.

Project Examples:
- Analysis of new diagnostic procedures/test materials and adaptation to the facility’s needs
- Development of a home program (with a handout for parents/families)
- Teaching materials for patients
- Hierarchy of materials for a specific deficit or diagnosis
- Screening tools to be used for inpatients
About this Document
This position statement is an official policy of the American Speech-Language-Hearing Association. It was developed by the Ad Hoc Committee on Supervision in Speech-Language Pathology. Members of the committee were Lisa O'Connor (chair), Christine Baron, Thalia Coleman, Barbara Conrad, Wren Newman, Kathy Panther, and Janet E. Brown (ex officio). Brian B. Shulman, vice president for professional practices in speech-language pathology (2006–2008), served as the monitoring officer. This document was approved by the Board of Directors on March 12, 2008.

Position Statement
The position statement *Clinical Supervision in Speech-Language Pathology and Audiology* was approved in 1985. This new position statement updates that document with respect to the profession of speech-language pathology. Although the principles of supervision are common to both professions, this position statement addresses only speech-language pathology because of differences in pre-service education and practice between the two professions.

It is the position of the American Speech-Language-Hearing Association that clinical supervision (also called clinical teaching or clinical education) is a distinct area of practice in speech-language pathology and that it is an essential component in the education of students and the continual professional growth of speech-language pathologists. The supervisory process consists of a variety of activities and behaviors specific to the needs, competencies, and expectations of the supervisor and supervisee, and the requirements of the practice setting. The highly complex nature of supervision makes it critically important that supervisors obtain education in the supervisory process. Engaging in ongoing self-analysis and self-evaluation to facilitate the continuous development of supervisory skills and behaviors is fundamental to this process. Effective supervision facilitates the development of clinical competence in supervisees at all levels of practice, from students to certified clinicians. Clinical supervision is a collaborative process with shared responsibility for many of the activities involved in the supervisory experience. The supervisory relationship should be based on a foundation of mutual respect and effective interpersonal communication. Clinical supervisors have an obligation to fulfill the legal requirements and ethical responsibilities associated with state, national, and professional standards for supervision.

Index terms: supervision

Knowledge and Skills Needed by Speech-Language Pathologists
Providing Clinical Supervision
Ad Hoc Committee on Supervision in Speech-Language Pathology

About this Document
This knowledge and skills document is an official statement of the American Speech-Language-Hearing Association (ASHA). This knowledge and skills statement was developed by the Ad Hoc Committee on Supervision. Members of the committee were Lisa O'Connor (chair), Christine Baron, Thalia Coleman, Barbara Conrad, Wren Newman, Kathy Panther, and Janet E. Brown (ex officio). Brian B. Shulman, vice president for professional practices in speech-language pathology (2006–2008), served as the monitoring officer. This document was approved by the Board of Directors on March 12, 2008.

Knowledge and Skills
This document accompanies ASHA’s policy documents Clinical Supervision in Speech-Language Pathology: Position Statement and Technical Report (ASHA, 2008a, 2008b). ASHA's position statement affirms that clinical supervision (also called clinical teaching or clinical education) is a distinct area of expertise and practice, and that it is critically important that individuals who engage in supervision obtain education in the supervisory process. The role of supervisor may include administrative responsibilities in some settings, and, should this be the case, the supervisor will have two major responsibilities: clinical teaching and program management tasks. However, the knowledge and skills addressed in this document are focused on the essential elements of being a clinical educator in any service delivery setting with students, clinical fellows, and professionals.

Professionals looking for guidance in supervising support personnel should refer to the ASHA position statement and knowledge and skills documents on that topic (ASHA, 2002, 2004a, 2004b).

