



Speech-Language Pathology Graduate Studies

Graduate Student Handbook
Master of Speech-Language Pathology
AY 2022-2023

[Page Left Blank Intentionally]

INTRODUCTION	1
Purpose & Resources	1
Welcome	2
Accreditation Status	3
APSU Speech-Language & Swallowing Community Clinic	3
MSLP Faculty & Staff	4
MISSION STATEMENTS	5
University Mission	5
College Mission	5
Department Mission	5
MSLP Program Mission	6
POLICIES	7
University Policies	7
A. Notice of Nondiscrimination	7
B. Student Conduct	8
C. Grade Replacement	8
D. Grade Appeal	8
E. Student Non-Academic Grievances	9
F. Credit Hour Policy	9
G. Minors on Campus	10
MSLP Specific Academic Standards, Policies & Procedures	11
A. Academic Standards	11
B. Technical Standards	14
C. Grading Scale	14
D. Academic Progress Committee	15
E. Dismissal	16
F. Dress and Personal Appearance Code	16
G. Attendance and Absences	18
H. Communication	20
I. Conduct in Use of Social Media	20
J. Photographs and Recordings	22
K. Student Accommodations	22
L. Verification of Student Identity	23
M. Withdrawal or Leave of Absence	23

MSLP Clinic Standards, Policies & Procedures	24
A. Code of Ethics	24
B. Policy on Professional Integrity	24
C. Thank-You Notes and Gifts.....	24
D. Transportation.....	24
E. Recording Supervised Experiences in the Practice of Speech-Language Pathology.....	25
F. CALIPSO	26
G. ClinicNote EMR.....	26
H. Health Insurance Portability and Accountability Act (HIPAA).....	27
I. Background Checks.....	27
J. Student Insurance.....	28
K. Degree and Amount of Supervision.....	28
L. Feedback	29
M. Respect for Diversity	30
N. Clinical Assignments	30
O. Clinical Material and Equipment Use	31
P. Use and Care of the APSU Speech-Language & Swallowing Community Clinic.....	31
Q. Universal Precautions	32
R. Personal Recordings.....	32
S. Clinical Incident	33
PROGRAM GOALS.....	34
MSLP Program Goals.....	34
CURRICULUM	35
Description of the Program.....	35
A. Administration.....	35
B. Location of Coursework	35
C. Length of Program	36
D. Balancing Program Load and Outside Work	36
Advising	37
A. Initial Assignment	37
B. Academic Advisor	37
C. Thesis Advisor	38
Credentialing	38
Professional Associations	41
A. NSSLHA: APSU Chapter	41
B. ASHA.....	41
C. TAASLP	42
ACCREDITATION	43
CAA	43

A. Accreditation Status	43
B. Complaints Against the Program	43
APPENDIX	44
ASHA Code of Ethics	
ASHA Scope of Practice Speech-Language Pathology	
Formal Complaint Against the Program or Program Faculty	
MSLP Technical Skills	
Expectations for Professional Conduct Form	
Absence from Clinical Experience Form	

INTRODUCTION

Purpose & Resources

The Master of Speech-Language Pathology (MSLP) Graduate Program Student Handbook is a reference for all members of our academic community to know what is expected of them and ensure all individuals are treated fairly within the program and institution. This MSLP student handbook contains policies and procedures for academic and professional standards that are in place to maximize student success and enable students and faculty to maintain the high academic and professional standards necessary to be a successful speech-language pathologist. The MSLP program abides by and follows all University policies except where noted. The policies and procedures appearing in the MSLP Graduate Program Student Handbook reflect the most current policies and procedures of the program and University but are subject to amendment and change without prior notice. [Accreditation](#), [certification](#) or [APSU](#) policy changes sometimes dictate the changes. When a change occurs, a notification will be sent to all currently enrolled MSLP students.

It is the responsibility of each student enrolled in the MSLP program to understand and abide by the regulations and policies within this handbook and Austin Peay State University (APSU) Publications.

Student Support Services and Resources

MSLP students have the program faculty at their disposal as a resource for program policies, procedures, advising, and clinical education. Similarly, the [MSLP website](#) provides students with a number of [useful links](#) to university resources and other resources to support the student experience.

