



STOCKTON

U N I V E R S I T Y

SCHOOL OF HEALTH SCIENCES
Galloway, New Jersey

Master of Science in Communication Sciences & Disorders (MCSD)

Clinical Policies and Procedures Handbook

Speech and Hearing Clinic and Clinical Practica

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INTRODUCTION

This Handbook is intended to be an introduction to the policies and procedures of the Stockton University Speech and Hearing Clinic as well as the roles and responsibilities expected of the Student Clinicians completing both on and off-campus clinical practica as part of the Master of Science in Communication Sciences & Disorders (MCSD) Program. Student Clinicians are responsible for reading this Handbook in its entirety prior to the start of their clinical practica experiences. After reading this Handbook, Student Clinicians must sign the [Clinical Policy and Procedure Agreement](#) form and upload it into Exxat under the *Compliance* section.

Student Expectations

The Core Functions are intended as a guide for educational programs in speech-language pathology or audiology and individuals seeking a career in these professions. It identifies the core functions that individuals of such programs typically are expected to employ in didactic and clinical experiences to acquire the knowledge and demonstrate the competencies that will lead to graduation and successful entry into professional practice. All students admitted to the MCSD Program should be able to demonstrate these abilities at the time of admission and at all times during their matriculation. The [Core Functions](#) are found on the [Program webpage](#) as well as in the MCSD Program Handbook. Students requiring reasonable accommodations to meet the standards must indicate so on the Student Attestation form found in the MCSD Program Handbook, following the list of Core Functions.

Students should refer to the MCSD Program Handbook for information regarding academic, clinical, and professional standards for the MCSD Program. In the event a student fails to demonstrate proficient academic, clinical, and/or professional knowledge/skills, the student will be referred to the Academic and Professional Standing Committee and an intervention plan may be implemented. Additional details are explained in the MCSD Program Handbook Part V: Progress Monitoring-MCSD Program.

Specialty Clinic

It is the responsibility of the Student Clinician to review and follow all policies and procedures related to any specialty clinic experience. (e.g. PVP, Adler Aphasia, BESS Diagnostic Clinic, etc.)

Campus Operations

Refer to the Stockton University [Campus Operations FAQ](#) page for information on campus operations for health and safety.



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Galloway, NJ 08205
Phone: 609-652-4920
www.stockton.edu

Clinical Policy and Procedure Agreement

I have received a copy of the Stockton University MCSD Clinical Policies and Procedures Handbook. I have read the Handbook and understand that I am responsible for adhering to all policies and procedures described therein. Failure to adhere to policies and procedures may result in my being prohibited from participating in clinical experiences and/or my dismissal from the program. I further understand that I am responsible for any changes or updates to the policies and procedures that may be made annually, so that I may be aware of and respond to these changes and notifications in a timely manner.

| | |
|------------|--|
| Print Name | |
| Signature | |
| Z Number | |
| Date | |

AMERICAN SPEECH-LANGUAGE-HEARING ASSOCIATION

Code Of Ethics

The American Speech-Language-Hearing Association (ASHA) *Code of Ethics* provides a moral framework within which speech-language pathologists and audiologists function. The purpose is to ensure that quality professional care is provided uniformly across the profession. The *Code of Ethics* is to be taken seriously and is recognized as an important teaching tool for Student Clinicians. Exposure to ethical standards during student clinical experiences develops a professional moral foundation upon which the student can build. It is through observing the Clinical Educator's response to ethical situations that the Student Clinician will learn to incorporate a strong moral character into interactions with clients. It may also be accessed online at

<https://www.asha.org/siteassets/publications/code-of-ethics-2023.pdf>

Cultural And Linguistic Diversity

It is important to understand and promote acceptance of other cultures and languages, as represented by the clients we serve and the students and professionals with whom we work. As lifelong learners, Student Clinicians are expected to continually develop cultural humility. In situations where cultural and linguistic knowledge is limited, clinicians are expected to expand their understanding of these differences, especially in the areas of communication (pragmatics, narrative style, etc.) and cultural values (attitudes toward children with disabilities, role of family in treatment, etc.). It is important to respect the values of every individual's cultural and linguistic origin or identity. In addition, individuals are expected to receive equal respect regardless of gender identity/gender expression, disability, ethnicity, national origin (encompasses related aspects), socioeconomic status, race, age, religion, sex or sexual orientation, and veteran status. Students are expected to become competent clinicians, sensitive to the communication needs of culturally and linguistically diverse populations by prioritizing person and family-centered care.

STATEMENT OF PURPOSE

Stockton University Speech & Hearing Clinic

The Stockton University Speech & Hearing Clinic functions primarily as an educational and training facility for graduate students in the Master of Science in Communication Sciences & Disorders (MCSD) program. Students who treat clients in the Clinic and who are enrolled in off-campus clinical practica are referred to as Student Clinicians.

The Stockton University Speech & Hearing Clinic has two major purposes:

- To serve as a training ground for students who are preparing to become speech-language pathologists
- To provide therapeutic and diagnostic services for children and adults with disorders of communication

The Stockton University Speech & Hearing Clinic has a long-standing tradition of service to the southern New Jersey community. Student Clinicians provide quality services under the supervision of licensed speech-language pathologists and audiologists certified by the American Speech-Language-Hearing Association (ASHA). The Speech & Hearing Clinic offers a variety of services for evaluation and treatment to the community:

- Speech sound production
 - Ex: articulation, motor planning and execution, phonology
- Language
 - Ex: reading comprehension, written expression, delayed language development, auditory processing, augmentative/alternative communication (AAC) needs
- Fluency and fluency disorders (stuttering)
- Voice
 - Ex: Vocal hyperfunction
- Cognition
 - Ex: executive functioning, attention, memory
- Social communication
 - Ex: play skills, pragmatics
- Additional services (may include, but are not limited to)
 - gender affirming voice training/therapy
 - accent management

GENERAL INFORMATION Stockton University

*Student expectations noted in **bold** concern Student Clinicians when they are treating in the Stockton University Speech & Hearing Clinic.*

University Closings/Class Cancellations

Please read the full policy on the University webpage:

<https://stockton.edu/emergency-management/inclement-weather-decision-making.html>

- 1) The University uses a text alert system, email, University social media, and the University website to notify students and employees when there is a delay or closure. The expectation should always be that the campuses are operating as normal, unless otherwise indicated.
- 2) For severe weather that compromises services or safety while classes are in session, an announcement will be made as soon as possible; if overnight, an announcement will be made around 6 a.m. regarding the services to be provided for that day.

Speech & Hearing Clinic Operating Policies and Procedures:

- University. **Students *are not* expected to attend clinic sessions during a complete shut-down of the institution.**
- Delayed Opening – The University President may announce a delayed opening. In this situation, the institution will open according to the announced time. **Students, however, *are not* expected to attend clinic sessions when classes are delayed for the day.**
- Precepting/Advising Day – Although classes are canceled on precepting days, **students *are* expected to attend scheduled clinic sessions.** Please schedule your preceptorial meeting around your clinic schedule.
- Semester/Spring Breaks – **Students *are not* expected to attend clinic sessions during spring and semester breaks.**
- Holidays
 - When the University is closed and/or classes are canceled for a holiday (e.g., Thanksgiving), **students *are not* expected to attend clinic sessions.**
 - When the University is open and classes are scheduled during a holiday (e.g., President's Day), **students *are* expected to attend clinic sessions.**
- Students who may need to reschedule a clinic session due to cultural or religious observance should communicate with their instructor at least two weeks prior to the anticipated absence.

Stockton University Announcements

Students should monitor the University's website for messages regarding cancellations and delays.

Emergency Text Messaging System

Stockton University students should register to be part of the University's Emergency Text Messaging System, which enables a limited number of campus administrators to send urgent text messages to subscribers' cell phones in the event of an emergency. To subscribe: log into [*goStockton*](#); go to the **Student Services** tab; then to the **Personal Information** channel; click on **Update Emergency Text Messaging Contacts** and provide contact information. Additional instructions for registering for this system are located at <https://stockton.edu/dean-of-students/emergency-text-system.html>

GENERAL INFORMATION
Stockton University Speech & Hearing Clinic

Clinic Access

- 1) The clinic is open during the fall, spring, and summer academic semesters. Additional hours of operation vary based on the needs of the program.
- 2) During operational hours, students will have access to all areas of the clinic.
- 3) Before and after operational hours, students will have access to the student workroom only when the Parkway Building is open. To gain access to any other area of the clinic, students **MUST** make arrangements with a faculty or staff member in advance.
- 4) Keys to the cabinets containing client files and other secured information/items can be obtained from the Lead Clinical Supervisor or Office Assistant.

Use of Clinic Equipment

- 1) Technological Equipment – Clinical supervisors may view clinical sessions via clinic laptops and/or the PCs located within the clinic. Laptops within the observation rooms are used to provide audio for sessions. Daily, these laptops should be turned on, connected to the livestream link for their respective treatment rooms, and muted. Audio should be unmuted when sessions are being viewed by observers within the observation rooms.
 - a) Maintenance – Equipment is checked twice daily by supervisors and/or clerical workers to maintain appropriate working order.
 - b) Student Use – Students may use clinic laptops, therapy room PCs, and clinic iPads with permission from their clinical supervisor and/or the Office Assistant.

Please advise the Lead Clinical Supervisor or Office Assistant of any equipment that is not functioning properly.

- 2) Diagnostic Materials
 - a) Record forms (protocols), stimulus books, and test manuals are located within the clinic in the diagnostic materials cabinet.
 - b) Diagnostic materials must be used in the clinic during the day but may be borrowed overnight after clinic hours. Refer to the [Material Loan Procedure](#).
- 3) Therapy Materials are stored in the student workroom where they are readily accessible to students.
 - a) Students are responsible for returning materials to the appropriate cabinets/drawers/shelves **immediately following the therapy session**.
 - b) Therapy materials must remain in the clinic during the day but may be borrowed overnight after clinic hours. Refer to the [Material Loan Procedure](#).

- 4) Therapy Room Computers – The computers in the clinic are limited to official business of the speech-language services offered through the Stockton University Speech & Hearing Clinic. As a result, no IM, personal e-mail accounts, or personal use of the computers are permitted.

Material Loan Procedure

The following procedure must be followed for borrowing clinic materials overnight for review, keeping in mind the following:

- Materials may only be removed from the Clinic when all client treatment sessions for the day have ended.
- Materials must be returned the following day by 9:00 a.m., before client treatment sessions begin.
- Materials that have not been signed in are the responsibility of the last student to have signed them out.

Therapy materials:

- Complete the sign-out log located on the clipboard in Room 112
- Have the Lead Clinical Supervisor/Office Assistant authorize the removal of therapy materials.
- Return therapy materials and indicate return date with initials.
- Have the Lead Clinical Supervisor/Office Assistant verify that the therapy materials have been returned.

Diagnostic Materials:

- See Lead Clinical Supervisor/Office Assistant to authorize removal of diagnostic materials.
- Using the Book Buddy iPad app, the Lead Clinical Supervisor/Office Assistant will loan the diagnostic materials to the student.
- Once materials are returned, the Lead Clinical Supervisor/Office Assistant will verify on the Book Buddy app.

Transportation

It is the responsibility of the student to provide his/her transportation to and from all clinical sites. Students and faculty are **not permitted** to transport clients in private vehicles.

STUDENT CLINICIAN ROLES AND RESPONSIBILITIES

Student Clinician Repository for Program and Practicum Requirements

All documentation for program and practicum requirements, as appropriate, will be stored and can be referenced and verified in Exxat.

Documentation of Clinical Hours

Student Clinicians are responsible for documenting all clinical hours – including observation hours, diagnostic hours, and treatment hours – and recording them in Exxat, an electronic database. Exxat can be accessed through a single sign on (SSO) when a student is added to the system by the program. Students will receive information on accessing Exxat for use in Stockton's MCSD Program from the Clinical Fieldwork Coordinator during the summer before the first semester in the program.

Observation hours must be documented and signed by a licensed and CCC certified speech-language pathologist. The speech-language pathologist's signature and ASHA number must be legible in the document (see Clinical Observation Log in Appendix B2). The 25 observation hours should then be entered into a single clinical hours log under "observation" on Exxat, with the Clinical Observation Log uploaded as an attachment to that entry. Observation hours and logs will be reviewed and approved by a member of the MCSD Program. Diagnostic and treatment hours will also be logged electronically into Exxat.

Liability Insurance

Students who are participating in clinical practica either on or off campus, **which are required as part of the curriculum of their program of study**, are covered by the University's liability policy. A copy of the [Healthcare Professional Liability Policy for Matriculated Students at Stockton University](#) (declaration page) can be found in the Appendix of this Handbook. Students are also required to obtain additional coverage to cover personal assets, which may be subject to additional liability. Students should contact their personal insurance provider or apply for coverage through Mercer Consumer or Proliability (www.proliability.com). Students will be required to renew the policy for the second year of the program.

→ Evidence of student liability insurance should be uploaded to Exxat under the *Compliance* section

Health Insurance Portability and Accountability Act (HIPAA)/Privacy Policies

All members of the Master of Science in Communication Sciences & Disorders Program, including students, staff, and faculty, are required to comply with the Federal Mandate of HIPAA as of April 2003. This mandate protects the privacy of clients and their information at the Stockton University Speech & Hearing Clinic and at any other site at which students, staff, or faculty may work/observe/visit. Failure to comply with the confidentiality requirements of HIPAA may result in legal action. Refer to the [HIPAA Violation Sanctions Policy](#).

Formal HIPAA training must be obtained and proof uploaded into Exxat under the *Compliance* section prior to the first semester of the MCSD program in order to begin acquiring any supervised observation or clock hours.

- 1) There is a module available at no cost to Stockton students through the Collaborative Institutional Training Initiative (CITI) at www.citiprogram.org. Student Clinicians completing this training should complete the module designated as *CITI Health Information Privacy and Security (HIPS) for Learning Modules for Non-IRB Purposes*.
 - a) Once students enroll as learners (Role: student researcher – graduate level), select “Add a Course” to be directed to the Curriculum page.
 - b) Respond accordingly to the 12 questions posed:
 - Question #1: Select options A and C
 - Question #2: Select option B only
 - Questions #3-#12: Select “not applicable”
 - c) You will be provided with a curriculum by the CITI program that includes a *Conflict of Interest* and a *Responsible Conduct of Research* course – you **DO NOT** have to complete those courses.
 - d) Students should complete the *CITI Health Information Privacy and Security (HIPS) for Learning Modules for Non-IRB Purposes* course ONLY.
- 2) A printable **completion report** must be uploaded to Exxat under the *Compliance* section, upon completion of the training and online examination.

Criminal Background Check

Students must have criminal background checks completed prior to the start of their first semester in the MCSD program. The student completes and submits the required information online to Universal, which is housed in Exxat-Compliance.

- 1) Per University policy, background checks must be completed through Universal in the *Compliance* section of Exxat.
- 2) Background checks must be conducted **no earlier than two months prior** to the start of the program and then again before off-campus clinical externships in the second year.
- 3) By completing the required background check online, students are giving their consent for Stockton University and the Stockton University Speech & Hearing Clinic, as well as any participating off-campus practicum facilities, to receive those results from Universal through Exxat.
- 4) Off-campus practicum sites may require an additional criminal background check immediately prior to the student’s placement at that facility. If requested by an off-campus clinical practicum site, Student Clinicians must comply at their own expense. External facilities will evaluate the information resulting from a student’s criminal record background check according to their own policies. The School of Health Sciences and the MCSD Program will abide by the decision of each off-campus practicum facility as to the acceptance of the Student Clinician at their agency.
- 5) Student information related to criminal background checks will be maintained by Universal through Exxat.
- 6) Background checks that are received by the MCSD Program marked **NOT CLEAR** will be reviewed and addressed by the MCSD Program on a case-by-case basis.

Cardiopulmonary Resuscitation (CPR) Training

It is recommended that Student Clinicians have and maintain current certification in Cardiopulmonary Resuscitation Basic Life Support (CPR-BLS) and upload proof into Exxat under the *Compliance* section. Some medical clinical externships may require a specific course and may offer it onsite.. If the CPR certificate expires during the course of the semester, it is the Student Clinician's responsibility to upload a copy of the current certificate to Exxat Fees for training are the responsibility of the Student Clinician. CPR classes are offered through either the Red Cross or The American Heart Association. In addition, Stockton University and/or affiliates may periodically sponsor training sessions.