ASHA’s technical report on clinical supervision in speech-language pathology (2008b) cites Jean Anderson's (1988) definition of supervision:

Supervision is a process that consists of a variety of patterns of behavior, the appropriateness of which depends on the needs, competencies, expectations and philosophies of the supervisor and the supervisee and the specifics of the situation (tasks, client, setting and other variables). The goals of the supervisory process are the professional growth and development of the supervisee and the supervisor, which it is assumed will result ultimately in optimal service to clients. (p. 12)

The ASHA technical report (2008b) adds the following elements to the above definition:

Professional growth and development of the supervisee and the supervisor are enhanced when supervision or clinical teaching involves self-analysis and self-evaluation. Effective clinical teaching also promotes the use of critical thinking and problem-solving skills on the part of the individual being supervised. (p. 3)

This expanded definition was used as a basis for the following knowledge and skills statements.

Developing Knowledge and Skills
All certified SLPs have received supervision during their student practica and clinical fellowship; however, this by itself does not ensure competence as a supervisor. Furthermore, achieving clinical competence does not imply that one has the special skills required to be an effective supervisor. ASHA does not have specific requirements for coursework or credentials to serve as a supervisor; however, some states or settings may require coursework and/or years of experience to serve as a supervisor. Knowledge and skills may be developed in a variety of ways: participating in courses or workshops on supervision, engaging in self-study, participating in Division 11 (Administration and Supervision), and gaining mentored experiences under the guidance of an experienced clinical educator.

The following 11 items represent core areas of knowledge and skills. The supervisee is an essential partner in the supervisory process; however, these areas are presented from the perspective of knowledge and skills that should be acquired by the supervisor.

I. PREPARATION FOR THE SUPERVISORY EXPERIENCE
A. Knowledge Required
   1. Be familiar with the literature on supervision and the impact of supervisor behaviors on the growth and development of the supervisee.
   2. Recognize that planning and goal setting are critical components of the supervisory process both for the clinical care provided to the client by the supervisee and for the professional growth of the supervisee.
   3. Understand the value of different observation formats to benefit supervisee growth and development.
   4. Understand the importance of implementing a supervisory style that corresponds to the knowledge and skill level of the supervisee.
   5. Understand the basic principles and dynamics of effective collaboration.
   6. Be familiar with data collection methods and tools for analysis of clinical behaviors.
   7. Understand types and uses of technology and their application in supervision.
APPENDIX G

B. Skills Required
1. Facilitate an understanding of the supervisory process that includes the objectives of supervision, the roles of the participants, the components of the supervisory process, and a clear description of the assigned tasks and responsibilities.
2. Assist the supervisee in formulating goals for the clinical and supervisory processes, as needed.
3. Assess the supervisee's knowledge, skills, and prior experiences in relationship to the clients served.
4. Adapt or develop observational formats that facilitate objective data collection. Be able to select and apply a supervisory style based on the needs of the clients served, and the knowledge and skill of the supervisee.
5. Model effective collaboration and communication skills in interdisciplinary teams.
6. Be able to analyze the data collected to facilitate the supervisee's clinical skill development and professional growth.
7. Use technology as appropriate to enhance communication effectiveness and efficiency in the supervisory process.

II. INTERPERSONAL COMMUNICATION AND THE SUPERVISOR-SUPERVISEE RELATIONSHIP
A. Knowledge Required
1. Understand the basic principles and dynamics of effective interpersonal communication.
2. Understand different learning styles and how to work most effectively with each style in the supervisory relationship.
3. Understand how differences in age, gender, culture, social roles, and self-concept can present challenges to effective interpersonal communication.
4. Understand the importance of effective listening skills.
5. Understand differences in communication styles, including cultural/linguistic, generational, and gender differences, and how this may have an impact on the working relationship with the supervisee.
6. Be familiar with research on supervision in terms of developing supervisory relationships and in analyzing supervisor and supervisee behaviors.
7. Understand key principles of conflict resolution.