The [APSU Office of the Registrar](#) posts the current [Graduate Academic Bulletin](#) on their site.

[APSU Student Rights and Responsibilities](#) can be found in the [student handbook](#).

The [College of Graduate Studies](#) is a source for additional resources that are designed to support graduate student success. Resources MSLP students may find helpful include information regarding Graduate Student Research as well as Graduate Assistantships and Financial Support.

The [APSU Felix G. Woodward Library](#) also has a collection of professional and interprofessional [books](#), [multiple databases](#) for research and customized [Library Guides](#) for specific courses in the MSLP program. Additionally, a [Health Sciences Librarian](#), is available to the program for curriculum embedded teaching-learning but also for individual consultation and assistance by appointment.

APSU [Office of Information Technology](#) provides students with [Help Desk Support Services](#), as well as campus connectivity, email, OneStop, Web Self-Service and information technology security.

APSU [Distance Education](#) provides the academic community with support for online teaching, learning and technology. This includes resolving technical and instructional needs related to Desire2Learn Brightspace (D2L) online classroom, Zoom web conferencing, Honorlock online proctoring and other tools.

Welcome

Welcome to the APSU MSLP Degree Program. It is our aim to guide your learning of the scientific principles, evidence-based approaches, and professional behaviors necessary for becoming a prepared, compassionate, and successful speech-language pathologist. Program delivery will take place in face-to-face, hybrid and online learning mediums. This program was designed to integrate clinical experiences throughout teaching and learning opportunities, including a variety of practicum, simulations, case-based learning, interprofessional education, and lectures from subject matter experts.

This MSLP Student Handbook has been developed to provide you with the essential information about the academic policies and procedures created by the MSLP program faculty and the university. The MSLP Student Handbook is required reading for the MSLP student. Students are required to read the MSLP Student Handbook carefully and in its entirety. Each semester MSLP students will be required to acknowledge they have reviewed the Handbook by signing and submitting the “Acknowledgement of Review”. Your signature denotes your understanding of the Student Handbook content.

The policies in this student handbook represent the culmination of a rigorous self-study and external review processes for the new MSLP academic degree program. These policies and procedures will evolve as the program is engaged in continuous evaluation of its practices. This student handbook is designed to ensure MSLP graduate students know what is expected of them regarding all aspects of the MSLP program. The policies within are also intended to ensure all graduate students are treated fairly in the program.

It is the desire of the MSLP faculty that these policies and procedures reflect our commitment to excellence and professionalism which we expect and strive for throughout the program components. On behalf of the faculty and staff, thank you for choosing the APSU MSLP Program to provide your education, you have made an excellent decision.

Sincerely,

Kelly A. Kleinhans, Ph.D. CCC/SLP

Kelly A. Kleinhans, Ph.D. CCC/SLP
Program Director, Master of Speech-Language Pathology Program

Accreditation Status

The Master of Speech-Language Pathology (MSLP) residential education program in speech-language pathology at Austin Peay State University is a Candidate for Accreditation by the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA) of the American Speech-Language-Hearing Association, 2200 Research Boulevard, #310, Rockville, MD 20850, 800-498-2071 or 301-296-5700. Candidacy is a “preaccreditation” status with the CAA, awarded to developing or emerging programs for a maximum period of 5 years.

APSU Speech-Language & Swallowing Community Clinic

As part of APSU’s commitment to academic excellence and community outreach the MSLP program operates the APSU Speech-Language & Swallowing Community Clinic. The clinic is an essential resource for the clinical education of student clinicians as they learn during supervised authentic clinical experiences. For this reason, faculty, staff, and students are expected to maintain high standards in the provision of comprehensive assessment and intervention services.

APSU clinical educators and students are expected to adhere to the [ASHA Code of Ethics](#) and operate within the [Scope of Practice in Speech-Language Pathology](#) as well as current standards of practice of the [American Speech-Language-Hearing Association \(ASHA\)](#). Our goal is to serve individuals with communication, feeding, and swallowing disorders in the most effective and compassionate manner possible, and to ensure that APSU MSLP students commit themselves to this fundamental clinical value. Clinical education experiences will emphasize the importance of holding paramount the well-being of clients as well as their families and caregivers.