The following are also options:

American Heart Association Courses:

Basic Life Support (CPR and AED) Programs: You could choose a one time in-person course, or a blended learning option in which you will complete an online course through American Heart Association, and finish by attending an in person, hands-on skills session with an AHA instructor <https://cpr.heart.org/en/courses/basic-life-support-course-options>.

Option 1: "HeartCode BLS Online"

- After completing the online course, complete certification with an in-person skills session led by an AHA instructor.

Option 2: Classroom BLS

- Instructor-led, hands-on classroom format. **Prices vary by training center.** [Contact an AHA Training Center](#) in your area to sign up for in-person classes.

*If choosing the blended learning option, be sure that the in-person class you sign up for is the correct class that supplements the online training (ex. if you are taking the HeartCode BLS Online course, sign up for the **BLS Provider Skills Session** class). If you are choosing to do the classroom only option, choose the **BLS Provider** class.

Red Cross Courses: <https://www.redcross.org/take-a-class/bls>

Health Insurance Coverage

It is mandatory that students have health insurance as per NJ state law and Stockton University's policy <https://stockton.edu/wellness-center/health-services/insurance-requirements.html>. Student Clinicians **MUST** upload health insurance information to Exxat under the *Compliance* section. Your accident or injury is not covered directly by the University, costs are not reimbursable, and you are not eligible for worker's compensation.

Immunizations

All immunizations that are required by the University, state law, as well as those recommended by the Centers for Disease Control and Prevention (CDC) must be up to date when students enter the MCSD program. Information on the University's Immunization Policies and Procedures may be found on the [Immunization Requirements](#) page. Off-campus clinical practica sites may require additional immunizations.

Protection of Minors

Stockton University serves more than 6,000 minors annually. University students, staff, and faculty interact with these individuals in a variety of ways. In an effort to ensure that all minors receive an enriching, educational, and safe experience, the university has developed a policy and procedure for the protection of minors. Student Clinicians should refer to the [Protection of Minors](#) website for necessary information and resources to further understand their role and responsibility in the protection of minors on campus.

Student Clinicians are considered Trained Assistants, in accordance with the Protection of Minors Policy and Procedure. A Trained Assistant is “an individual, paid or unpaid, who has received initial and annual online training in the Protection of Minors Procedure and must be supervised by an Authorized Adult(s) at all times”. Student Clinicians MUST complete the [online training course](#) by logging onto Blackboard and self-enrolling in the Protection of Minors course. Verification of successful course completion will be conducted by the Lead Clinical Supervisor in the first week of September. Upon successful completion, Student Clinicians should upload their certificate of completion to Exxat.

Universal Precautions Training

The Student Clinician acknowledges and accepts that the field of healthcare is continuously evolving. Some clinical practica sites may have inherent exposure to risk and students are expected to follow all clinical site safety policies and procedures including use of Standard/Universal Precautions and CDC guidelines. Student Clinicians must complete the following training prior to the start of the MCSD program. Proof of completion for each should be uploaded to Exxat under the *Compliance* section:

- Universal precautions self-study module located on Exxat in the *Compliance* section.

Substance Abuse and Suspicion Policy

The Stockton University [Academic Bulletin](#) explains the policies on substance abuse and misuse, including legally obtained and/or prescribed drugs and conduct both on campus and at off-campus locations when functioning in the role of a Stockton student. Student Clinicians at off-campus clinical settings are also regulated by the specific facility’s policies for substance use/abuse and/or suspicion of use/abuse. If substance abuse testing is requested by an off-campus clinical practicum site, Student Clinicians must comply with the request and provide documentation at their own expense. Requirements for substance/drug screenings vary by facility and should be confirmed and completed prior to initiating the clinical practicum. This can be done through Universal on Exxat.

Exxat Compliance Repository Checklist

The following required documentation must be uploaded to the *Compliance* section in Exxat by specific deadlines within the program.

- Due August 1st before starting first year in the program:
 - ☐ Liability insurance
 - ☐ HIPAA certification/training
 - ☐ Criminal background check
 - ☐ Health insurance coverage
 - ☐ Protection of Minors training
 - ☐ Universal Precautions Training Acknowledgement
 - ☐ COVID Vaccination Card

- Due July 1st of summer before off-campus clinical externships/second year in the program:
 - ☐ Vaccinations or proof of immunizations, and blood titers
 - ☐ Flu shot
 - ☐ Physical examination
 - ☐ Background Rescreen
 - ☐ Renewed Liability Insurance

Pending the student's off-campus clinical externship site-specific requirements, the following *additional documents* may need to be uploaded to the *Compliance* section of Exxat.

- Possibly Due July 1st of summer before off-campus clinical externships/second year in the program:
 - ☐ Fingerprint results
 - ☐ Universal precautions site specific training
 - ☐ Bloodborne pathogens course
 - ☐ Infection control course
 - ☐ Hazard communication course
 - ☐ Drug screening
 - ☐ Hepatitis B series

PROFESSIONAL STANDARDS/DRESS CODE
Stockton University Speech & Hearing Clinic
and
Off-Campus Clinical Practica

Dress and Behavior Guidelines:

- ☐ Good personal hygiene must be practiced by every student. Student Clinicians are responsible for maintaining personal cleanliness of themselves and their clothing. This includes keeping nails short and manicured.
- ☐ The health and safety of the Student Clinicians and the clients are important in considering attire. Clothing and shoes should be business casual, as appropriate, and project a professional appearance. Student Clinicians should wear their MCSD polo with neutral-colored bottoms and/or lab coats, as appropriate.
- ☐ Student Clinicians should refrain from smoking just prior to a scheduled therapy session, whether providing services or observing.
- ☐ Student Clinicians should wear a watch or establish a means for keeping track of time during sessions.

Note: Cell phones may only be used when working with clients for APPROVED purposes and must be cleared by the clinical supervisor prior to implementing their use.

- ☐ Gum chewing is not permitted at any time.
- ☐ With the exception of a water bottle or when necessary for therapy/diagnostics, food and drinks should not be brought into sessions with clients.

If off-campus facilities/sites provide specific policies regarding ANY of the above, those policies take precedence.

DOCUMENTING HOURS

Students are required to document clinical hours, including guided observation hours, using the electronic database system (Exxat) selected and monitored by the University and the MCSD program. Students are responsible for maintaining documentation of all clinical hours for licensure and certification. See below for additional information regarding clinical hours.

(Effective as of 1/1/2023, <https://www.asha.org/certification/2020-SLP-Certification-Standards>)

| Supervised Clinical Practicum Options | Required | Minimum Toward the 400 Hours | Maximum Toward the 400 Hours |
|--|-----------------|-------------------------------------|-------------------------------------|
| Guided Clinical Observations | Yes | 25 | 25 |
| On-Site and In-Person Direct Contact Hours | Yes | 250 | No maximum |
| Undergraduate Hours | No | 0 | 50 |
| Clinical Simulations | No | 0 | 75 |
| Telepractice | No | 0 | 125 |

Stockton University Speech & Hearing Clinic

Policies and Procedures

FEES FOR SERVICE

Following is the list of fees approved by the University Board of Trustees, effective fiscal year 2024:

Evaluation Fees - Audiology

Audiological Evaluation: \$100.00

(C)APD Evaluation: \$350.00

Evaluation Fees – Speech/Language

Initial Evaluation: \$120.00*

*The initial evaluation fee will be subtracted from the registration fee should the examinee enroll for therapy for that current semester.

Therapy Fees

Registration fee per semester: \$250.00*

At this time, enrollment of Medicare beneficiaries is limited to those without medical necessity.

Fees are subject to change with approval by the University Board of Trustees.

- The registration fee will be a one-time, all-inclusive fee for speech/language therapy and diagnostics services carried out each semester. It does NOT include audiological services or any other secondary services (e.g., occupational therapy).
- Services may be delivered face-to-face, via telepractice, or a combination of both. This should be determined at the start of each semester.
- Speech and language services are free to current Stockton students.
- The semester registration fee is due in full at the start of each semester. Fees may be paid in cash or check at the clinic. Credit cards are accepted through a secure payment portal.
- Student Clinicians may not accept payment from clients or caregivers.

PROCEDURES FOR NEW REFERRALS

When a referral is made to the clinic, the New Client Information Form will be completed upon initial contact. Following this, the client will receive an intake packet via preferred means (email, U.S. Mail, or face-to-face meeting) and will need to complete and return the packet prior to enrollment for services. Copies of the forms contained in the intake packet are found in Appendix A of this document.

CANCELLATION POLICY

Canceling and/or rescheduling clients by Student Clinicians is UNACCEPTABLE. Should an emergency arise, the following procedure must be followed:

1. The Student Clinician will contact their direct clinical supervisor, the Lead Clinical Supervisor, and Office Assistant AS SOON AS POSSIBLE:

Email: (Amanda.Copes@stockton.edu) (Linda.Boyd@stockton.edu)
Clinic Phone: 609.652.4920 (Leave message if needed.)

2. The Student Clinician MUST have the session outline available to email, should another clinician or supervisor cover the session.
3. Be advised that the session may be rescheduled to a time that is convenient to the clinician, supervisor, and the client.

Note: Failure *to adhere to this policy will result in a grade of '0' for that session.*

POLICY FOR CUSTODIAL/FOSTER CARE

- All clients under the age of 18 must have representation by a parent or legal guardian.
- Parent or legal guardian must complete and sign all clinic forms related to consents for services, case history, and receipt or remission of other therapeutic/medical documentation, etc.
- Client information will not be released to any party unless specifically named by parent or legal guardian on the Speech & Hearing Clinic Consent for Services form. This includes written, electronic, and verbal information regarding reports, diagnosis, progress, attendance, etc.
- Clients will not be released to any party other than parent/legal guardian unless specifically named on the Consent for Services form.

CLIENT SATISFACTION SURVEYS

At the end of each semester, clients who were enrolled at the Speech & Hearing Clinic and who received therapy services will be sent access to a [Client Satisfaction Survey](#).

PROCEDURES FOR STUDENT OBSERVATIONS
WITHIN THE STOCKTON SPEECH & HEARING CLINIC

- No one is permitted to observe in the Stockton Speech & Hearing Clinic without the permission of the Lead Clinical Supervisor, clinical supervisor, or designated faculty member.
- Student observers **MUST FIRST** sign the Stockton University Speech & Hearing Clinic *Confidentiality Agreement*.
- The clinic schedule is posted in Room 112 approximately two weeks in advance but is subject to change.
- Only three (3) students may sign-up to observe a session at a time. If room needs to be made in the observation rooms for parents/family members, observing students (third student to sign up) may be asked to move to observe a different session or reschedule the observation.
- If a student cannot attend a session for which they are scheduled to observe, they should call the Stockton Speech & Hearing Clinic to cancel so that another student may observe instead.
- Students may read the client's chart before or after observing the session. Students need to enter their name and Z number on the *Access Log* located on the client's file along with the date they viewed the file and reason for review. Students are also welcome to speak with the Student Clinician for information regarding the session.
- **Under no circumstances may client records or copies of records be removed from the Stockton Speech & Hearing Clinic.**
- Arrive at the clinic prepared to observe at least 15 minutes prior to the start of the session.
- Keep the light in the observation room off at all times, as this can be seen through the window/mirror.
- There should be absolutely no talking in the observation room. Above all, the client should not be openly discussed in the observation room; **confidentiality is extremely important.**
- If observing parents or family members ask any questions, kindly refer them to the treating clinician(s) or supervisor.
- Students may use the headphones supplied by the clinic or bring their own. If the clinic's headphones are used, please be sure to wipe them off with the disinfecting solution available in the observation room or clinic workroom when finished.
- Students may take notes while observing; however, if any information is left in the observation room following a session, it will be shredded.
- While observing in the clinic, students will dress and act professionally at all times.
- Recall that parents, family members, or significant others may also be observing; thus, students are expected to display professional behavior at all times when in the clinic.

STUDENT OBSERVER CONFIDENTIALITY AGREEMENT

I, the undersigned Stockton University student, confirm that I will maintain confidentiality in reference to any and all clients in the Stockton Speech & Hearing Clinic in accordance with the *minimum necessary* policies and procedure guidelines set forth by the Department of Health and Human Services by:

- De-identifying any documents created regarding any and all clients in the Stockton Speech & Hearing Clinic;
- Keeping confidential all protected health information (PHI) regarding any and all clients in the Stockton Speech & Hearing Clinic; and
- Limiting how much protected health information (PHI) is disclosed for any purpose.

Printed Name (please write legibly)

Z Number

Signature

Date

CLINICIAN/CLIENT ASSIGNMENTS

Stockton University Speech & Hearing Clinic

The Lead Clinical Supervisor is responsible for all clinician-client assignments. The Lead Clinical Supervisor may seek input regarding client assignments from clinical supervisors and faculty. For the on-campus clinical practica, the Student Clinician's prior clinical experience (if applicable) will be reviewed to ensure they are getting a variety of client population experiences. In addition, the Student Clinician's coursework will be reviewed to be sure they have had the prerequisite courses. The Lead Clinical Supervisor will obtain Student Clinician, supervisor, and client availability and coordinate the schedule. Clients are scheduled for evaluations and therapy by the Lead Clinical Supervisor.

In the event that a student is assigned a client before the student has completed all relevant coursework, the student will receive preparation through:

- Individual meetings with the Lead Clinical Supervisor/Supervisor/Faculty
- Supplemental readings, videos, or other tutorials
- Opportunities to shadow/observe other Student Clinicians or practicing clinicians (in-person, Master Clinician Network, Simucase, etc.)
- Opportunities to complete simulation experiences

CLIENT-BASED INFORMATION

Stockton University Speech & Hearing Clinic

Client Confidentiality

In compliance with the *Health Insurance Portability and Accountability Act (HIPAA)*, which governs privacy and client confidentiality regulations, the following guidelines regarding confidential client information will be adhered to:

- No part of a client's file may be copied, printed, and/or removed from the clinic by the Student Clinician.
- Information may only be accessed on a "need to know basis"; that is, information may only be reviewed and discussed by/with those involved in the client's care in a secure location.
- Identifiable client information **may not** be stored on flash drives, personal devices, or on cloud-based systems.
- E-mail with clinical information may **only** be sent to other Stockton e-mail accounts. Student Clinicians may e-mail evaluation reports, plans of care, and progress reports to their supervisor at their Stockton e-mail address. Student Clinicians ***may not*** e-mail clinical information to external supervisors who do not have Stockton email accounts. Any documents sent electronically **MUST** be de-identified, as per the Safe Harbor Methods noted by the Department of Health and Human Services. Click for [Guidance on Satisfying the Safe Harbor Method](#)

Client Chart Management

Student Clinicians have been granted access to a secure drive on the Stockton network that will allow them to have access to established client files electronically. These files include client case histories, diagnostic information, treatment plans/clinical summaries, mid-term performance summary, and semester progress reports. Printed copies of the same information (sans treatment plans/clinical summaries) can be found in the client's permanent file, located in the locked black cabinet in Room 112 of the Speech & Hearing Clinic. To access electronic client files on the secured drive, students may:

- Log onto a computer within one of the clinic treatment rooms and click on the file folder titled *X: Client Files*.
- Alternately, students may access this drive from a secure location using the Remote Access feature on a scheduled Zoom session. Procedures for scheduling a Zoom session to review client files will be provided as part of course syllabi, where appropriate.

Student Clinicians may not make any changes to existing documents, print out edits made to existing documents, or modify any documents on the secured drive in any fashion. The data stored will be backed up nightly by Information Technology Services.

Permanent (Printed Copy):

Access

Client charts are maintained by the faculty and staff within the Clinic. Any access by Student Clinicians, student observers, and/or faculty and staff MUST be noted in the client's file on the Access Log form. Notations include viewer's printed name, initials, Z number, and reason for access. If a client's chart is removed from the file cabinet to be viewed in an alternate secured location, the viewer MUST enter the removal on the Client File Sign-Out Sheet maintained by Office Assistant.