B. Skills Required
1. Demonstrate the use of effective interpersonal skills.
2. Facilitate the supervisee's use of interpersonal communication skills that will maximize communication effectiveness.
3. Recognize and accommodate differences in learning styles as part of the supervisory process.
4. Recognize and be able to address the challenges to successful communication interactions (e.g., generational and/or gender differences and cultural/linguistic factors).
5. Recognize and accommodate differences in communication styles.
6. Demonstrate behaviors that facilitate effective listening (e.g., silent listening, questioning, paraphrasing, empathizing, and supporting).
7. Maintain a professional and supportive relationship that allows for both supervisee and supervisor growth.
8. Apply research on supervision in developing supervisory relationships and in analyzing supervisor and supervisee behaviors.
9. Conduct a supervisor self-assessment to identify strengths as well as areas that need improvement (e.g., interpersonal communication).
10. Use appropriate conflict resolution strategies.

III. DEVELOPMENT OF THE SUPERVISEE'S CRITICAL THINKING AND PROBLEM-SOLVING SKILLS
A. Knowledge Required
1. Understand methods of collecting data to analyze the clinical and supervisory processes.
2. Understand how data can be used to facilitate change in client, clinician, and/or supervisory behaviors.
3. Understand how communication style influences the supervisee's development of critical thinking and problem-solving skills.
4. Understand the use of self-evaluation to promote supervisee growth.

B. Skills Required
1. Assist the supervisee in using a variety of data collection procedures.
2. Assist the supervisee in objectively analyzing and interpreting the data obtained and in understanding how to use it for modification of intervention plans.
3. Assist the supervisee in identifying salient patterns in either clinician or client behavior that facilitate or hinder learning.
4. Use language that fosters independent thinking and assists the supervisee in recognizing and defining problems, and in developing solutions.
5. Assist the supervisee in determining whether the objectives for the client and/or the supervisory experience have been met.

IV. DEVELOPMENT OF THE SUPERVISEE'S CLINICAL COMPETENCE IN ASSESSMENT
A. Knowledge Required
1. Understand and demonstrate best practices, including the application of current research in speech-language pathology, for assessing clients with specific communication and swallowing disorders.
2. Understand principles and techniques for establishing an effective client–clinician relationship.
3. Understand assessment tools and techniques specific to the clients served.
4. Understand the principles of counseling when providing assessment results.
5. Understand and demonstrate alternative assessment procedures for linguistically diverse clients, including the use of interpreters and culture brokers.
B. Skills Required
1. Facilitate the supervisee's use of best practices in assessment, including the application of current research to the assessment process.
2. Facilitate the supervisee's use of verbal and nonverbal behaviors to establish an effective client–clinician relationship.
3. Assist the supervisee in selecting and using assessment tools and techniques specific to the clients served.
4. Assist the supervisee in providing rationales for the selected procedures.
5. Demonstrate how to integrate assessment findings and observations to diagnose and develop appropriate recommendations for intervention and/or management.
6. Provide instruction, modeling, and/or feedback in counseling clients and/or caregivers about assessment results and recommendations in a respectful and sensitive manner.
7. Facilitate the supervisee's ability to use alternative assessment procedures for linguistically diverse clients.

V. DEVELOPMENT OF THE SUPERVISEE'S CLINICAL COMPETENCE IN INTERVENTION
A. Knowledge Required
1. Understand best practices, including the application of current research in speech-language pathology, for developing a treatment plan and providing intervention to clients with specific communication and swallowing disorders.
2. Be familiar with intervention materials, procedures, and techniques that are evidence based.
3. Be familiar with methods of data collection to analyze client behaviors and performance.
4. Understand the role of counseling in the therapeutic process.
5. Know when and how to identify and use resources for intervention with linguistically diverse clients.

B. Skills Required
1. Assist the supervisee in developing and prioritizing appropriate treatment goals.
2. Facilitate the supervisee's consideration of evidence in selecting materials, procedures, and techniques, and in providing a rationale for their use.
3. Assist the supervisee in selecting and using a variety of clinical materials and techniques appropriate to the clients served, and in providing a rationale for their use.
4. Demonstrate the use of a variety of data collection procedures appropriate to the specific clinical situation.
5. Assist the supervisee in analyzing the data collected in order to reformulate goals, treatment plans, procedures, and techniques.
6. Facilitate supervisee's effective use of counseling to promote and facilitate change in client and/or caregiver behavior.
7. Facilitate the supervisee's use of alternative intervention materials or techniques for linguistically diverse clients.