The APSU Speech-Language & Swallowing Community Clinic provides services for people who experience difficulties with speech sound production, fluency, resonance, voice, language, reading, cognition, and feeding and swallowing. Services are provided by APSU student-clinicians under the supervision of clinical educators who are state-licensed speech-language pathologists with ASHA certification and clinical expertise in various communication and swallowing disorders. APSU graduate student clinicians and clinical educators will work collaboratively with other professionals on interdisciplinary teams.

Hours of operation of the APSU Speech-Language & Swallowing Community Clinic will vary by semester. Typically, morning and afternoon sessions are available during typical work hours Monday-Friday, although extended hours are sometimes available to meet student learning needs or community needs. Self-referrals and referrals from other health care and educational agencies and persons are welcome.

The APSU Speech-Language & Swallowing Community Clinic is located at 255 Marion St, Clarksville TN. The phone number for the clinic is: 931- 221- 7011 ext. 1622

Parking for clients is located in Lot 70. Those with ADA plates/placard may utilize lot 58.

The APSU Speech-Language, and Swallowing Community Clinic prohibits and will not engage in discrimination against any employee, applicant for employment, student, or client on the basis of race, color, religion, ethnic or national origin, sex, sexual orientation or gender identity, disability, age or status as covered veteran or any other protected category under applicable, local, state, or federal law, including protections for those opposing discrimination or participation in any grievance process on campus, with the Equal Employment Opportunity Commission, or any other human rights agencies. This policy is consistent with APSU Policy 6:001.

MSLP Faculty & Staff

Dr. Jennifer Bancroft

Assistant Professor
bancroftj@apsu.edu
931-221-6376
Dunn Center 260

Ms. Jennifer Brandon

Clinical Assistant Professor
Clinical Education Coordinator
brandonj@apsu.edu
255 Marion St.

Dr. Kelly Kleinhans

Associate Professor
Program Director, MSLP
kleinhansk@apsu.edu
931-221-6223
Dunn Center 278

Ms. Vicki McCovery

Administrative Assistant
mcoveryv@apsu.edu
931-221-7011 ext 1622
255 Marion St.

Ms. Jessica Whittle

Clinical Assistant Professor
whittlej@apsu.edu
931-221-6324
Dunn Center 259

MISSION STATEMENTS

University Mission

Austin Peay State University is mission-driven, community-minded institution that provides transformational experiences through innovative, creative, and scholarly activities. We welcome and inspire an inclusive community of learners to make a positive impact regionally and globally.

College Mission

The College of Behavioral and Health Sciences is committed to academic endeavors and community outreach based on empirical research and evidence-based practice that is designed to educate students and the community about the human condition and ways to improve it.

Austin Peay State University's College of Behavioral and Health Science is committed to recruiting, supporting, and empowering a diverse faculty, staff, and student body with a safe, welcoming, and equitable environment for all. This extends to all cultures, ages, races, ethnicities, sexual orientations, gender identities, socioeconomic statuses, religions, physical or mental abilities, and political affiliations, as well as first-generation and military-affiliated students. As a college, we place value on the examination of inequalities and seek actionable solutions. We engage and respect diverse experiences through our academic departments and their programmatic activities.

Department Mission

The Health and Human Performance faculty are committed to contributing to their students' intellectual, economic, social, physical, and cultural development for success in employment, future studies, citizenship, and life in general. This mission will be accomplished by:

- offering HHP courses designed to promote critical thinking, academic honesty, creativity, leadership, as well as excellent writing and communication skills;
- promoting diversity, appreciation of all cultures, and respect for all persons;
- fostering a positive learning environment;
- expanding multiple delivery systems;
- serving the military community at Fort Campbell through complete academic programs;
- continually improving courses and programs, conducting research, and providing services that contribute significantly to the quality of life, learning, and workforce development needs of the community.