Organization

Current client charts are maintained alphabetically in the clinic in the following manner, with all underlined documents available in Appendix B1:

a) Folder A

- The permanent file includes client demographic information, notices, consent forms, evaluation reports, and progress notes arranged as follows:
- Left Side – top to bottom
 - (1) Access Log Form
 - (2) New Client Information Form
 - (3) Case History (Adult/Child)
 - (4) Allergy Alert Form
 - (5) Acknowledgement of Receipt of Privacy Practices
 - (6) Consent for Services
 - (7) Consent to Use Video/Pictured Images
 - (8) Consent to Use Food
 - (9) Consent to Release/Receive Records
 - (10) Acknowledgement of Cancellation Policy
- Right Side – Evaluations, progress notes, and semester progress reports are arranged chronologically with most recent on top

b) Optional Folder B (Occupational Therapy)

- Left Side – top to bottom with most recent documentation on top
 - (1) Occupational therapy intake information, case history paperwork, diagnostic information, protocols, etc.
- Right Side – arranged chronologically with most recent on top
 - (1) Archived Session Notes

Discharged client charts are maintained in the clinic in a locked file cabinet until disposition. They are organized alphabetically and are separate from current client files. They are the responsibility of the Lead Clinical Supervisor and/or clerical worker as delegated.

Evaluation Procedures

Clients may be evaluated using appropriate diagnostic instruments in the Speech & Hearing Clinic by speech-language pathologists employed by the University and/or by Student Clinicians under the supervision of licensed, certified speech-language pathologists. Student Clinicians may be asked to perform diagnostic evaluations while enrolled in other courses in addition to their on-campus clinical practica (e.g., CMDS 5410 Advanced Diagnostics Methods).

The following evaluation procedures will be followed:

1. Diagnostic evaluations are assigned for completion by the Lead Clinical Supervisor.
2. A thorough chart review will be completed to determine which assessment tools are appropriate to use for client evaluation.
3. Student Clinicians will meet with their clinical supervisor prior to the evaluation date to review testing procedures.
4. A parent/caregiver/client interview must be conducted as part of the initial evaluation.
5. A diagnostic evaluation report must be completed for all formal evaluations conducted. If the evaluation is completed by an SLP, the SLP will complete the report, sign it, and file it in the client's file. If the evaluation is completed by Student Clinicians, the Student Clinicians will generate the report and have it approved by the clinical supervisor prior to filing. The Diagnostic Report Template can be found in Appendix B.

Clients who receive evaluations at an external facility must have the report sent to the Stockton University Speech & Hearing Clinic prior to the initiation of treatment.

Hearing Screenings

All clients new to the clinic must be administered a hearing screening by the treating clinician *if* evidence of a recent hearing screening/evaluation is not available.

Plans of Care

Plans of Care are determined by the clinical supervisor based on results of formal evaluation and in discussion with the Student Clinician.

Re-evaluations

Clients of the Clinic may be re-evaluated as indicated by attainment of objectives or indication/concern of new areas of difficulty in an effort to determine the need for continued services and plan of care. The need for re-evaluation is first discussed amongst the Student Clinicians and the clinical supervisor. The decision to re-evaluate is then discussed with the parent/client. Clients that may benefit from a formal re-evaluation may be scheduled during the spring semester each year in alignment with the Diagnostic Methods course. Re-evaluations follow the [evaluation procedures \(1-5\)](#) above.

Ongoing Assessments

Student Clinicians should be aware that assessment is a dynamic process and should be ongoing. If necessary, changes in plans of care may be indicated based on a client's abilities and the nature and degree of communication deficits.

THERAPY PROCEDURES

Stockton University Speech & Hearing Clinic

General Requirements, Procedures, and Guidelines

All documents underlined can be found in Appendix B

Infection Control and Universal Precautions

All Student Clinicians and clinical supervisors are responsible for adhering to universal precautions when seeing clients.

1. Before and after therapy sessions, Student Clinician(s) are required to wipe down all tables, chairs, doorknobs, toys/games/materials used during the session with 1:10 bleach/water solution, as recommended by the CDC.
2. Gloves are to be worn during any existing or potential contact with any body fluids.
3. Procedure for cleaning up bodily fluids such as vomit and urine: Section off the area. Sprinkle *Renown Odor Absorbent and Eater*. Then call Custodial staff for further clean up.
4. Clerical workers and/or graduate assistants assigned to the Clinic are responsible for wiping down tables in the waiting room, toys in the waiting area playroom, and headphones in observation rooms.
5. The following items are available in the following areas: Waiting Room, Therapy Rooms, and Observation Rooms
 - a. Hand sanitizer (All three areas)
 - b. Tissues (All three areas)
 - c. Waste baskets (All three areas)
 - d. Paper towels (Therapy Rooms)
 - e. Sanitizing solution (Therapy Rooms)

→ Clerical workers are responsible for maintaining the stock of the above items in the appropriate areas, and Student Clinicians are responsible for replacing items if needed.
6. A first aid kit is housed in the Clinic. Student Clinicians should see their clinical supervisor or the office assistant for assistance. Student Clinicians should also refer to the [Clinic Accident/Injury Response Procedures](#).

Therapy Sessions

Therapy sessions are 50 minutes in length, unless otherwise noted. The last 5 minutes of each session should be spent discussing session/progress with caregiver/client. Cancellations/rescheduling must adhere to the Clinic Cancellation Policy.

1. Scheduling
 - a) Therapy sessions for each semester are scheduled based on client/caregiver request, Student Clinician schedules, and supervisor availability.

- b) Clients may schedule at any time during the semester and may request schedule changes for consideration at any time.
- c) All initial scheduling and scheduling changes must be approved by the Lead Clinical Supervisor.
- d) Therapy sessions are scheduled during clinic operational hours. Times will vary depending on the semester.
- e) Therapy sessions are typically scheduled once or twice a week, depending on the needs of the client as determined by the clinical supervisor and/or client/caregiver request.
- f) Therapy sessions can be scheduled as face-to-face, via telepractice, or a combination of both where appropriate and allowable.
- g) The CFCC grants the following allowances for telepractice **effective January 1, 2023**:
 - Up to 125 hours of graduate student supervised clinical experiences may be completed via telepractice.
 - Multiple students may participate in the same session. However, only the time spent in direct clinical contact with the client may count towards a student's clinical hours.

2. Supervision

- a) All sessions are supervised by a licensed, certified speech-language pathologist. As regulated by the American Speech-Language-Hearing Association (ASHA), "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." (Council for Clinical Certification in Audiology and Speech-Language Pathology of the American Speech-Language-Hearing Association. (2020). *2020 Standards for the Certificate of Clinical Competence in Speech- Language Pathology*. Retrieved 6/4/25 from <https://www.asha.org/certification/2020-SLP-Certification-Standards>.
- b) **As of January 1, 2021**, clinical educators and supervisors of graduate student clinicians must meet all supervisory requirements as outlined in [Standard V-E](#) of the 2020 SLP Certification Standards.
- c) **The use of telesupervision is limited to telepractice only.** Clinical educators must be 100% available to join the treatment session. Direct supervision requirements align with in-person supervision requirements.

3. Procedures – When working with clients in the Speech & Hearing Clinic:

- a) Student Clinicians are required to prepare a session outline for each session. Session outlines should include the functional objectives being addressed, the anticipated materials, and brief descriptions of the potential activities aimed at progressing clients toward their goals.
- b) Student Clinicians will document client progress towards goals using a data collection instrument.
- c) Following each therapy session, Student Clinicians will complete a clinical summary to document client performance and the overall session.
- d) Additional client documentation will include a mid-term performance summary and an end-of-semester progress report. The Mid-Term Performance Summary and the Semester Progress Report templates can be found in Appendix B.

- e) Once weekly, Student Clinicians are required to meet with their clinical supervisor in a debriefing conference to discuss their sessions, answer/ask questions, and engage in preparation for upcoming sessions.
- f) Student Clinicians will engage in ongoing self-reflection exercises pertaining to their learning. The contexts for reflection will vary and may include weekly session reflections, mid-term and final semester reflections, reflections pertaining to specific learning experiences, etc.
- g) Student Clinicians will receive qualitative and quantitative feedback from their clinical supervisor every session carried out with clients. Additional feedback will be provided as appropriate to be reviewed and discussed as part of the supervisory process.
- h) Students will also have the opportunity to evaluate their clinical supervisor via the University's IDEA program or by an alternate means established by the course instructor.

HIPAA Regulations

All documents created in reference to clients shall follow the procedures set forth for de-identification. Only de-identified documents may be transmitted electronically amongst Student Clinicians and clinical supervisors. Periodic reminders regarding HIPAA rules and regulations will be disseminated to Student Clinicians and documented to ensure compliance with its mandates.

Clinic Accident/Injury Response Procedure

If an accident or injury occurring within the Clinic is deemed an emergency, proceed as follows:

1. Alert a clinical faculty member who is on site immediately and proceed with emergency protocol by dialing 9-1-1.
2. Document important details which need to be shared with the emergency team. Stay with the client until help arrives.
3. Complete the [Accident and Injury Reporting Form](#) with details of the event.

If accident or injury do not require an emergency protocol, proceed as follows:

1. Alert the supervising clinical faculty member and the Lead Clinical Supervisor to the event.
2. Alert the client's family/caregiver/parent of the situation.
3. Provide first aid, as appropriate (wash with soap and water, provide band aid, etc.), while abiding by universal precautions.
4. Complete an Accident and Injury Reporting Form describing the details of the situation.

Off-Campus Clinical Externship Policies and Procedures

CLINICAL EXTERNSHIP PLACEMENT PROCEDURES

All documents underlined can be found in Appendix C.

Upon completion of two on-campus clinical practica, student clinicians will complete two semesters of full-time off-campus clinical externships at participating, approved, facilities. Students must successfully complete CMDS 5901: Clinical Practicum I on campus in the Speech & Hearing Clinic with faculty consensus prior to being permitted to enroll in CMDS 5902: Clinical Practicum II for an off-campus clinical externship. Contracts (Affiliation Agreements) are established between the site and University for all external facilities used for the clinical externship. The Clinical Fieldwork Coordinator will obtain electronic information and contracts (affiliation agreements) from each site prior to student placement to ensure that each external facility has the clinical population and personnel to meet the educational needs of each student assigned to that site in accordance with [ASHA Standards](#).

1. All off-campus clinical externship assignments will be determined by the Clinical Fieldwork Coordinator/Course Instructor with collaboration/input with the Lead Clinical Supervisor as applicable, the Program Chair(s) as applicable, any previous clinical supervisors/educators, and applicable MCSD faculty.
2. The student's prior clinical experiences will be reviewed to ensure a variety of clinical experiences across the lifespan with culturally and linguistically diverse populations. Additionally, the student's coursework will be reviewed to ensure they have the academic prerequisites for the placement.
3. In the event that a student is assigned an off-campus clinical externship before the student has completed all relevant coursework pertaining to that placement, the student will receive preparation through the following measures:
 - Individual meetings with the appropriate mentor: Lead Clinical Supervisor, clinical educator, practicum instructor, faculty member;
 - Supplemental readings, videos, or other tutorials;
 - Opportunities to shadow/observe other student clinicians or practicing clinicians
4. The student's academic and clinical performance, interaction, and personal qualities, as well as professional behavior will be considered before recommending and/or assigning them to an off-campus clinical externship. In addition, some external facilities may require a student clinician to complete and submit the following prior to being selected for an externship: application, resume, portfolio, writing samples, letters of recommendation, cover letter, transcript and/or participate in a competitive interview process. The external facility will then decide if the student has been accepted for the externship at their facility.
5. Students are required to complete the [Externship Interest Survey](#) at least one semester prior to each off-site clinical externship placement. The student is required to list their current address and contact information that will be used to arrange and secure the placement. The student will have the opportunity to express *only* areas of interest via the [Externship Interest Survey](#). Students are not permitted to request specific clinical externship placements.

6. Students will be informed by the Clinical Fieldwork Coordinator of their clinical externship placement prior to the initiation of the semester for which they are enrolled in a clinical externship. If the student indicates that they are unable to fulfill the requirements of the clinical externship placement, they can drop the clinical practicum course and will be required to reenroll the following semester. Students should be aware that delaying enrollment in a clinical practicum course that includes an off-campus clinical externship, will delay them from graduating on time.
7. The start and end dates and times for a clinical externship will be set and finalized by the Clinical Fieldwork Coordinator in collaboration with the clinical externship site. Start and end dates and times should not be arranged directly between clinical externship sites and students.

Unless a site has arranged for a different start and/or end date before a clinical externship placement was finalized by the Clinical Fieldwork Coordinator and clinical externship site, the start date for *all* students will be **the first day of the semester (when classes begin), and the end date will be the last day of class before the final exam period (not when the term ends)**, according to the Stockton University Academic Calendar*. **Make up days for any absences, including those excused and approved, will occur during the week of final exams, and students must plan to be available to attend the externship during that time to ensure completion of the course.** Any exceptions to the predetermined start and end dates may only be considered for extenuating circumstances. Changes to the start and end dates must be approved by the Clinical Fieldwork Coordinator in collaboration with MCSD program faculty and staff. Start and end dates should not be changed solely between clinical externship sites and students.

Students should be prepared to report to their site prior to the official start date of the semester to complete required preliminary site procedures such as completing paperwork, attending orientations/training or meetings as well as conducting observations or shadowing.

It is the responsibility of the Clinical Fieldwork Coordinator/Course Instructor to serve as the liaison between MCSD program and the School of Health Science and to keep a record of when all Student Clinicians are present or absent from a clinical externship site including orientations, observations, meetings, start, and end dates. The Clinical Fieldwork Coordinator/Course Instructor should be informed by both the externship site and Student Clinician if any changes to schedule or location occur at any time. This is to ensure the safety and liability of all Student Clinicians.

8. Prior to beginning a clinical externship, Student Clinicians will confirm that all criteria for acceptance at the clinical externship are met and approved by the site and in the *Compliance* section of Exxat.

GENERAL CLINICAL EXTERNSHIP RESPONSIBILITIES

As Student Clinicians entering a healthcare or educational profession, there are certain public health requirements our program expects students to adhere to. All immunizations that are required by State law and that are also recommended by the Centers for Disease Control and Prevention (CDC) must be up to date when students enter our program. People who are not correctly immunized pose a significant public health risk to their patients, co-workers, and themselves. Seasonal flu shots are being required by many external clinical sites, and these sites will not accept Student Clinicians who have not had this immunization. It is best to try to obtain a flu shot early in the season. Physical examinations are also required to be completed no later than the summer before attending externships. Students should plan accordingly to schedule this based on their physician's availability and personal medical insurance limitations.

The Student Clinician is expected to become familiar with the specific requirements of their anticipated clinical externship site(s). If necessary documentation is not up to date – including criminal background checks, fingerprinting, and drug/substance abuse testing, and any other facility-specific requirements – acceptance at a medical and/or educational clinical site cannot be guaranteed. This will affect a Student Clinician's timely progression through the program, prevent a Student Clinician from participating in a variety of clinical experiences, and ultimately prevent the Student Clinician from graduating on time.

The Student Clinician is expected to complete the MCS D Externship Plan within the first week of their clinical externship practicum course with all the Clinical Educators they will be working with at the off-campus facility.

While the specific requirements of the externship site are paramount, Student Clinicians must meet the following expectations during any clinical externship:

- Be prepared to commute up to 90 minutes (each way) and have reliable transportation. The student is responsible for any commuting costs including tolls, gas, etc.
- Attend the externship at the hours specified by the off-campus facility, which may be before 7 a.m. and after 5 p.m. and typically 5 days per week, although for no more than 40 hours per week on site. Student Clinicians are also expected to follow the externship facilities' calendar and not the Stockton academic calendar for the semester. Students are permitted no more than two absences per semester and all absences are expected to be made up during the Academic Calendar's finals week or weekends as determined and agreed upon by the Field Clinical Educator (FCE) and Clinical Fieldwork Coordinator/Course Instructor. See course syllabus for full policy.
- Be prepared to complete all tasks as prescribed/assigned by the on-site Field Clinical Educator(s) in the areas of evaluation, intervention, and interaction and personal qualities. Preparation includes, but is not limited to:
 - client chart review;
 - collection and practice of therapy/diagnostic materials on or off-site;
 - actual administration of testing and/or therapy;
 - scoring and interpretation of testing/results/session data;
 - SOAP note/summary/report writing/goal selection;

- completion of additional projects as assigned; and
 - attendance at meetings related to clients on your caseload.
- Submit clinical hours and obtain the FCE's signature/approval via Exxat, the electronic database.
- Accept, reflect, and use FCEs' feedback as a means of making clinical growth. Students should initiate discussion with the FCE(s) if questions, need for clarification, or concerns arise with any aspect of the clinical externship experience. Students may also contact the Clinical Fieldwork Coordinator/Course Instructor.
- Refer to *Clinic Professional Standards/Dress Code* for appropriate professional dress. Keep in mind, however, that each externship site will have its own dress code, and it is the Student Clinician's responsibility to follow that dress code as well.
- Adhere to the *ASHA Code of Ethics* and behave professionally – this includes outside the externship facility, on campus, and when utilizing any social media.
- Recognize that it is ultimately the *Student Clinician's* responsibility to take the initiative to complete all the course requirements of the clinical externship successfully – not that of the FCE(s) or the Clinical Fieldwork Coordinator/Course Instructor.