VI. SUPERVISING CONFERENCES OR MEETINGS OF CLINICAL TEACHING TEAMS
A. Knowledge Required
1. Understand the importance of scheduling regular supervisory conferences and/or team meetings.
2. Understand the use of supervisory conferences to address salient issues relevant to the professional growth of both the supervisor and the supervisee.
3. Understand the need to involve the supervisee in jointly establishing the conference agenda (e.g., purpose, content, timing, and rationale).
4. Understand how to facilitate a joint discussion of clinical or supervisory issues.
5. Understand the characteristics of constructive feedback and the strategies for providing such feedback.
6. Understand the importance of data collection and analysis for evaluating the effectiveness of conferences and/or team meetings.
7. Demonstrate collaborative behaviors when functioning as part of a service delivery team.

B. Skills Required
1. Regularly schedule supervisory conferences and/or team meetings.
2. Facilitate planning of supervisory conference agendas in collaboration with the supervisee.
3. Select items for the conference based on saliency, accessibility of patterns for treatment, and the use of data that are appropriate for measuring the accomplishment of clinical and supervisory objectives.
4. Use active listening as well as verbal and nonverbal response behaviors that facilitate the supervisee's active participation in the conference.
5. Ability to use the type of questions that stimulate thinking and promote problem solving by the supervisee.
6. Provide feedback that is descriptive and objective rather than evaluative.
7. Use data collection to analyze the extent to which the content and dynamics of the conference are facilitating goal achievement, desired outcomes, and planned changes.
8. Assist the supervisee in collaborating and functioning effectively as a member of a service delivery team.

VII. EVALUATING THE GROWTH OF THE SUPERVISEE BOTH AS A CLINICIAN AND AS A PROFESSIONAL
A. Knowledge Required
1. Recognize the significance of the supervisory role in clinical accountability to the clients served and to the growth of the supervisee.
2. Understand the evaluation process as a collaborative activity and facilitate the involvement of the supervisee in this process.
3. Understand the purposes and use of evaluation tools to measure the clinical and professional growth of the supervisee.
4. Understand the differences between subjective and objective aspects of evaluation.
5. Understand strategies that foster self-evaluation.
B. Skills Required
1. Use data collection methods that will assist in analyzing the relationship between client/supervisee behaviors and specific clinical outcomes.
2. Identify and/or develop and appropriately use evaluation tools that measure the clinical and professional growth of the supervisee.
3. Analyze data collected prior to formulating conclusions and evaluating the supervisee's clinical skills.
4. Provide verbal and written feedback that is descriptive and objective in a timely manner.
5. Assist the supervisee in describing and measuring his or her own progress and achievement.

VIII. DIVERSITY (ABILITY, RACE, ETHNICITY, GENDER, AGE, CULTURE, LANGUAGE, CLASS, EXPERIENCE, AND EDUCATION)
A. Knowledge Required
1. Understand how differences (e.g., race, culture, gender, age) may influence learning and behavioral styles and how to adjust supervisory style to meet the supervisee's needs.
2. Understand the role culture plays in the way individuals interact with those in positions of authority.
3. Consider cross-cultural differences in determining appropriate feedback mechanisms and modes.
4. Understand impact of assimilation and/or acculturation processes on a person's behavioral response style.
5. Understand impact of culture and language differences on clinician interactions with clients and/or family members.

B. Skills Required
1. Create a learning and work environment that uses the strengths and expertise of all participants.
2. Demonstrate empathy and concern for others as evidenced by behaviors such as active listening, asking questions, and facilitating open and honest communication.
3. Apply culturally appropriate methods for providing feedback to supervisees.
4. Know when to consult someone who can serve as a cultural mediator or advisor concerning effective strategies for culturally appropriate interactions with individuals (clients and supervisees) from specific backgrounds.
5. Demonstrate the effective use of interpreters, translators, and/or culture brokers as appropriate for clients from diverse backgrounds.

IX. THE DEVELOPMENT AND MAINTENANCE OF CLINICAL AND SUPERVISORY DOCUMENTATION
A. Knowledge Required
1. Understand the value of accurate and timely documentation.
2. Understand effective record-keeping systems and practices for clinically related interactions.
3. Understand current regulatory requirements for clinical documentation in different settings (e.g., health care, schools).
4. Be familiar with documentation formats used in different settings.

B. Skills Required
1. Facilitate the supervisee's ability to complete clinical documentation accurately and effectively, and in compliance with accrediting and regulatory agencies and third party funding sources.
2. Assist the supervisee in sharing information collaboratively while adhering to requirements for confidentiality (e.g., HIPAA, FERPA).
3. Assist the supervisee in maintaining documentation regarding supervisory interactions (e.g., Clinical Fellowship requirements).

X. ETHICAL, REGULATORY, AND LEGAL REQUIREMENTS
A. Knowledge Required
1. Understand current standards for student supervision (Council on Academic Accreditation in Audiology and Speech-Language Pathology, 2004)
2. Understand current standards for mentoring clinical fellows (Council for Clinical Certification in Audiology and Speech-Language Pathology, 2005).
3. Understand current ASHA Code of Ethics rules, particularly regarding supervision, competence, delegation, representation of credentials, and interprofessional and intraprofessional relationships.
4. Understand current state licensure board requirements for supervision.
5. Understand state, national, and setting-specific requirements for confidentiality and privacy, billing, and documentation policies.

B. Skills Required
1. Adhere to all ASHA, state, and facility standards, regulations, and requirements for supervision.
2. Assist the supervisee in adhering to standards, regulations, and setting-specific requirements for documentation, billing, and protection of privacy and confidentiality.
3. Demonstrate ethical behaviors in both interprofessional and intraprofessional relationships.
4. Assist the supervisee in conforming with standards and regulations for professional conduct.
5. Assist the supervisee in developing strategies to remain current with standards and regulations throughout their professional careers.
XI. PRINCIPLES OF MENTORING

A. Knowledge Required
1. Understand the similarities and differences between supervision and mentoring.
2. Understand how the skill level of the supervisee influences the mentoring process (e.g., mentoring is more appropriate with individuals who are approaching the self-supervision stage).
3. Understand how to facilitate the professional and personal growth of supervisees.
4. Understand the key aspects of mentoring, including educating, modeling, consulting, coaching, encouraging, supporting, and counseling.

B. Skills Required
1. Model professional and personal behaviors necessary for maintenance and life-long development of professional competency.
2. Foster a mutually trusting relationship with the supervisee.
3. Communicate in a manner that provides support and encouragement.
4. Provide professional growth opportunities to the supervisee.

REFERENCES

Index terms: supervision

doi:10.1044/policy.KS2008-00294
**APPENDIX H**

**SAMPLE – CALIPSO PERFORMANCE RATING SCALE/EVALUATION**

**PERFORMANCE 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 - Unacceptable performance  
2 - Needs Improvement in Performance  
3 - Moderately Acceptable Performance  
4 - Meets Performance Expectations  
5 - Exceeds Performance Expectations  
* If n/a, please leave space blank

<table>
<thead>
<tr>
<th>Evaluation skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Performs chart review and collects case history from interviewing patient and/or relevant others (std IV-G, 1b).</td>
</tr>
<tr>
<td>3. Selects appropriate evaluation instruments/procedures (std IV-G, 1c).</td>
</tr>
<tr>
<td>4. Administers and scores diagnostic tests correctly (std IV-G, 1c).</td>
</tr>
<tr>
<td>5. Adapts evaluation procedures to meet patient needs (std IV-G, 1d).</td>
</tr>
<tr>
<td>6. Possesses knowledge of etiologies and characteristics for each communication and swallowing disorder (std III-C).</td>
</tr>
<tr>
<td>7. Interprets and formulates diagnosis from test results, history, and other behavioral observations (std IV-G, 1e).</td>
</tr>
<tr>
<td>8. Makes appropriate recommendations for intervention (std IV-G, 1e).</td>
</tr>
<tr>
<td>9. Completes administrative functions and documentation necessary to support evaluation (std IV-G, 1f).</td>
</tr>
<tr>
<td>10. Makes appropriate recommendations for patient referrals (std IV-G, 1g).</td>
</tr>
</tbody>
</table>