SUPERVISION IN CLINICAL EXTERNSHIP

1. *Field Clinical Educator (FCE)* – Prior to the student beginning the externship, the Field Clinical Educator(s)(FCEs) complete and sign a Pre-externship Form for Clinical Educators. This form includes a section titled *Written Attestation to Supervise a Graduate Student Clinician* to acknowledge that the clinical educator(s) are aware of and will adhere to the ASHA Standards for clinical supervisors. The form also includes a section titled *Documentation of Information for Clinical Externship* that notes pertinent clinical educator information including license and certification numbers. The documentation also provides information regarding the days and times of the externship and identifies typical activities, clients, diagnoses, cultural backgrounds, and ages seen at the facility. FCEs update the *Documentation of Information for Clinical Externship* as needed per any changes since the last time they supervised a Stockton University student.
 - Field Clinical Educators provide direct supervision of Student Clinicians. The expectation of the clinical educator is to provide supervision (direct observation) at least 25% of the time for each client/session AND be on site 100% of the time, according to ASHA's requirements. FCEs are encouraged to allow students to start with some observation and then employ a gradual release of responsibility, based on the student clinician's needs and experience, to promote eventual independence.
 - Formal feedback is provided to students at least twice during the semester via the Evaluation of Clinical Competencies document for *Evaluation* (Diagnostics), *Intervention* (Treatment), and *Interaction and Personal Behaviors/Professional Behavior*. This document will be completed in Exxat by the FCE(s) and subsequently reviewed formally with the student at mid-term, as well as at the end of the semester for the final.
 - FCEs are also given the option to take an anonymous survey, the On-Site Clinical Fieldwork Educator Evaluation of the MCSD Program, to provide feedback about the program. This survey will be completed in Exxat.
2. During the first week of their practicum, Student Clinicians MUST meet with their FCE(s) and complete the MCSD Externship Plan. This document permits the student and clinical educator to discuss goals for the experience as well as identify specific learning and supervising styles. This document should then be turned in on the due date specified by the Clinical Fieldwork Coordinator/Course Instructor.
3. The Clinical Fieldwork Coordinator/Course Instructor periodically monitors the clinical education provided in the external facility via several email correspondences, phone and/or virtual conferences and/or visits to the facility as appropriate. *Confidential Concerns Surveys* are also sent to the students twice per semester to ensure confidence in the clinical educator, site, and experiences.
4. *Student* – Student Clinicians are expected to complete a self-rating of their clinical skills on the Evaluation of Clinical Competencies in Exxat at both mid-term and final as a means of self-reflection. These ratings are shared with the Field Clinical Educator (FCE). At the end of the Student Clinician's clinical externship, Student Clinicians are to complete the Student Evaluation of Supervision and Facility in Exxat to provide feedback about their clinical experience.

ACCIDENT AND INJURY POLICY FOR GRADUATE STUDENTS

What to Do If You Are Injured During an On-Campus/Off-campus, Clinical Practicum

- Whenever you suffer an injury or become ill while at the clinical site, you should report immediately to the clinical supervisor.
- In the case of an apparent serious injury or illness, the clinical site supervisor must either call 9-1-1 and arrange for transportation to the hospital or drive you immediately to the nearest hospital Emergency Room if safe to do so.
- The clinical site supervisor, or designee at the clinical site, must immediately notify by telephone the following people, as designated below by the Student Clinician, of the injury/illness and also the name and location of the destination hospital.
- The Accident and Injury Policy for Graduate Students in Clinical Practicum is provided in Appendix C.
- The clinical site supervisor, or designee, should make sure an accident report is filled out and faxed to either the Speech and Hearing Clinic's Lead Clinical Supervisor (for on-campus incidents) or the Clinical Fieldwork Coordinator (for incidents happening at an externship site). Refer to the document entitled [Intern Accident/ Illness/Injury Record Form](#) for completion.

Appendix A

Stockton University Speech & Hearing Clinic

Clinic Documentation



STOCKTON
UNIVERSITY

101 Vera King Farris Drive
Galloway, NJ 08205
Phone: 609-652-4920
www.stockton.edu

Galloway, NJ 08205

Phone: 609-652-4920

www.stockton.edu

Client File Sign-Out Sheet

[illegible]

Access Log

Client: _____

| <u>Date of Access</u> | <u>Your Name</u> | <u>Initials</u> | <u>Z Number</u> | <u>Reason for Access</u> |
|-----------------------|------------------|-----------------|-----------------|--------------------------|
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* By initialing next to your name in this log, you agree to abide by the confidentiality agreement developed by the Stockton University Speech and Hearing Clinic in an effort to keep confidential the Protected Health Information (PHI) for this client.



Speech and Hearing Clinic

101 Vera King Farris Drive
Galloway, NJ 08205
Phone: 609-652-4920
www.stockton.edu

New Client Information Form

Client: _____

Date of Birth: _____

Address: _____

Phone Number: _____

Presenting Difficulties: _____

Contact Person: _____

Relationship: _____

Phone Number: _____

Previous Evaluation Y N If yes, facility name: _____

New Evaluation Required Y N

Available Day(s) M T W R F

Available Time(s) _____

Scheduled Appointment Day(s) M T W R F _____

Start Date/Time: _____

Clinician(s): _____

Date of Initial Contact: _____

Notes: _____

Client Information Packet:

| | <u>Sent</u> | <u>Received</u> |
|--|-------------|-----------------|
| Letter of interest | _____ | _____ |
| Initial appointment letter | _____ | _____ |
| Case history form | _____ | _____ |
| Consent for services | _____ | _____ |
| Consent to record | _____ | _____ |
| Consent to use food | _____ | _____ |
| Notice of HIPAA Privacy Policy | _____ | _____ |
| Acknowledgement of Receipt of HIPAA Policy | _____ | _____ |
| Calendar/Fee Schedule | _____ | _____ |
| Directions/Map | _____ | _____ |
| Clinic Brochure | _____ | _____ |
| Return Envelope | _____ | _____ |
| Evaluation | _____ | _____ |

Date: _____

Adult Case History Form

General Information

Legal Name: _____ Preferred Name: _____
Date of Birth: _____ Pronouns: He/Him She/Her They/Them Other
Gender: Male Female Other Sex: Male Female Intersex
Address: _____ Email: _____
City: _____ Zip Code: _____ Phone: _____

Occupation: _____ Business Phone: _____

Employer: _____

Referred by: _____ Phone: _____

Address: _____

Single _____ Widowed _____ Divorced _____ Partner/Spouse's Name: _____

Children (include names, gender, and ages):

Who lives in the residence?

What languages do you speak? If more than one, which one is your dominant language?

What was the highest grade, diploma, or degree you earned?

Are you a current Stockton University student or alumnus? _____

Describe your speech–language concern.

What do you think may have caused the issue, if applicable?

Has the issue changed since it was first noticed? If so, how?

Have you seen any other speech–language specialists? Who and when? What were their conclusions or suggestions?

Have you seen any other specialists (occupational/physical therapists, physicians, audiologists, psychologists, neurologists, etc.)? If yes, indicate the type of specialist, when you were seen, and the specialist's conclusions or suggestions.

Are there any other speech, language, learning, or hearing problems in your family? If yes, please describe.

Medical History

Provide the approximate ages at which you suffered the following illnesses or conditions:

| | | |
|---------------------|---------------------|-------------------|
| Adenoidectomy_____ | Asthma_____ | Chicken pox_____ |
| Colds_____ | Croup_____ | Dizziness_____ |
| Draining ear_____ | Ear infections_____ | Encephalitis_____ |
| German measles_____ | Headaches_____ | Hearing loss_____ |
| High fever_____ | Influenza_____ | Mastoiditis_____ |
| Measles_____ | Meningitis_____ | Mumps_____ |
| Noise exposure_____ | Otosclerosis_____ | Pneumonia_____ |
| Seizures_____ | Sinusitis_____ | Tinnitus_____ |
| Tonsillectomy_____ | Tonsillitis_____ | Other_____ |

Do you have any eating or swallowing difficulties? If yes, describe.

List all medications you are taking. If you are on hormone replacement therapy, check here _____

Are you having any negative reactions to these medications? If yes, describe.

Describe any major surgeries, operations, or hospitalizations (include dates).

Describe any major accidents.

Provide any additional information that might be helpful in the evaluation or remediation process.

Social Determinants of Health (It is **optional** to respond to the following questions):



Do you have a steady place to live?

- a. Yes
- b. No
- c. Do not wish to answer



Are you worried about running out of food?

- a. Yes
- b. No
- c. Prefer not to answer



Do you have a means of transportation for medical appointments/daily living activities?

- a. Yes
- b. No
- c. Prefer not to answer



Do you have trouble paying your heat or electricity bill?






- a. Yes
- b. No
- c. Prefer not to answer



Do you have trouble taking care of a child, family member, or friend?

- a. Yes
- b. No
- c. Prefer not to answer

Would you like help connecting to resources? Please circle below.

| Housing | Food | Transportation | Utilities | Caregiver |
|---|---|---|---|---|
|  |  |  |  |  |

Person completing form (Please print legal name): _____

Relationship to client: _____

Signature: _____

Date: _____

Child Case History Form

General Information

Child's Name: _____ Date of Birth: _____

Address: _____ Phone: _____

City, State, Zip Code: _____ Email: _____

Referred by: _____ Phone: _____

Parent's Name: _____ Age: _____

Parent's Occupation: _____ Phone: _____

Parent's Name: _____ Age: _____

Parent's Occupation: _____ Phone: _____

With whom does the child live? _____

Siblings (include names and ages):

What languages does the child speak? What is the child's dominant language?

What languages are spoken in the home? What is the dominant language spoken?

With whom does the child spend most of their time?

Describe the child's speech and/or language. Include any concerns you may have.

How does the child usually communicate? (gestures, single words, short phrases, sentences?)

If there are concerns with speech and/or language, when was the problem first noticed? By whom?

What do you think may have caused the communication problem?

As appropriate, has the problem changed since it was first noticed?

Is the child self-aware of their communication difficulties? If so, how do they feel about it?

Have any other speech–language specialists seen the child? Who and when? What were their conclusions or suggestions?

Have any other specialists (occupational/physical therapists, physicians, audiologists, psychologists, special education teachers, etc.) seen the child? If yes, indicate the type of specialist, when the child was seen, and the specialist's conclusions or suggestions.

Are there any speech, language, or hearing problems in your family? If yes, please describe.

Prenatal and Birth History

Mother's general health during pregnancy (illnesses, accidents, medications, etc.).

Were there any unusual conditions that may have affected the pregnancy or birth?

Medical History

Check all that apply. If checked, please indicate age of onset of illness/condition:

- | | |
|---|---|
| <input type="checkbox"/> Asthma _____ | <input type="checkbox"/> Seizures _____ |
| <input type="checkbox"/> Colds _____ | <input type="checkbox"/> Croup _____ |
| <input type="checkbox"/> Ear infections _____ | <input type="checkbox"/> Encephalitis _____ |
| <input type="checkbox"/> Tinnitus _____ | <input type="checkbox"/> Other _____ |

Has the child had any surgeries? If yes, what type and when (e.g., tonsillectomy, frenectomy, tube placement)?

Describe any major accidents or hospitalizations.

Is the child taking any medications? If yes, identify.

Have there been any negative reactions to medications? If yes, identify.

Developmental History

Provide the approximate age at which the child began to do the following activities:

Crawl _____ Sit _____ Stand _____
Walk _____ Feed self _____ Dress self _____

Use single words (e.g., *no, mom, doggie*) _____

Combine words (e.g., *me go, daddy shoe*) _____

Name simple objects (e.g., *dog, car, tree*) _____

Use simple questions (e.g., *Where's doggie?*) _____

Engage in a conversation _____

Does the child have difficulty walking, running, or participating in other activities that require small or large muscle coordination? If so, please explain.

Are there or have there ever been any feeding problems (e.g., problems with sucking, swallowing, drooling, chewing)? If yes, describe.

Describe the child's response to sound (e.g., responds to all sounds, responds to loud sounds only, inconsistently responds to sounds).

Educational History

School: _____ Grade: _____

Teacher(s): _____

How is the child doing academically (or pre-academically)?

Does the child receive special services? If yes, describe.

How does the child interact with others (e.g., shy, aggressive, uncooperative)?

If enrolled for special education services, has an Individualized Educational Plan (IEP) been developed? If yes, describe some of the goals.

Provide any additional information that might be helpful for this evaluation.

Social Determinants of Health (It is **optional** to respond to the following questions):



Do you have a steady place to live?

- b. Yes
- c. No
- d. Do not wish to answer



Are you worried about running out of food?

- b. Yes
- c. No
- d. Prefer not to answer



Do you have a means of transportation for medical appointments/daily living activities?

- b. Yes
- c. No
- d. Prefer not to answer



Do you have trouble paying your heat or electricity bill?






- b. Yes
- c. No
- d. Prefer not to answer



Do you have trouble taking care of a child, family member, or friend?

- b. Yes
- c. No
- d. Prefer not to answer

Would you like help connecting to resources? Please circle below.

| | | | | |
|--|---|---|--|--|
| Housing  | Food  | Transportation  | Utilities  | Caregiver  |
|--|---|---|--|--|

Person completing form (Please print name): _____

Relationship to client: _____

Signature: _____ Date: _____

Allergy Alert Form

Date: _____ Client's Name: _____

Person to Contact in Case of Emergency: _____

Relation to client: _____ Phone: _____

Does the client have any known allergies (e.g., to foods, medicines, environmental agents)? If yes, please list each allergen and describe the client's response to contact with the allergen(s).

Please describe immediate action to be taken in case of contact with allergen(s).

Signature of Person Completing Form: _____

Relationship to Client: _____

NOTICE OF PRIVACY PRACTICES

As Defined by the Privacy Regulations of the
Federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) PLEASE REVIEW THIS
NOTICE CAREFULLY

I. OUR COMMITMENT TO YOUR PRIVACY

The Stockton University Speech and Hearing Clinic is dedicated to maintaining the privacy of your protected health information (PHI). PHI is individually identifiable health information about you that relates to your past, present, or future physical or mental health or other condition, as well as any related health care services. This Notice of Privacy Practices provides you with the following important information: our obligations concerning your PHI, how we may use and disclose your PHI, and your rights with regard to your PHI.

A. OUR OBLIGATION The Speech and Hearing Clinic has chosen to abide by federal and state laws requiring that the privacy of your PHI be maintained. By complying with these laws, we are required to provide you with this notice regarding our privacy practices, our legal duties, and your rights concerning your PHI. Except for student records and certain records, the University creates or receives in its role as an employer, this Notice of Privacy Practices applies to all records containing your PHI that are created or retained by the Stockton Speech and Hearing Clinic. A copy of the Notice of Privacy Practices will be posted in a visible location in the Speech and Hearing Clinic waiting room at all times, and you may request a copy of the Notice at any time.

B. WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION (PHI) IN THE FOLLOWING WAYS (NOT ALL POSSIBLE SITUATIONS ARE COVERED)

- *For treatment, payment, and health-care operations, to third-party business associates (e.g., billing services), for health-related services, to individuals involved in your care, under some circumstances for research purposes, when required or allowed by law, with your written authorization*

II. YOUR RIGHTS REGARDING YOUR PHI

You have the following rights regarding your PHI, and you may request any of the following:

- *Confidential communications, restriction of communication to individuals otherwise permitted by law to inspect your PHI, inspection and copies of personal records, amendments to your PHI if you believe the information is incorrect or incomplete, a list of disclosures we have made of your PHI, and a copy of this Notice.*

III. IMPLEMENTATION, COMPLAINTS, AND QUESTIONS

A. IMPLEMENTATION This Notice provides a general overview of our privacy practices. This Notice and our privacy practices are implemented in accordance with applicable University policies and procedures and the requirements of HIPAA and other federal and New Jersey laws, as applicable.

B. COMPLAINTS If you believe your privacy rights have been violated; you may file a complaint with the Speech and Hearing Clinic. All complaints must be submitted in writing. We will not retaliate against you in any way if you file a complaint with us.

IV. CONTACT INFORMATION

If you have any questions regarding this Notice or our health information privacy practices, please contact:
Amanda Copes, Ed.D., CCC-SLP Amanda.Copes@stockton.edu
Stockton University Speech and Hearing Clinic
101 Vera King Farris Drive
Galloway, NJ 08205
(609) 652-4920

ACKNOWLEDGEMENT OF RECEIPT

SPEECH AND HEARING CLINIC NOTICE OF PRIVACY PRACTICES

I acknowledge that I have received a copy of the *Stockton University Speech and Hearing Clinic's Notice of Privacy Practices*.

Printed Name

Signature

Date

.....

FOR INTERNAL USE ONLY

Client declined to provide signature for acknowledging receipt of privacy practices

Clinic staff signature and date

Client was not able to provide signature for acknowledging receipt of privacy practices

Clinic staff signature and date

CONSENT FOR SERVICES - Adults

Client's Last Name

First Name

Date of Birth

The Stockton University Speech & Hearing Clinic does not participate with any commercial insurances, including Medicare.

- ☐ I acknowledge that I am not a Medicare beneficiary.
- ☐ I acknowledge that I am unable to utilize my insurance benefits for services at the Stockton University Speech and Hearing Clinic.

Who else, besides you, has your permission to have access to, informed about, and/or be in receipt of your health information/documentation, whether verbal or written?

Name

Relationship to client

The Stockton Speech and Hearing Clinic allows for both graduate and undergraduate student observers. Student observers may be required to document sessions they have observed using protected health information to the minimum necessary to accomplish the intended purpose; names will always be excluded.

I consent to the following:

- _____ Student observers, documentation allowed
- _____ Student observers, no documentation allowed
- _____ No student observers

Statement of Consent for Treatment:

I (we) the undersigned give the personnel of The Stockton University Speech and Hearing Clinic permission to administer diagnostic and/or therapeutic procedures as deemed necessary to my child/myself. I understand that all the work will be done by students under the supervision of certified speech-language pathologists and/or audiologists.

Signature of Client

Date

Signature of Legal Representative (if applicable)

Date

CONSENT FOR SERVICES - Pediatric

Client's Last Name

First Name

Date of Birth

The Stockton University Speech and Hearing Clinic does not participate with any commercial insurances, including Medicare.

- ☐ I acknowledge that I am not a Medicare beneficiary.
- ☐ I acknowledge that I am unable to utilize my insurance benefits for services at the Stockton University Speech and Hearing Clinic.

Who else, besides you, has your permission to have access to, informed about, and/or be in receipt of your child's health information/documentation, whether verbal or written?

Name

Relationship to client

The Stockton Speech and Hearing Clinic allows for both graduate and undergraduate student observers. Student observers may be required to document sessions they have observed using protected health information to the minimum necessary to accomplish the intended purpose; names will always be excluded.

I consent to the following:

- _____ Student observers, documentation allowed
- _____ Student observers, no documentation allowed
- _____ No student observers

Statement of Consent for Treatment:

I (we) the undersigned give the personnel of The Stockton University Speech & Hearing Clinic permission to administer diagnostic and/or therapeutic procedures as deemed necessary to my child/myself. I understand that all the work will be done by students under the supervision of certified speech-language pathologists and/or audiologists.

Signature of Client (if over 18 years of age)

Date

Signature of Parent/Guardian/Legal Representative (if under 18 years of age)

Date

(I understand that I must remain on the premises during my child's therapy session)

CONSENT FOR SERVICES - TELEPRACTICE

I, _____ am choosing to receive online speech therapy services from the Stockton University Speech & Hearing Clinic for my child/myself. I fully understand the following:

- Zoom will be used for all sessions; I am responsible for having access to this program during scheduled sessions.
- Supervisors will be available 100% of the time each session.
- Sessions will be conducted in a secure location to protect client confidentiality.
- Documentation will be de-identified to adhere to HIPAA regulations.
- Supervisors will schedule the sessions via zoom invitations.
- Supervisors may request to record a session for educational purposes. Recordings will be deleted prior to the end of the semester.

Client's Name

Signature of Client (if over 18 years of age)

Date

Signature of Parent/Guardian/or Legal Representative
(if less than 18 years of age)

Date

CONSENT TO USE FOOD IN TREATMENT SESSIONS

I give my permission for The Stockton University Speech and Hearing Clinic to use food in my/my child's therapy sessions. If food is to be used, I understand that it will be explained to me in what manner, and how the use of food may benefit the success of therapy.

☐ I have/my child has no known food allergies or intolerance.

☐ I am/my child is allergic to certain foods. Please do not use these foods in therapy sessions.

* _____

***Please see Allergy Alert Form in Case History packet for details regarding this allergy and treatment.**

Client's Name

Signature of Client (if over 18 years of age)

Date

Signature of Parent/Guardian/or Legal Representative
(if less than 18 years of age)

Date

CONSENT TO USE VIDEO OR PICTURE IMAGE

** The Stockton University Speech and Hearing Clinic uses a secure University-networked audio/video system to allow the clinical supervisors to view clinical sessions in real-time. The system records all treatment and evaluation sessions automatically. These recordings are used within the clinic setting for therapeutic purposes only (data collection, clinician review). All clients/client representatives should read the following options, check those that are applicable, and return a completed copy of the form to the Speech & Hearing Clinic when beginning services. Clients have the opportunity to change their preferences at any time by submitting an updated consent form.*

Please Read and Select the Appropriate Options

I give my permission for the Stockton University Speech & Hearing Clinic to use the image and/or video recordings of myself/my child/or the individual that I am representing in the following settings/conditions.

Please check only the options with which you agree:

- ☐ within the clinic setting for therapeutic purposes (data collection, clinician review)
- ☐ for educational purposes/training of Student Clinicians
- ☐ in conference settings to educate fellow parents and professionals about how to implement therapy techniques
- ☐ for research purposes
- ☐ for marketing purposes (brochures, program webpage, etc.)

Client's Name

Signature of Client (if over 18 years of age)

Date

Signature of Parent/Guardian/or Legal Representative
(if less than 18 years of age)

Date

CLIENT NAME: _____
Please Print

CONSENT TO RELEASE RECORDS

I hereby give permission to The Stockton University Speech and Hearing Clinic to send my child's/my records to:

I hereby give permission to The Stockton University Speech and Hearing Clinic to receive my child's/my records from:

Signature of Client (if over 18 years of age)

Date

Signature of Parent/Guardian/Legal Representative
(if less than 18 years of age)

Date

CLIENT CANCELLATION POLICY

If your scheduled appointment time is before 12:00pm, notice of cancellation is required by the previous day.

If your scheduled appointment time is after 12:00pm, notice of cancellation is required by 10:00am the same day.

Of course, we appreciate as much notice as possible if you know ahead of time that you will not be able to attend a session.

If we do not receive notice of cancellation within the required time period, you will be charged for the missed session.

I acknowledge that I have received a copy of the Speech and Hearing Clinic's cancellation policy.

Client Name _____

Client/Parent/Guardian Signature _____

Date _____

Appendix B

Stockton University **Speech & Hearing Clinic**

Clinician Documents



CLINICAL OBSERVATION LOG

| <u>Client Codes</u> | | | <u>Session Type</u> | |
|--|--|--|--------------------------------------|---------------------------------------|
| P = Preschool Aged Child (birth – 5 years) | S = School Aged Child (5 – 18 years) | A = Adult (19 – 69 years) G = Geriatric (69+ years) | Dx = Diagnostic/Evaluation | Tx = Intervention/Treatment |

| <u>Category Codes</u> | | |
|--|---|--|
| Speech sound production Fluency and fluency disorders Voice and resonance | Receptive and expressive language Hearing Swallowing/feeding | Cognitive communication Social communication AAC/Communication modalities |

Student: _____

| COURSE | DATE | CLIENT AGE | SESSION TYPE | CATEGORY | HOURS | SUPERVISOR'S SIGNATURE | *1 | *2 | *3 | ASHA NUMBER |
|------------------------|--------|------------|--------------|----------|-------|------------------------|----|----|----|-------------|
| <i>Ex:</i> HLTH1101 | 1/1/20 | S | Tx | Fluency | 1 hr | | | | | |
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* By initialing, the clinical supervisor attests to the following:

| | | |
|---|---|--|
| 1. Guided observation: Communication occurred between the clinical supervisor and the student | 2. Supervisor has completed a minimum of 9 months of practice experience post-certification | 3. Supervisor has completed 2 hours of professional development in the area of supervision |
|---|---|--|



Speech and Hearing Clinic

101 Vera King Farris Drive
Galloway, NJ 08205
Phone: 609-652-4920
www.stockton.edu

DIAGNOSTIC EVALUATION REPORT

| | |
|----------------------------|------------------------|
| Name: | Parents: |
| Date of Birth: | Address: |
| Chronological Age: | |
| Evaluator(s): | Phone: |
| | Supervisor: |
| Date of Evaluation: | Date of Report: |

Reason for Referral

*Begin with a statement of/reason for the referral followed by a brief statement of the concern *as described by parent/caregiver (Consider using gender-neutral term such as the term caregiver or guardian—to avoid traditional, gendered terms like mother.), child, physician, or referral source: full name, age, grade level, who referred, reason referred, date of evaluation*

Prenatal/birth and Developmental History ***Only for pediatrics- would not include for adults**

If information is not available, include a statement to that effect. Do not purposefully leave out any component below because of a lack of information.

Include: prenatal, perinatal (type of delivery/complications) and early childhood diseases, gross/fine motor development, speech-language milestones, cognitive/socioemotional function

Medical History

Include surgical interventions, incidents, relevant childhood illnesses (ear infections- how often etc.), medications, include psychiatric diagnosis. Include genetic disorders, relevant family medical history

School/Therapy History (school history for adults may include level of college only)

Include if student qualified for preschool services, any educational classification, results of previous testing and academic struggles, include emotional/behavioral problems if relevant. Special education placements, language, learning or literacy issues. Include summary of prior speech/language evaluations and intervention, results of evaluation and type and/or progress in treatment, information regarding any early intervention services, etc.

Social History *Include family composition, who lives in the home/cares for the client, any second language exposure/knowledge/use. If applicable, activities engaged in outside of school (work for adults).*

Examinations

List names of assessment activities used here (underline formal tests and abbreviations)

Ex. Goldman-Fristoe Test of Articulation-3 (GFTA-3)

Language Sampling etc.

Clinical Observations

Include statements regarding the client's behavior before and during the assessment. Note whether you think it affected their performance. Include clinical impressions of client's communication skills/function/status, interaction with therapist/caregiver, comments about motor skills (tone/praxis) if applicable. Note any observations that would allow you to formulate a differential diagnosis.

For the following sections include:

- Be sure to include a description of what each test administered is designed to evaluate (underline test name and abbreviation of test). See test manuals for wording. Include descriptions of each subtest administered as well.*
- Use tables as necessary to present "at-a-glance" information regarding standard/scaled scores, percentile ranks, and age equivalents (where appropriate).*
- Relate all scores you reported on to the normative data for each particular test administered (where appropriate for standardized measurements). For example, "The _____ Test is normed on a mean standard score of 100 with a standard deviation of +/- 15 points. Therefore, scores ranging from 85-115 are considered to be within the average range.*
- Include an analysis of the results obtained in ALL AREAS ASSESSED, including strengths AND areas of need so that goals/objectives can be derived from the information.*

The following information can be reported subjectively or objectively, depending on whether a standardized test was administered to evaluate these components. All components listed below should be addressed in your report

Hearing

Report on prior results, if available, or results of screening conducted during evaluation. For adult clients: May include patient report, presence of hearing aids, or subjective observation of difficulty.

Oral Mechanism Examination

***Report on** movements of lips, tongue, jaw; integrity of the oral structures and functions; coordinated movements of puh/tuh/kuh (diadochokinetic rate), etc. Observed or reported information on feeding or swallowing difficulties.*

Speech Sound Production

Describe articulation and/or phonology errors. Include subjective rating of speech intelligibility. Include results of stimulability probe (formal or informal). Include chart for articulation errors and/or chart for phonological processes- as applicable. Include examples of error productions and definitions of phonological processes. Include key of IPA symbols. Include results of stimulability probe (formal or informal).

Cognition

For adult clients, include here observation of attention to time, place, and situation/condition. Include components of attention, memory, problem solving and reasoning, executive function, etc.

Receptive & Expressive Language

For each subtest describe what was measured and the strengths and needs (areas of difficulty) within specific skill areas with examples- NOT just subtest names. Discuss functional impact. (Ex. The client demonstrates difficulty naming items in a category which may negatively impact vocabulary expansion, word retrieval, short term memory and the interpretation of language.) Include clinical impressions and/or diagnostic information based on informal/structured language sampling. Include dynamic assessment information.

Pragmatics

Considering variations across culture, may include formal assessments or subjective observations as applicable on turn-taking, eye contact, tone of voice, body language, nonverbal feedback, and topic maintenance.

Fluency

Describe disfluencies of speech, rhythm and rate as well as any secondary characteristics/concomitants as well as social/emotional impact (if applicable). If this area is not assessed include subjective observation, for example, "Based on a conversational speech sample, fluency was judged to be within functional limits."

Voice

With consideration of variations across culture and patient/family perceptions, describe vocal quality, pitch, resonance, and intensity. If this area is not assessed, include subjective observation, for example, "Based on a conversational speech sample, vocal parameters of quality, pitch, resonance, and intensity."

****Note that the following dispositions will vary based on clinical context. The following examples reflect various settings for clinical practice:**

Conclusions and Recommendations For a school-based report use this final section

Begin with a general description of the problem to indicate why the client was evaluated. Include statement of communication and/or feeding/swallowing diagnosis, including severity level and functional impact. Indicate current strengths and areas of need of client as related to formal/informal/dynamic assessment results. Do not include any information regarding etiology, contributing factors, or prognosis.

For a medical report use these final sections:

Conclusions

Include primary medical diagnoses and a statement of communication and/or feeding/swallowing diagnosis with severity level. Indicate current strengths and areas of need as related to formal/informal/dynamic assessment results. Include any functional impacts on life, work, education, etc. What is the prognosis if they receive therapy and why? As an example, "Prognosis is deemed good secondary to current status, family support, client motivation."

Recommendations

Finally, make any recommendations for therapy, including guiding goals and objectives for treatment (with criterion, prompt/cue levels etc.). Include frequency and duration here and/or referrals to other professionals.