Score totals:

Total number of items scored: _____  Total number of points: _____  Section Average: _____

**Comments:**
## Treatment skills

<table>
<thead>
<tr>
<th>Articulation</th>
<th>Fluency</th>
<th>Voice</th>
<th>Language</th>
<th>Hearing</th>
<th>Swallowing</th>
<th>Cognition</th>
<th>Social Aspects</th>
<th>Communication Modalities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Refer to Performance Rating Scale above and place number corresponding to skill level in every observed box.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Develops appropriate treatment plans with measurable and achievable goals. Collaborates with clients/patients and relevant others in the planning process. (std IV-G, 2a)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Implements treatment plans (std IV-G, 2b).</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Selects and uses appropriate materials/instrumentation (std IV-G, 2c).</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Sequences task to meet objectives.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Provides appropriate introduction/explanation of tasks.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Uses appropriate models, prompts, or cues. Allows time for patient response.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Adapts treatment session to meet individual patient needs (std IV-G, 2e).</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Completes administrative functions and documentation necessary to support treatment (std IV-G, 2f).</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Identifies and refers patients for services as appropriate (std IV-G, 2g).</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Score totals:**

| Total number of items scored: _____ | Total number of points: _____ | Section Average: _____ |

**Comments:**


### Preparedness, Interaction, and Personal Qualities

<table>
<thead>
<tr>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Possesses foundation for basic human communication and swallowing processes (std III-B).</td>
</tr>
<tr>
<td>2. Possesses the knowledge to integrate research principles into evidence-based clinical practice (std III-F).</td>
</tr>
<tr>
<td>3. Possesses knowledge of contemporary professional issues and advocacy (std III-G).</td>
</tr>
<tr>
<td>4. Communicates effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the patient, family, caregiver, and relevant others (std IV-G, 3a).</td>
</tr>
<tr>
<td>5. Establishes rapport and shows sensitivity to the needs of the patient.</td>
</tr>
<tr>
<td>6. Uses appropriate rate, pitch, and volume when interacting with patients or others.</td>
</tr>
<tr>
<td>7. Provides counseling and supportive guidance regarding communication and swallowing disorders to patients, family, caregivers, and relevant others (std IV-G, 3c).</td>
</tr>
<tr>
<td>8. Collaborates with other professionals in case management (std IV-G, 3b).</td>
</tr>
<tr>
<td>9. Displays effective oral communication with patient, family, or other professionals (std IV-B).</td>
</tr>
<tr>
<td>10. Displays effective written communication for all professional correspondence (std IV-B).</td>
</tr>
<tr>
<td>11. Adheres to the ASHA Code of Ethics and conducts him or herself in a professional, ethical manner (std III-E, IV-G, 3d).</td>
</tr>
<tr>
<td>12. Assumes a professional level of responsibility and initiative in completing all requirements.</td>
</tr>
<tr>
<td>13. Demonstrates openness and responsiveness to clinical supervision and suggestions.</td>
</tr>
<tr>
<td>14. Personal appearance is professional and appropriate for the clinical setting.</td>
</tr>
<tr>
<td>15. Displays organization and preparedness for all clinical sessions.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total number of items scored:</th>
<th>Total number of points:</th>
<th>Section Average:</th>
</tr>
</thead>
</table>

**Comments:**
APPENDIX H

Improvements Since Last Evaluation:

Strengths/Weaknesses:

Recommendations for Improving Weaknesses:

Student Goals:

Total points (all sections included): _____ Adjustment: _____

divided by total number of items _____

Evaluation score: _____

Letter grade: _____

Quality points: _____

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: ________________________

If you want to save an evaluation in progress and come back to it later, make sure the "final submission" is un-checked and then press Save.