Your Name and Signature
Graduate Student Clinician

Supervisor's Name and Signature/Initials
Clinical Supervisor

SAMPLE THERAPY ATTENDANCE CALENDAR
Stockton University Speech & Hearing Clinic

Client: _____

Clinician: _____

Summer 2015

May

S M T W Th F Sa

26 27 28 29 30

31

June

S M T W Th F Sa

1 2 3 4 5 6

7 8 9 10 11 12 13

14 15 16 17 18 19 20

21 22 23 24 25 26 27

28 29 30

July

S M T W Th F Sa

1 2 3 4

5 6 7 8 9 10 11

12 13 14 15 16 17 18

19 20 21 22 23 24 25

26 27 28 29 30 31

August

S M T W Th F Sa

1

2 3 4 5 6 7 8

9 10 11 12 13 14 15

16 17 18 19 20 21 22

23 24 25 26 27 28 29

O = Attended C = Cancelled N = No Show

The Official University Calendars May be Found at:
<https://stockton.edu/registrar/academic-calendar>

COMMUNICATION LOG

Client's Name: _____

Date: _____

Time: _____

Comments: _____

_____ Initials: _____

Date: _____

Time: _____

Comments: _____

_____ Initials: _____

Date: _____

Time: _____

Comments: _____

_____ Initials: _____

Clinical Summary

| | |
|---------------------------|------------------------------|
| Client's Initials: | Student Clinician: |
| Client's Age: | Supervisor: |
| Start Date: | Frequency of Therapy: |
| Session Date: | Treatment Diagnosis: |
| Session Number: | |

Session Plan

Materials used in session

| |
|--|
| |
|--|

Subjective Information

| |
|--|
| |
|--|

Goals and Objectives

| STO | Status | Objective Data Statement | Assessment Narrative (PPP) |
|-----|--|--------------------------|----------------------------|
| | <input type="checkbox"/> Objective is new/modified <input type="checkbox"/> Objective in progress <input type="checkbox"/> Objective met <input type="checkbox"/> Objective not addressed | | |
| | <input type="checkbox"/> Objective is new/modified <input type="checkbox"/> Objective in progress <input type="checkbox"/> Objective met <input type="checkbox"/> Objective not addressed | | |

| | | | |
|--|--|--|--|
| | <input type="checkbox"/> Objective is new/modified <input type="checkbox"/> Objective in progress <input type="checkbox"/> Objective met <input type="checkbox"/> Objective not addressed | | |
|--|--|--|--|

Plans and Recommendations

Client/Family/Caregiver Education

[Student's Name with Credentials]
Graduate Student Clinician

Date & Time Completed

Plan of Care

| | |
|---------------------------|-----------------------------|
| Client's Initials: | Student Clinician: |
| Date of Birth: | Supervisor: |
| Chronological Age: | Treatment Diagnosis: |
| Big 9 Area(s): | |

Background Information Summary

| |
|--|
| |
|--|

Assessment Summary

Date of evaluation/IEP: _____

Evaluation summary

| |
|--|
| |
|--|

Medical diagnosis (if any): _____

Speech-language diagnosis: _____

Areas of strength

| |
|--|
| |
|--|

Areas of need

| |
|--|
| |
|--|

Clinical impressions of need for service

| |
|--|
| |
|--|

Target Behaviors

Behavior 1

| | |
|--|-----------|
| | Baseline: |
|--|-----------|

Behavior 2

| | |
|--|-----------|
| | Baseline: |
|--|-----------|

Behavior 3

| | |
|--|-----------|
| | Baseline: |
|--|-----------|

Plan of Care

| |
|------------------------------|
| Treatment frequency: |
| Treatment length of session: |
| Semester: |
| Service delivery method: |
| Treatment start date: |

Instrumental assessment/screener to be completed this semester

Long Term Goals

Client/Caregiver education

Home activities & functional carryover plan (describe)

[Student's Name with Credentials]
Graduate Student Clinician

Date & Time Completed

Mid-Term Performance Summary

Name: XXXXXXXX YYYYYY

Date:

Student Clinician:

Clinical Supervisor:

Background: Include demographic information and diagnosis. Indicate the time period covered by this report and the number of sessions the client was seen. If sessions were missed, comment as to why. Give impressions of the client's behavior. These impressions can be the client's, the clinician's, or those of the parents/family/caregiver(s).

Goals: Include client's LTGs and STOs. Indicate present levels of performance, including what they are able to do and what they have difficulty doing. Compare the client's current performance with their baseline performance, as appropriate.

Plan/Recommendations: Indicate status of continuation of services. State the overall therapy goals for the remainder of the semester. Specific long-term goals/short-term objectives should be listed.

Insert your name here with highest degree obtained
Graduate Student Clinician

Insert client/parent/caregiver name here
Client/Parent/Guardian

Insert clinic supervisor's name with credentials
Clinical Supervisor
ASHA#:
NJLic#:

Semester Progress Report

| | |
|--------------------------------------|---|
| Client: | Parents/Guardians: |
| Diagnosis: | Phone: |
| (Use this space for add'l diagnoses) | Address: (# street) |
| Date of Birth: | (City, State, Zip) |
| Chronological Age: # years, # months | Number of Sessions: (# this semester) |
| Clinician: | Cumulative Sessions: (total # since enrollment) |
| Supervisor: | Semester: |
| Date of Report: | Period Covered by Report: |

Reason for Services

This section should include the referral source, date of referral, and a brief statement of the speech-language diagnosis. Medical diagnoses, if any, must be substantiated.

General Background Information

This information should be written in narrative form (not as bullet points). If appropriate, subheadings may be combined under the main heading of General Background Information.

History of the Problem

This section should include information relevant to an understanding of the etiology and development of the problem. Information should be extracted from the client's case history form(s), prior reports, etc.

Diagnostic Information

State the results/findings of the initial diagnostic evaluation and any changes in status or added information obtained since the initial testing. The summary from the most recent evaluation should be included here.

Therapy History

Include a synopsis of preceding therapeutic interventions. These should include services provided through the Stockton Speech and Hearing Clinic, any outside agencies, school therapy, etc. Dates, frequencies, and duration of services, as known, should be included.

Summary of Therapy - [include the semester and year]

Begin with a description of the current therapy schedule (number of sessions, number of absences, length of sessions, group vs. individual, etc.). **Note that sessions were delivered via telepractice through the Zoom platform.** Following that, include a report of the therapeutic procedures engaged in during this semester. Include behaviors specific to the client, likes/dislikes, any behavior plan that may have

been used, materials that led to client success and engagement, etc. Include a statement of any changes in schedule or procedures throughout the semester, if applicable.

Objectives and Results

List the current status of all LTGs and STOs written objectively. Indicate if any goals have been discontinued due to mastery, modified to reflect a change in complexity level, or changed for any other reason. **See below for an example:**

LTG1: The client will produce /s/ in the initial position of words in sentences *independently* when presented with a stimulus with 100% accuracy.

- STO1A: The client produced initial /s/ at word level *independently* when presented with a stimulus with 82% accuracy. **(Goal met and modified to increase complexity)**
- STO1B: The client produced initial /s/ at phrase level when presented with a stimulus and given *minimal multimodal cues* with 77% accuracy. **(Goal in progress)**

Progress and Plan

Discuss/summarize the data above in paragraph form here. Goals/objectives that have been met are discussed and goals/objectives that have not been met are noted. Goal modifications in criteria, cue levels, condition, interventions/monitoring status (for MBSSR design), etc. and rationale are noted. Recommendations pertaining to behavior are noted, as appropriate

Recommendations

A short statement regarding further therapy needs (continue, terminate, refer, etc.) is stated. Indicate frequency and duration recommendations, if applicable. List the recommended LTGs and STOs completely if to be continued or list the potential target behaviors you recommend be addressed in the future.

Insert Student Clinician's Name
Graduate Student Clinician

Insert Clinical Supervisor's Name and Credentials
Clinical Supervisor
ASHA #:
NJ License #:

Appendix C

Externship Practica Documents

STOCKTON UNIVERSITY MCSD EXTERNSHIP INTEREST SURVEY

| | | |
|-----------------|-----------|-----------------|
| Name: | Pronouns: | Cell Phone: |
| Stockton Email: | DOB: | Personal Email: |

COVID Vaccination:

* The Clinical Fieldwork Coordinator (CFC) may disclose my status to sites upon their request to secure placement. ☐ YES ☐ NO

* I am exempt from COVID vaccination. ☐ YES ☐ NO **If yes I will inform CFC via email and I am aware that I may not be able to complete externships due to site requirements and therefore will not be able to complete the program and graduate.

Semester: ☐ Summer ☐ Fall ☐ Spring

| | |
|---|--|
| Address I will be traveling from (house #/ street/town/zip/county): | Specialty Interests: (ex. Adler, Camp Chatterbox etc.) |
|---|--|

Are you enrolled in the Hispanic Emphasis Program? ☐ Yes ☐ No

Read the following list and: ☒ **Age groups that you are interested in working with.**

CROSS OUT ALL age groups that you are the LEAST interested in. Put a * after if you are passionate about one!

| | |
|---|---|
| <input type="checkbox"/> Birth to Pre-K <input type="checkbox"/> EI <input type="checkbox"/> Kindergarten to 5 th grade <input type="checkbox"/> Middle and/or High School | <input type="checkbox"/> Students with significant intellectual or medical needs that are in a special school <input type="checkbox"/> Developmentally delayed adults that are in an adult day program or graduating at age 22 |
|---|---|

Read the following list of specialty areas. ☒ **ALL areas you are interested in. ~~CROSS OUT ALL areas you would feel uncomfortable being in if there was a significant number of clients with this diagnosis. Put a * if you are passionate about one!~~**

| | | |
|---|--|--|
| <input type="checkbox"/> Aphasia <input type="checkbox"/> Autism Spectrum Disorder <input type="checkbox"/> Dysphagia/Feeding | <input type="checkbox"/> Language/Literacy <input type="checkbox"/> Trach/Vent <input type="checkbox"/> Traumatic Brain Injury | <input type="checkbox"/> AAC (Aug. and Alternative Comm.) <input type="checkbox"/> Voice Disorders <input type="checkbox"/> Dementia |
|---|--|--|

Read the following list and: ☒ **ALL areas you are interested in. ~~CROSS OUT ALL site types that you would feel uncomfortable being in. Put a * if you are passionate about one!~~**

| | |
|---|---|
| <input type="checkbox"/> Inpatient acute care (in a hospital) <input type="checkbox"/> Outpatient therapy/Private Practice | <input type="checkbox"/> Rehabilitation for adults subacute (inpatient) <input type="checkbox"/> Residential, skilled nursing and rehabilitation/Long-Term Care for older adults (geriatric) |
|---|---|

Are you aware you may have a competitive interview for your placement? ☐ YES

Are you able to report prior to 7 a.m.? ☐ YES ☐ NO

Are you available on weekends? ☐ YES ☐ NO ☐ only on SAT ☐ only on SUN

Have you been employed by a school district or health care facility within the last 5 years? ☐ YES ☐ NO

If yes, list where:

| |
|--|
| |
|--|

Please list any extenuating circumstances that may impact your ability to commit to your placement:

| |
|--|
| |
|--|

I understand that this survey is neither a request for a specific placement, nor a guarantee of a specific placement. I understand that the goal of any placement is to provide me with experience to develop knowledge and skills with culturally and linguistically diverse populations across the lifespan that meet the certification standards of the American Speech-Language Hearing Association (ASHA). Last, I understand that it is my responsibility to inform the externship coordinator immediately if my address changes other than what is specified above, and that if I do not, I will still need to commute from the former location.

| | |
|-----------------------|-------|
| Electronic Signature: | Date: |
|-----------------------|-------|

**MASTER OF SCIENCE IN
COMMUNICATION SCIENCES
& DISORDERS
EXTERNSHIP PLAN**



Section I: LOCATION, SCHEDULE, CLINICAL EDUCATOR INFORMATION, SITE LOGISTICS

Semester: FALL SPRING SUMMER Year: _____

Site #1:

Address: _____

Days at this site: _____

Site #2:

Address: _____

Days at this site: _____

Site #3:

Address: _____

Days at this site: _____

Student-Stockton MCSD Expectation: Student clinicians should be committed to a **full-time** schedule. *Minimum of four full time days unless the site has arranged for less days prior to start.*

The student should be given an additional 30 minutes, after accounting for commute time, to arrive at Stockton for night classes (e.g., 45-minute commute for 6 p.m. night class: should be 75 minutes or leave at 4:45 p.m.).

Commute time from home to site is _____ minutes.

Commute time from site to Stockton is _____ minutes (Galloway) + 30 minutes = _____ total minutes needed

_____ minutes (Hammonton) + 30 minutes = _____ total minutes needed

| DAY | Report time | Total client contact time (tx or dx) | End time/Leave time | Stockton Class location | Stockton Class time |
|-----------|-------------|--------------------------------------|---------------------|-------------------------|---------------------|
| MONDAY | | | | | |
| TUESDAY | | | | | |
| WEDNESDAY | | | | | |
| THURSDAY | | | | | |
| FRIDAY | | | | | |

Is the student expected to ever attend on weekends? YES NO If Yes, please specify: _____

Section I (continued): LOCATION, SCHEDULE, CLINICAL EDUCATOR INFORMATION, SITE LOGISTICS

Clinical Educator-ASHA Certification and Stockton MCSD Expectation: A Clinical Educator must be present in the building at all times a student is treating or assessing clients. All Clinical Educators must submit their ASHA number and be added to the Typhon system by the university prior to supervising any student.

Primary Clinical Educator or Co-Clinical Educator #1 (supervises the student at least one day per week or more, receives all email contact, completes case logs in Typhon, completes mid-term and final evaluations)

Name: _____

Phone: _____ Email: _____ Preferred Contact: PHONE EMAIL

ASHA # and other information submitted to Stockton MCSD Program? YES NO

Co-Clinical Educator #2 (supervises the student at least one day per week or more, receives all email contact, completes case logs in Typhon, at least contributes input for the mid-term and final evaluations-see below)

Name: _____

Phone: _____ Email: _____ Preferred Contact: PHONE EMAIL

ASHA # and other information submitted to Stockton MCSD Program? YES NO

Co-Clinical Educator #3 (supervises the student at least one day per week or more, receives all email contact, completes case logs in Typhon, at least contributes input for the mid-term and final evaluations-see below)

Name: _____

Phone: _____ Email: _____ Preferred Contact: PHONE EMAIL

ASHA # and other information submitted to Stockton MCSD Program? YES NO

Other On-site Clinical Educator (supervises for supervisor absence/emergency, completes case logs in Typhon, email contact optional)

Name: _____

Phone: _____ Email: _____ Preferred Contact: PHONE EMAIL

ASHA # and other information submitted to Stockton MCSD Program? YES NO

Would you like to be added to the email chain for clinical educator semester information? YES NO

MID-TERM and FINAL EVALUATIONS

Please check one option for this semester:

____ Only primary on-site clinical educator will contribute to and complete the evaluations in the Typhon system.

____ Only the primary on-site clinical educator will complete the evaluations in Typhon, but all other clinical educators will contribute input to the evaluations (course instructor will only send evaluations to the primary clinical educator)

____ Some or All clinical educators will complete their own individual evaluations in Typhon. Send evaluations to:

(the grades will be averaged by the course instructor).

INITIALS: Student _____ Clinical Educator _____ Clinical Educator _____ Clinical Educator _____ Clinical Educator _____

Section I (continued): LOCATION, SCHEDULE, CLINICAL EDUCATOR INFORMATION, SITE LOGISTICS

Important site procedures (e.g. parking, sign-in and sign-out procedures)

| |
|--|
| |
|--|

Attendance & Inclement Weather

Student-Stockton MCSD Expectation-students should attend externship whenever their Clinical Educator is present. Students should contact their primary Clinical Educator immediately if they are ill. **Students are also REQUIRED to contact the Clinical Fieldwork Coordinator via email if they will be missing externship planned or unexpectedly** (e.g., student or C.E. illness or cancellation, inclement weather). The course syllabus further explains. In the case of inclement weather, the Stockton MCSD program encourages their students to use caution and maintain their safety during extreme weather conditions. The student and C.E.(s) should determine an inclement weather plan. This should include (1) initial contact method, and (2) inclement weather options such as delayed arrival and make-up days. **State your determined inclement weather plans here:**

| |
|--|
| |
|--|

Section II: ASHA CERTIFICATION SKILLS

Skill Area: INTERACTION AND PERSONAL QUALITIES

Student & Clinical Educator-ASHA Certification Expectation: Demonstrate skills in communication, cultural/linguistic sensitivity, collaboration, counseling, & professional behavior that adhere to the ASHA Code of Ethics/standards of the profession.

SITE-SPECIFIC EXPECTATIONS/OPPORTUNITIES THIS SEMESTER:

GOAL WRITING

___artic/phon. ___voice or fluency
___language ___cognitive
___dysphagia ___hearing
___other _____

REPORT WRITING

___Daily Note ___Re-certifications
___SOAP Note ___Discharge Note
___Progress Note ___Plan of Care
___Evaluations ___IEP
___Lesson Plans
___Other _____

DATA COLLECTION METHOD:

NON-NEGOTIABLES FOR EXTERNSHIP (EVAL/TREATMENT/PROFESSIONAL BEHAVIOR)

| |
|--|
| |
|--|

Skill Area: EVALUATION

Student-ASHA Certification Expectation: The student will demonstrate direct assessment/evaluation with clients from culturally and linguistically diverse populations across the lifespan.