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

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.
## SAMPLE - CALIPSO CLOCK HOURS

### Clockhours for Last Name, First Name

* = Required

<table>
<thead>
<tr>
<th>Student: Last Name, First Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervisor:</td>
</tr>
<tr>
<td>*Site:</td>
</tr>
<tr>
<td>*Semester:</td>
</tr>
<tr>
<td>*Clinical setting:</td>
</tr>
<tr>
<td>*Completion month:</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>*Date:</td>
</tr>
<tr>
<td>*Course number:</td>
</tr>
<tr>
<td>*Training level:</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>*Year:</td>
</tr>
</tbody>
</table>

#### Observation - Evaluation

<table>
<thead>
<tr>
<th>Speech (articulation, fluency, voice, swallowing, communication modalities)</th>
<th>Child</th>
<th>Adult</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Language (expressive/receptive language, cognitive aspects, social aspects)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hearing</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total Observation - Evaluation Hours**

| Speech (articulation, fluency, voice, swallowing, communication modalities) | HH:MM | HH:MM | HH:MM |
| Language (expressive/receptive language, cognitive aspects, social aspects) |       |       |       |
| Hearing                                                                      |       |       |       |

**Total Observation - Treatment Hours**

<table>
<thead>
<tr>
<th>Articulation</th>
<th>HH:MM</th>
<th>HH:MM</th>
<th>HH:MM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fluency</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Voice and resonance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expressive/Receptive language</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hearing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Swallowing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cognitive aspects of communication</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social aspects of communication</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communication Modalities</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total Evaluation Hours**

<table>
<thead>
<tr>
<th>Articulation</th>
<th>HH:MM</th>
<th>HH:MM</th>
<th>HH:MM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fluency</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Voice and resonance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expressive/Receptive language</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hearing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Swallowing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cognitive aspects of communication</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social aspects of communication</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communication Modalities</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total Treatment Hours**

**Total (non-Observation)**

<table>
<thead>
<tr>
<th>Did this experience include patients from culturally/linguistically diverse backgrounds?</th>
<th>Yes or No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did this experience include patients with various types and severities of disorders?</td>
<td>Yes or No</td>
</tr>
</tbody>
</table>

* % the student was observed while providing:

<table>
<thead>
<tr>
<th>Evaluation</th>
<th>% or hh:mm</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment</td>
<td>% or hh:mm</td>
</tr>
</tbody>
</table>

(minimum of 25% for evaluation 25% for treatment of the total contact with each client/patient)

* Supervisor approval: Yes or No

* = Required

Comments or additional information:
# SAMPLE – SUPERVISOR FEEDBACK BY STUDENT

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Provided an orientation to the facility and caseload.</strong></td>
<td>N/A</td>
<td>No orientation provided. Student oriented him/herself.</td>
<td>Informal orientation provided.</td>
</tr>
<tr>
<td><strong>2. Provided the student with feedback regarding the skills used in diagnostics.</strong></td>
<td>N/A</td>
<td>Comments were vague; and therefore, difficult to apply.</td>
<td>Comments were useful but lacked specifics or concrete examples.</td>
</tr>
<tr>
<td><strong>3. Provided the student with feedback regarding the skills used in interviewing.</strong></td>
<td>N/A</td>
<td>Comments were vague; and therefore, difficult to apply.</td>
<td>Comments were useful but lacked specifics or concrete examples.</td>
</tr>
<tr>
<td><strong>4. Provided the student with feedback regarding the skills used in conferences.</strong></td>
<td>N/A</td>
<td>Comments were vague; and therefore, difficult to apply.</td>
<td>Comments were useful but lacked specifics or concrete examples.</td>
</tr>
<tr>
<td><strong>5. Provided the student with feedback regarding the skills used in behavioral management.</strong></td>
<td>N/A</td>
<td>Comments were vague; and therefore, difficult to apply.</td>
<td>Comments were useful but lacked specifics or concrete examples.</td>
</tr>
<tr>
<td><strong>6. Provided the student with feedback regarding the skills used in therapy.</strong></td>
<td>N/A</td>
<td>Comments were vague; and therefore, difficult to apply.</td>
<td>Comments were useful but lacked specifics or concrete examples.</td>
</tr>
<tr>
<td><strong>7. Provided the student with feedback regarding his/her selection of diagnostic or therapy materials.</strong></td>
<td>N/A</td>
<td>Comments were vague; and therefore, difficult to apply.</td>
<td>Comments were useful but lacked specifics or concrete examples.</td>
</tr>
<tr>
<td><strong>8. Explained and/or demonstrated clinical procedures to assist student in clinical skills development.</strong></td>
<td>N/A</td>
<td>Provided minimal explanations and/or demonstrations.</td>
<td>Provided adequate explanations and/or demonstrations when requested.</td>
</tr>
<tr>
<td><strong>10. Encouraged student independence and creativity.</strong></td>
<td>N/A</td>
<td>Minimally receptive to new ideas and differing techniques.</td>
<td>Somewhat receptive to new ideas and differing techniques but did not encourage them.</td>
</tr>
<tr>
<td><strong>11. Provided positive reinforcement of student's successes and efforts.</strong></td>
<td>N/A</td>
<td>Rarely commented on successes and efforts.</td>
<td>Occasionally commented on successes and efforts.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>12. Provided student with written and/or verbal recommendations for improvement.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td>Rarely provided written and/or verbal recommendations except on midterm and final evaluations.</td>
<td>Occasionally provided written and/or verbal recommendations in addition to the midterm and final evaluations.</td>
<td>Systematically provided written and/or verbal recommendations in addition to the midterm and final evaluations.</td>
</tr>
<tr>
<td>13. Demonstrated enthusiasm and interest in the profession and in providing clinical services.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td>Enthusiasm and interest rarely observed; frequent negative comments.</td>
<td>Enthusiasm and interest occasionally observed; occasional negative comments.</td>
<td>Enthusiasm and interest regularly observed; frequent positive and optimistic comments.</td>
</tr>
<tr>
<td>14. Demonstrated effective interpersonal communication with student.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td>Seemed uninterested and/or unwilling to listen or respond to student's needs.</td>
<td>Some interest in student's needs shown, but communication lacked sensitivity.</td>
<td>Aware of and sensitive to student's needs; open and effective communication.</td>
</tr>
<tr>
<td>15. Receptive to questions.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td>Unwilling to take time to answer questions.</td>
<td>Answered questions inconsistently.</td>
<td>Answered questions with helpful information or additional resources which encouraged me to think for myself.</td>
</tr>
<tr>
<td>16. Available to me when I requested assistance.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td>Supervisor was rarely available.</td>
<td>Supervisor was occasionally available.</td>
<td>Supervisor was always available.</td>
</tr>
<tr>
<td>17. Utilized effective organizational and management skills.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td>Rarely organized; showed difficulty balancing supervisory and clinical responsibilities.</td>
<td>Somewhat organized; balanced supervisory and clinical responsibilities with little difficulty.</td>
<td>Always organized; balanced supervisory and clinical responsibilities with ease.</td>
</tr>
<tr>
<td>18. Referred me to or provided me with additional resources (materials, articles, video tapes, etc.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td>Provided minimal or no additional resources.</td>
<td>Provided helpful resources upon student request.</td>
<td>Provided helpful resources without student request.</td>
</tr>
<tr>
<td>19. Realistically demanding of me as a student intern.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td>Expectations were either too high or too low for level of experience with no attempts to adjust.</td>
<td>Expectations were generally appropriate for my level of experience.</td>
<td>Expectations were individualized and adjusted according to my strengths and weaknesses.</td>
</tr>
<tr>
<td>Overall, how would you rate this clinical experience?</td>
<td>Superior</td>
<td>Very Good</td>
<td>Good</td>
</tr>
<tr>
<td>Additional comments?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>What experience during this practicum provided you with the greatest learning opportunity?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>