Student & Clinical Educator- Stockton MCSD Expectation: Ideally, a student should aim to complete at least 5 hours of evaluation direct contact time, as well as goal and report writing during the semester. Evaluations can include such activities as dynamic assessment, formative or informal assessment (e.g., language sample, site checklists, unstandardized measures), patient intake or discharge evaluations.

_____ Check here if the site does **NOT** complete any type of evaluations. (The externship coordinator will need to contact the primary on-site Clinical Educator to arrange and plan for possible evaluation experiences during the semester).

Check off all applicable types of evaluations that may occur during the semester:

_____ artic/phon. screening/assessment _____ voice or fluency screening/assessment

_____ language screening/assessment _____ cognitive screening/assessment

_____ dysphagia screening/assessment _____ hearing screening

_____ other _____

Section II: ASHA CERTIFICATION SKILLS

Skill Area: EVALUATION/ASSESSMENT

STUDENT

| Strengths in evaluation: | Need more experience/support in evaluation: |
|--------------------------|---|
| | |

| 3 goals to achieve in evaluation: | Discussed with Clinical Educator and agreed that support will be provided: |
|-----------------------------------|--|
| | <p>_____ Previewing plan together</p> <p>_____ Assisting during therapy/evaluations as needed</p> <p>_____ Support will be gradually lessened</p> <p>_____ Other: _____</p> <p>_____</p> |

Section II: ASHA CERTIFICATION SKILLS
Skill Area: INTERVENTION/TREATMENT

Student-ASHA Certification Expectation: The student will demonstrate direct intervention/treatment with clients from culturally and linguistically diverse populations across the lifespan.

Student & Clinical Educator-Stockton MCSD Expectation: Ideally, 175-200 hours of direct contact time (100-200 summer), treatment or diagnostics, for the semester (15 hours per week by week 3). **It is recommended that case logs are logged weekly.**

Student Clinician will begin observation on (date)_____ and **gradually** take over the caseload by (date)_____.

STUDENT

| Strengths in intervention: | Need more experience/support in intervention: |
|----------------------------|---|
| | |

| 3 goals to achieve in intervention: | Discussed with Clinical Educator and agreed that support will be provided: |
|-------------------------------------|--|
| | <div>___ Previewing plan together</div> <div>___ Assisting during therapy/evaluations as needed</div> <div>___ Support will be gradually lessened</div> <div>___ Other: _____</div> <div>_____</div> |

List here and on the back any other information the student or Clinical Educator(s) feel need to be documented in this plan:

Section III: OBSERVATION & FEEDBACK

Clinical Educator- ASHA Certification Expectation: The amount of direct supervision must be commensurate with the student's knowledge, skills, and experience, and must not be less than 25% of the student's total contact with each client/patient*. The legal and ethical responsibility for clients served, such as clinical decision making and management, remains with the certified Clinical Educator.

Student-Stockton MCSD Expectation: ALL STUDENTS ARE REQUIRED TO KEEP A FEEDBACK JOURNAL to record feedback and document how it was implemented. The supervisor may put their written feedback in this journal.

| | |
|---|--|
| <p>Observation-The Clinical Educator(s) will observe:</p> <p>_____ for <i>all</i> sessions</p> <p>_____ for <i>most</i> sessions</p> <p>_____ for an amount of time that will decrease throughout the semester</p> | <p>Student's preferred <i>method</i> of feedback (*student will provide notebook for documentation of written feedback)</p> <p>_____ verbal only</p> <p>_____ written only*</p> <p>_____ verbal and written</p> |
| <p>Student's preferred <i>frequency</i> of feedback:</p> <p>_____ during sessions</p> <p>_____ after sessions</p> <p>_____ daily</p> <p>_____ intermittently as needed</p> | <p>Clinical Educator (s) will most likely use the following feedback method(s):</p> <p><u>check all that apply</u></p> <p>_____ prompting and feedback <i>during</i> sessions</p> <p>_____ supervisor modeling <i>during</i> sessions</p> <p>_____ immediate feedback at <i>end</i> of sessions</p> <p>_____ delayed feedback end of day/other time</p> <p>_____ other _____</p> |

Section III: OBSERVATION & FEEDBACK

| |
|--|
| After receiving feedback, the student clinician is expected by the Clinical Educator(s) to: |
| |

Section IV: SIGNATURES

I, _____ (name), have discussed, developed, and documented my externship plan with each of the supervisors below. I understand that I am responsible for adhering to the outlined externship site's policies and procedures and implementing the externship plan to achieve the certification standards in evaluation, intervention, and interaction and personal qualities, as outlined by the American Speech-Language Association. In addition, I need to keep the original copy of the plan and make copies for all my Clinical Educators and the Clinical Fieldwork Coordinator. I further understand that this plan may need alterations and that I am responsible for documenting these changes.

Student Clinician Signature

Date

Upon the primary Clinical Educator and Co-Clinical Educators' signature(s), he/she is each agreeing that he/she has:

- discussed and developed, and documented the student clinician's externship plan
- accepted responsibility for supporting and guiding the student clinician in the implementation of this plan for the student clinician to achieve the certification standards in evaluation, intervention, and interaction and personal qualities, as outlined by the American Speech-Language Hearing Association.
- confirmed understanding of Stockton University's policies and expectations as a Primary or Co-Clinical Educator on site.

Primary or Co-Clinical Educator #1 Signature

Date

Co-Clinical Educator #2 Signature

Date

Co-Clinical Educator #3 Signature

Date

Upon the other on-site Clinical Educators' signature, he/she is agreeing that he/she has:

- accepted responsibility for supporting and guiding the student clinician in the implementation of this plan for the student clinician to achieve the certification standards in evaluation, intervention, and interaction and personal qualities, as outlined by the American Speech-Language Hearing Association.
- confirmed understanding of Stockton University's policies and expectations as the Other On-site Clinical Educator.

Other On-Site Clinical Educator Signature

Date

STOCKTON UNIVERSITY MASTER OF SCIENCE IN COMMUNICATION SCIENCES & DISORDERS
EVALUATION OF CLINICAL COMPETENCIES-ECC

This evaluation is to evaluate constructively the student in their clinical practicum based Certification Standard required by the American Speech-Language Hearing Association (ASHA): *Completed a program of study that included experiences sufficient in breadth and depth to achieve skill outcomes in the areas of evaluation, intervention, and interactional and personal qualities.*

IN EACH SECTION, PLEASE RATE THE STUDENT NUMERICALLY ACCORDING TO THE DESCRIPTIONS BELOW.

Key:

5.0: A+ to A = A skill that: is INNATE; is at a level that EXCEEDS the student's level of experience; or the student can initiate and execute INDEPENDENTLY but may seek CONSULT to further refine skills.

4.0: A to A- = A skill that: the student has made STRONG progress and INCREASED independence; will become refined with additional PRACTICE and REFLECTION; or requires MINIMAL assistance from the supervisor.

3.0: A- to B+ = A skill that: would be considered "AVERAGE" at this student's level of experience; the student has made STEADY progress and effort; or the student still needs SOME assistance from the supervisor to either initiate, execute, or complete the skill CORRECTLY or EFFECTIVELY.

2.0: B+ to B = A skill that: is BELOW what would be expected at the student's level of experience; the student has NOT taken initiative, NOR made considerable effort; or the student has made SLOW PROGRESS even with practice and guidance and requires SIGNIFICANT assistance from the supervisor.

1.0: B- = A skill that: requires academic, clinical, or professional remediation; or the student requires MAXIMUM assistance and is dependent on the supervisor.

N/A = Not applicable or not observed

Half increments of .5 are acceptable

The recommended grade will be based on Supervisor's Ratings ONLY. Students should use their own self-ratings for reflection/clinical skill improvement.

| | | | | | | | |
|--|--|-----------------|--|------------------------------|--------------|----------------------------|--------------|
| Student's Name: _____ | | Course: _____ | | Student's Self-Rating | | Supervisor's Rating | |
| Supervisor: _____ | | Semester: _____ | | | | | |
| EVALUATION/ASSESSMENT (ASHA Standard V-B1) | | | | Mid-Term | Final | Mid-Term | Final |
| a. Conduct screening and prevention procedures (including prevention activities). | | | | | | | |
| 1. | Administers speech-language screening instruments correctly and efficiently | | | | | | |
| 2. | Interprets screening results accurately to determine need for further assessment | | | | | | |
| 3. | Communicates recommendations for further assessment appropriately | | | | | | |
| 4. | Identifies prevention issues (e.g., vocal hygiene) and shares appropriate information with client/caregivers | | | | | | |
| b. Collect case history information and integrates information from clients/patients, family, caregivers, teachers, relevant others, and professionals. | | | | | | | |

| | | | | | |
|--|--|--|--|--|--|
| 1. | Develops appropriate diagnostic questions based on available information | | | | |
| 2. | Plans appropriate interview questions for client/patient disorder area and age | | | | |
| 3. | Adapts the planned interview based on information the client provides | | | | |
| 4. | Conducts the interview efficiently and in a professional manner | | | | |
| c. Select and administer appropriate evaluation procedures, such as behavioral observations, non-standardized tests, and instrumental procedures. | | | | | |
| 1. | Assembles appropriate formal and informal assessments for answering diagnostic questions | | | | |
| 2. | Administers and scores formal tests according to procedures | | | | |
| d. Adapt evaluation procedures to meet the needs of individuals receiving services. | | | | | |
| 1. | Explains test procedures and rationales clearly and accurately | | | | |
| 2. | Demonstrates appropriate flexibility during testing | | | | |
| 3. | Makes use of informal testing procedures, including observation | | | | |
| e. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention. | | | | | |
| 1. | Interprets test results accurately | | | | |
| 2. | Integrates all information to form an impression and diagnosis | | | | |
| 3. | Develops appropriate and thorough recommendations | | | | |
| f. Complete administrative and reporting functions necessary to support evaluation. | | | | | |
| 1. | Writes with technical accuracy (e.g., grammar, vocabulary, punctuation) | | | | |
| 2. | Presents information in a logically sequenced, organized manner and with sufficient detail | | | | |
| 3. | Revised version of report reflects supervisory feedback | | | | |
| g. Refers clients/patients for appropriate services | | | | | |

| <i>INTERVENTION/TREATMENT</i> (ASHA Standard V-B2) | | Mid-Term | Final | Mid-Term | Final |
|---|--|-----------------|--------------|-----------------|--------------|
| a. Developing setting-appropriate intervention plans with measurable and achievable goals that meet client/patient needs. Collaborate with clients/patients and relevant others in the planning process. | | | | | |
| 1. | Uses client record to identify major treatment issues and develops measurable objectives | | | | |
| 2. | Develops evidenced based treatment plans and objectives, procedures, targets, and criteria for success | | | | |
| 3. | Seeks/utilizes information from client and/or outside sources to support intervention | | | | |
| b. Implement intervention plans that involve the client/patients and relevant others in the intervention process. | | | | | |
| 1. | Gives clear, concise information about therapeutic goals, tasks, and techniques | | | | |
| 2. | Addresses target behaviors in a hierarchical and systematic fashion | | | | |

| c. Select or develop and use appropriate materials and instrumentation for prevention and intervention. | | | | | |
|--|---|--|--|--|--|
| 1. | Prevention and intervention materials are developed/prepared in a timely fashion | | | | |
| 2. | Materials used are age and/or developmentally appropriate | | | | |
| 3. | Materials used adequately support therapeutic goals, tasks, and techniques | | | | |
| d. Measure and evaluate clients'/patients' performance and progress. | | | | | |
| 1. | Makes accurate judgments of client's performance relative to target behaviors | | | | |
| 2. | Provides accurate and appropriately timed feedback & reinforcement to client | | | | |
| 3. | Collects client performance data accurately and uses it to plan next treatment | | | | |
| e. Modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients. | | | | | |
| 1. | Identifies the need to adapt/modify procedures based on client or patient ability to perform. | | | | |
| 2. | Paces session specific to client's needs and abilities | | | | |
| 3. | Attends to and actively listens to client by seeking the meaning and intent in the communication. | | | | |
| f. Complete administrative and reporting functions necessary to support intervention. | | | | | |
| 1. | Prepares appropriate plans for specific treatment | | | | |
| 2. | Composes clinical reports (clinical summaries, final progress reports) that are legible, complete, and considerate of proper grammar and spelling | | | | |
| g. Identifies and refers clients/patients for services, as appropriate. | | | | | |

| <i>INTERACTION AND PERSONAL QUALITIES</i> (ASHA Standard V-B3) | | Mid-Term | Final | Mid-Term | Final |
|---|--|-----------------|--------------|-----------------|--------------|
| a. | Communicates 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. | Manages the care of individuals receiving services to ensure an interprofessional, team-based, collaborative practice | | | | |
| c. | Provides counseling regarding communication and swallowing disorders to clients/patients, family, caregivers, and relevant others | | | | |
| d. | Adheres to ASHA Code of Ethics, and behaves professionally | | | | |

| <i>PROFESSIONAL PRACTICE COMPETENCIES</i> (CAA Standard 3.1.1B) | | Mid-Term | Final | Mid-Term | Final |
|--|--|-----------------|--------------|-----------------|--------------|
| a. Accountability | | | | | |

| | | | | | |
|--|---|--|--|--|--|
| 1. | Adheres to federal, state, institutional, and site regulations and policies | | | | |
| 2. | Demonstrates compliance with confidentiality issues related to the Health Insurance Portability and Accountability Act (HIPAA) and the Family Educational Rights and Privacy Act (FERPA) | | | | |
| 3. | Differentiates and adheres to service delivery models based on practice sites (e.g., hospital, school, private practice), including fiduciary responsibility for each client/patient/student as appropriate | | | | |
| 4. | Displays a positive and dedicated attitude towards learning | | | | |
| 5. | Takes responsibility for own learning/shows initiative | | | | |
| 6. | Accepts constructive criticism and feedback | | | | |
| 7. | Takes measures to improve clinical skills based upon constructive feedback | | | | |
| b. Effective Communication Skills | | | | | |
| 1. | Communicates in a responsive, timely, and responsible manner with clients/patients, students, other professionals | | | | |
| 2. | Accepts designated workload without complaint | | | | |
| c. Evidence-Based Practice | | | | | |
| 1. | Accesses and critically evaluates information sources, applies information to appropriate populations, and integrates evidence in provision of speech-language pathology services | | | | |
| 2. | Incorporates critical thinking and decision-making skills while engaged in identification, evaluation, diagnosis, planning, implementation, and/or intervention | | | | |
| d. Professional Duty | | | | | |
| 1. | Demonstrates knowledge of one's own role and the role of other professionals | | | | |
| 2. | Demonstrates intact organizational skills in all aspects of clinical practice | | | | |
| 3. | Demonstrates dependability/punctuality | | | | |
| 4. | Balances personal and professional obligations | | | | |
| 5. | Demonstrates time management skills and meets deadlines | | | | |

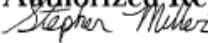
Adapted from:

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 www.asha.org/certification/2020-SLP-Certification-Standards.

Council on Academic Accreditation in Audiology and Speech-Language Pathology. (2023). Standards for accreditation of graduate education programs in audiology and speech-language pathology (2017). Retrieved [7/10/2023] from <https://caa.asha.org/siteassets/files/accreditation-standards-for-graduate-programs.pdf>

**Declaration Page: HealthCare Professional Liability Policy for Matriculated Students at
Stockton University**

Client # 2767395

| | | | | | |
|---|---------------------------|-----------------------|---|-----------------------------|-------------|
| MEMORANDUM OF INSURANCE | | | | Date Issued May 22, 2025 | |
| Producer AMBA In CA dba Assn Member Benefits & Insurance Agency P.O. Box 14554 Des Moines, IA 50306 www.proliability.com | | | This memorandum is issued as a matter of information only and confers no rights upon the holder. This memorandum does not amend, extend, or alter the coverages afforded by the Certificate listed below. | | |
| Insured The Students of New Jersey State Colleges & Universities 2000 Pennington Road Ewing, NJ 08628-0718 | | | Company Affording Coverage Liberty Insurance Underwriters Inc. | | |
| This is to certify that the Certificate listed below has been issued to the insured named above for the policy period indicated, notwithstanding any requirement, term or condition of any contract or other document with respect to which this memorandum may be issued or may pertain, the insurance afforded by the Certificate described herein is subject to all the terms, exclusions and conditions of such Certificate. The limits shown may have been reduced by paid claims. The Memorandum of Insurance and verification of payment are your evidence of coverage. No coverage is afforded unless the premium is successfully paid in full. | | | | | |
| Type of Insurance | Certificate Number | Effective Date | Expiration Date | Limits | |
| Professional Liability | AHV-103689007 | 07/01/2025 | 07/01/2026 | Per Occurrence | \$2,000,000 |
| | | | | Aggregate | \$4,000,000 |
| General Liability | | | | Per Occurrence | |
| | | | | Aggregate | |
| Evidence of Insurance Memorandum Holder is an Additional Insured but only as respects to claims arising out of the sole negligence of the named insured subject to the terms and provisions of the policy. | | | | | |
| Memorandum Holder: Stockton University 101 Vera King Farris Drive Galloway, NJ 08205 | | | Should the above described Certificate be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the Memorandum Holder named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives. | | |
| | | | Authorized Representative  Stephen Miller Sr. Vice President CA License #0G07163 | | |



Accident and Injury Policy for Graduate Students

What to Do If You Are Injured During an Internship/Practicum

- Whenever you suffer an injury or become ill while at the host worksite, you should report immediately to the worksite supervisor.
- In the case of an apparent serious injury or illness, the worksite supervisor must either call 9-1-1 and arrange for transportation to the hospital or drive you immediately to the nearest hospital Emergency Room if safe to do so.
- The worksite supervisor, or designee at the host worksite, must immediately notify by telephone the following people, as designated below by the intern, of the injury/illness and also the name and location of the destination hospital.

Please fill in the following names and phone numbers:

| | | |
|----------------------------------|---------------|-------------|
| Parent/Guardian* | Phone: | |
| | | |
| Relationship to student | | |
| Spouse/Partner* | Phone: | |
| | | |
| Relationship to student | | |
| Clinical Supervisor | | |
| | | |
| Clinical Instructor or Professor | | |
| Graduate Program Chair | Phone: | Fax: |
| | | |

*optional, at the discretion of the student

The worksite supervisor, or designee, should make sure an accident report is filled out and faxed to the Program Chair .

INTERN ACCIDENT/ILLNESS/INJURY RECORD

| | | |
|--|---|-------------------------------------|
| Name of Host Agency | Name of Host Agency Supervisor | Date Reported |
| Name of Injured | Name of Intern's Professor | Date of Accident |
| Intern's Address | Intern's Field of Study | |
| Nature of injury and part of body | Name and address of physician | Name and address of hospital |
| Time of Injury | Severity of Injury (circle) <div style="display: flex; justify-content: space-around; margin-top: 5px;"> Fatality First aid </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> Medical treatment Other, specify </div> | |
| Describe how the accident occurred: Description of Event: What was the person doing at the time of the incident? <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> | | |
| What happened or what work conditions contributed to the incident? <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> | | |
| Object/Equipment/Substance Inflicting Injury or Damage: | | |
| Did injured party or other personnel come in contact with any body fluids: <div style="display: flex; align-items: center; margin-top: 5px;"> <input style="margin-right: 5px;" type="checkbox"/> Yes <input style="margin-left: 20px; margin-right: 20px;" type="checkbox"/> No <div style="flex-grow: 1;">If so, specify: _____</div> </div> | | |
| If outerwear was contaminated, what measures were taken for disposal? | | |
| Nature and Extent of Property Damage: | | |

| | |
|---|---|
| Estimated Repair/Replacement Cost: | Location of Damaged Property: |
| Task and Activity at Time of Accident General type of task: <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> Specific activity: <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> Employee was working: <div style="display: flex; align-items: center; gap: 20px;"> <div style="display: flex; align-items: center;"> <input type="checkbox"/> Alone </div> <div style="display: flex; align-items: center;"> <input type="checkbox"/> With another person </div> </div> | Posture of employee <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> Supervision at time of accident <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Directly supervised </div> <div style="width: 50%;"> <input type="checkbox"/> Indirectly supervised </div> <div style="width: 50%;"> <input type="checkbox"/> Not supervised </div> <div style="width: 50%;"> <input type="checkbox"/> Supervision not feasible </div> </div> |

Factors that contributed to incident/illness/injury – Please check all that apply

| <u>Hazard</u> <input type="checkbox"/> Not recognized/identified <input type="checkbox"/> Identified, but not addressed <input type="checkbox"/> Inadequate repair <u>Work Procedures</u> <input type="checkbox"/> None developed <input type="checkbox"/> Not followed <input type="checkbox"/> Partially followed <input type="checkbox"/> Not understood <input type="checkbox"/> Not appropriate <input type="checkbox"/> Not communicated <input type="checkbox"/> Other _____ <u>Training & Certification</u> <input type="checkbox"/> Insufficient training <input type="checkbox"/> Circumstances not covered <input type="checkbox"/> Ineffective training <input type="checkbox"/> Worker not authorized <input type="checkbox"/> Outdated Training | <u>Communication</u> <input type="checkbox"/> Breakdown in verbal communication <input type="checkbox"/> Breakdown in written communication <input type="checkbox"/> Confusion after communication <input type="checkbox"/> Other _____ <u>Other</u> <input type="checkbox"/> Weather/temperature <input type="checkbox"/> Extended work hours <input type="checkbox"/> Worker fatigue <input type="checkbox"/> Physical overexertion <input type="checkbox"/> Work in elevated area <input type="checkbox"/> Chemical Use <input type="checkbox"/> Biological agent <input type="checkbox"/> Radiation <input type="checkbox"/> Electricity <input type="checkbox"/> Mechanical <input type="checkbox"/> Animals | <u>Facilities/Equipment</u> <input type="checkbox"/> Personal protective equip. (see below) <input type="checkbox"/> Faulty equipment <input type="checkbox"/> Poor/inadequate maintenance <input type="checkbox"/> Inappropriate use <input type="checkbox"/> Missing guards <input type="checkbox"/> Obsolete/antiquated <input type="checkbox"/> Inadequate design <input type="checkbox"/> Ergonomic factors <input type="checkbox"/> Equipment failure <input type="checkbox"/> Trip hazard <input type="checkbox"/> Slip hazard <input type="checkbox"/> Struck by <input type="checkbox"/> Other _____ <u>PPE Requirements</u> <table style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 40%;"></th> <th style="width: 10%; text-align: center;">Req.</th> <th style="width: 10%; text-align: center;">Used</th> <th style="width: 40%; text-align: center;">Type</th> </tr> </thead> <tbody> <tr><td>Eye</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;">_____</td></tr> <tr><td>Face</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;">_____</td></tr> <tr><td>Hearing</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;">_____</td></tr> <tr><td>Skin/Glove</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;">_____</td></tr> <tr><td>Foot</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;">_____</td></tr> <tr><td>Other</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;">_____</td></tr> </tbody> </table> | | Req. | Used | Type | Eye | <input type="checkbox"/> | <input type="checkbox"/> | _____ | Face | <input type="checkbox"/> | <input type="checkbox"/> | _____ | Hearing | <input type="checkbox"/> | <input type="checkbox"/> | _____ | Skin/Glove | <input type="checkbox"/> | <input type="checkbox"/> | _____ | Foot | <input type="checkbox"/> | <input type="checkbox"/> | _____ | Other | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
|---|---|---|-------|------|------|------|-----|--------------------------|--------------------------|-------|------|--------------------------|--------------------------|-------|---------|--------------------------|--------------------------|-------|------------|--------------------------|--------------------------|-------|------|--------------------------|--------------------------|-------|-------|--------------------------|--------------------------|-------|
| | Req. | Used | Type | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Eye | <input type="checkbox"/> | <input type="checkbox"/> | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Face | <input type="checkbox"/> | <input type="checkbox"/> | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hearing | <input type="checkbox"/> | <input type="checkbox"/> | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Skin/Glove | <input type="checkbox"/> | <input type="checkbox"/> | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Foot | <input type="checkbox"/> | <input type="checkbox"/> | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other | <input type="checkbox"/> | <input type="checkbox"/> | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Witnesses | | | |
|-----------|------------|-----------|--|
| Last Name | First Name | Job Title | Statement Obtained? (see attached) |
| 1) | | | <div>Yes</div> <div><input type="checkbox"/></div> <div>No</div> <div><input type="checkbox"/></div> |
| 2) | | | <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> |
| 3) | | | <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> |

(Please make two (2) copies. One copy stays with the Host Agency and the other is returned to the Intern.)



WITNESS STATEMENT

Name _____ Date _____

Incident Regarding _____

(List names of persons involved in incident/injury)

I witnessed the above incident and make this statement regarding the incident:

“Any person who, knowingly and with intent to injure, defraud, or deceive any employer or employee, insurance company or self-insured program, files a statement of claim containing any false or misleading information is guilty of a felony of the third degree”.

Witness Signature

(Please make two (2) copies. One copy stays with the Host Agency and the other is returned to the Intern.)



On-Site Fieldwork Educator Evaluation of MCSD Program

Dear On-Site Clinical Externship Educator,

This is an ANONYMOUS survey. The results will help us to evaluate the effectiveness of our Master of Science in Communication Sciences & Disorders program at Stockton University.

Thank you for your time and dedication to our students.

Please check all the age groups for which the student acquired experience at your setting:

- ☐ Birth to 3
- ☐ Preschool
- ☐ School Age Elementary
- ☐ School Age Middle School
- ☐ School Age High School
- ☐ Adult
- ☐ Geriatric

Please rate your satisfaction with the background preparation of the student.

Strongly Agree Agree Neutral Disagree Strongly Disagree

My student had sufficient academic preparation.

☐ ☐ ☐ ☐ ☐

My student had sufficient clinical therapeutic preparation for this placement

☐ ☐ ☐ ☐ ☐

My student exhibited sufficient diagnostic preparation for this placement.

☐ ☐ ☐ ☐ ☐

My student exhibited sufficient professional skills (ethics, confidentiality, professionalism).

☐ ☐ ☐ ☐ ☐

What aspect of your student's performance were you most pleased?

What would prepare our students better for clinical placements in the future?

Please rate your satisfaction with the clinical coordination of this placement.

Strongly Agree

Agree

Neutral

Disagree

Strongly Disagree

Communication with the University was effective for the purposes of completing required paperwork and meeting deadlines.

☐☐☐☐☐

Requests for information were handled effectively and efficiently.

☐☐☐☐☐

Requests for student management were handled effectively and efficiently.

☐☐☐☐☐

I would recommend supervising a student from Stockton University to a colleague.

☐☐☐☐☐

How could we improve our efficiency or effectiveness of our clinical coordination for externship placements?

Additional Comments:



Student Evaluation of Supervisor and Facility

Please rate your field externship Clinical Educator and externship site using the following scales. Only the course instructor will see this information.

FIELD CLINICAL EDUCATOR

How satisfied were you generally with the supervision you received from your field Clinical Educator this semester?

Very Unsatisfied Unsatisfied Neutral Satisfied Very Satisfied

☐ ☐ ☐ ☐ ☐

Additional Comment:

The field Clinical Educator provided verbal and/or written feedback of sessions observed.

Never Seldom Occasionally Frequently

☐ ☐ ☐ ☐

Additional Comment:

The field Clinical Educator provided suggestions and/or demonstrated techniques that enabled me to improve my clinical skills in the area of evaluation.

Strongly Disagree Disagree Neutral Agree Strongly Agree

☐ ☐ ☐ ☐ ☐

Additional Comment:

The field Clinical Educator provided suggestions and/or demonstrated techniques that enabled me to improve my clinical skills in the area of treatment.

Strongly Disagree Disagree Neutral Agree Strongly Agree

☐ ☐ ☐ ☐ ☐

Additional Comment:

The field Clinical Educator served as a role model of professionalism (interaction and person qualities and professional behavior), as well as provided guidance and feedback in this area.

Strongly Disagree
☐

Disagree
☐

Neutral
☐

Agree
☐

Strongly Agree
☐

Additional Comment:

Opportunities were provided by the field Clinical Educator to discuss overall clinical concerns and clinical progress.

Strongly Disagree
☐

Disagree
☐

Neutral
☐

Agree
☐

Strongly Agree
☐

Additional Comment:

Overall, my clinical skills have improved under this field Clinical Educator.

Strongly Disagree
☐

Disagree
☐

Neutral
☐

Agree
☐

Strongly Agree
☐

Additional Comment:

What areas of supervision did you feel were most helpful?

Supervisory expectations of your capabilities were:

SELECT ONE:

___ TOO HIGH

___ APPROPRIATE

___ TOO LOW

Would you recommend another Stockton student be placed with this field Clinical Educator?

☐ Yes

☐ No

If yes, please list the attributes of the future student that would match best with this supervisor such as their personality, initiative, background, academic preparation, work habits etc. If no, please state why.

EXTERNSHIP SITE

Was there opportunity to receive an adequate amount of experience in evaluation?

- ☐ Yes
☐ No

Additional Comment:

Was there opportunity to receive an adequate amount of experience in treatment?

- ☐ Yes
☐ No

Additional Comment:

Did you feel as though the externship site was able to provide you the best experience possible?

Please comment as to why or why not.

- ☐ Yes
☐ No

Additional Comment:

Would you recommend another Stockton student be placed at this site?

If yes, please list the attributes of the future student that would match best with this site such as their personality, initiative, background, academic preparation, work habits etc.

If no, please state why.

- ☐ Yes
☐ No

Additional Comment:

Rate the overall quality of this placement (all things included).

Poor

☐

Adequate

☐

Average

☐

Great

☐

Excellent

☐

Additional Comment:

Rate the effect of this placement on your desire to become a speech-language pathologist.

Poor

☐

Adequate

☐

Average

☐

Great

☐

Excellent

☐

Additional Comment:

Appendix D

HIPAA Violation Sanctions Policy

In the event that you, a Student Clinician, are responsible for a violation of the Speech and Hearing Clinic's Privacy Practices and/or violate the Health and Insurance Portability and Accountability Act of 1996 (HIPAA), the following sanction guidelines would apply:

DEFINITION OF OFFENSE:

Level I offenses

1. Accessing information that you do not need to know to complete coursework, practica assignments, etc.;
2. Sharing PHI/identifying information with another person (e.g., classmate, clinical supervisor, etc.) without authorization;
3. Copying or changing PHI/identifying information without authorization;
4. Transmitting PHI/identifying information electronically;
5. Discussing confidential information in a public area or in an area where the public could overhear the conversation;
6. Discussing confidential information with an unauthorized person; or
7. Failure to cooperate with privacy officer.

Level II offenses

1. Second offense of any Level I offense (does not have to be the same offense)
2. Unauthorized use or disclosure of PHI/identifying information
3. Failure to comply with a resolution or recommendation made by the course instructor, Lead Clinical Supervisor, or any faculty member of the MCSD program.

Level III offenses

1. Third offense of any Level I offense (does not have to be the same offense)
2. Second offense of any Level II offense (does not have to be the same offense)
3. Obtaining PHI/identifying information under false pretenses; or
4. Using and/or disclosing PHI/identifying information for commercial advantage, personal gain, or malicious harm.

SANCTIONS

Level I offenses shall include, but are not limited to:

- (a) Verbal reprimand;
- (b) Points deduction from course assignment;
- (c) Retraining on HIPAA awareness; or
- (d) Retraining on the proper use of PHI/identifying information

Level II offenses shall include, but are not limited to:

- (a) Points/Letter grade deduction from final grade in course;
- (b) Written reprimand in the Student Clinician's clinic file;
- (c) Retraining on HIPAA Awareness;
- (d) Retraining on the proper use of PHI/identifying information;

Level III offenses shall include, but are not limited to:

- (a) Dismissal from program
- (b) Civil penalties as provided under HIPAA or other applicable Federal/State/Local law; or
- (c) Criminal penalties as provided under HIPAA or other applicable Federal/State/Local law.



Speech & Hearing Clinic Accident/Injury Reporting Form

Name and title of person completing this form:

Details of the Event

Date and time of incident:

Name/s of person/s involved:

Description of incident:

Reporting of the Event

Incident Reported to:

Date:

How was this reported (email, phone call, conversation in person etc.):

Description of follow-up actions to be taken:

Signature of person/s completing this form:

Date/Time:

Signature of Clinic Staff Indicating Receipt

Date/Time