MSLP Program Mission

The mission of the Austin Peay State University Master of Speech-Language Pathology program is to lead in improving the lives of persons with communication disorders residing in Tennessee and surrounding regions through preparing professionals who are highly competent with the provision of evidence-based clinical services and who can provide these services while observing the highest standards of ethics, integrity and compassionate care; and by teaching and learning in a culture that cultivates excellence and collegiality, supports diversity, inclusion, critical thinking and engages with the community in meaningful ways.

Policies

University Policies

University policies related to students can be found within the [APSU Student Handbook](#); [students' rights](#) can also be found within the student handbook. Additional policies specific to graduate students can be found in the [Graduate Bulletin](#).

A. Notice of Nondiscrimination

Austin Peay State University is an AA/EEO employer and does not discriminate on the basis of race, color, religion, ethnic or national origin, sex, sexual orientation or gender identify, disability, age, or status as a covered veteran in its programs and activities.

[Policy 6:001](#) Equal Opportunity, Harassment, and Nondiscrimination Policy for all Faculty, Students, Staff, Applicants dictates the Office of Equity, Access, & Inclusion oversee implementation of APSU's policy on equal opportunity, harassment, and nondiscrimination. The Office of Equity, Access, & Inclusion (OEAI) also has the primary responsibility for coordinating APSU's efforts related to the intake, investigation, resolution, and implementation of supportive measures to stop, remediate, and prevent discrimination, harassment, and retaliation prohibited under this policy.

[Notice or complaints of discrimination, harassment, and/or retaliation](#) may be made using any of the following options.

1. File a complaint with, or give verbal notice to, the Chief Diversity Officer/Title IX Coordinator, the Director of Equal Opportunity & Affirmative Action/Deputy Title IX Coordinator, Mandated Reporters, and Officials with Authority. (Please refer to Right to an Advisor section of this policy for contact information.) Such a report may be made at any time (including during non-business hours) by completing the online complaint form, by using the telephone number or email address, or by mail to the office address listed, or to the office address of any officials listed in Right to an Advisor section.

2. Report online using the [reporting form](#) posted on the [Office of Equity, Access & Inclusion](#) site.

Anonymous reports are accepted but the amount and level of detail may affect APSU's ability to respond. Additionally, APSU tries to provide supportive measures to all Complainants, which is impossible with an anonymous report. Because reporting carries no obligation to initiate a formal response, and as APSU respects Complainant requests to dismiss complaints unless there is a compelling threat to health and/or safety, the Complainant is largely in control. The Complainant should not fear loss of privacy by making a report that allows APSU to discuss and/or provide supportive measures.

B. Student Conduct

As part of the APSU academic community students in the MSLP program must conduct themselves and comply with regulations and policies published in the [student handbook](#) representative of published APSU policies 3:005 Student Academic and Classroom Misconduct and 1:013 Student Code of Conduct. These publications detail behaviors and standards associated with academic conduct, disruptive behavior in the classroom and attendance ([APSU Policy 2:041](#)). Please note MSLP standards and consequences may exceed those outlined in the student handbook. Students should refer to appropriate sections of this handbook. [Policy 3:001 Student Rights and Freedoms](#) outline established Rights and Freedoms of students enrolled at the University.

Faculty of the MSLP program will report suspected violations of academic honesty to the Office of Student Affairs. Consistent with [APSU policy 3:005](#) faculty will lower a grade to any extent including a grade of F on a paper, an assignment or for the course as a sanction for academic misconduct.

C. Grade Replacement

Within any graduate program, a single graduate level course may be repeated one (1) time with the new grade earned replacing the older grade for the purpose of the GPA calculation. However, all grades earned in all courses will be listed on the student's transcript. After one (1) course is repeated and the original grade replaced by the newly repeated course grade earned, all future grades earned in repeated courses will be averaged for the purposes of GPA calculations. Only the grades of C, D, F, FN, and FA are eligible to be repeated. To initiate a grade replacement, the student must complete and submit the appropriate form to the [College of Graduate Studies](#). This regulation is not applicable to degrees already conferred.

Graduate courses in the MSLP program are offered only one time per year and thus repeating a course may delay a student's graduation. Final grades below a C in the MSLP program indicate a student has not acquired the knowledge and skills to delivery services and will be addressed by the Academic Progress Committee.

D. Grade Appeal

Although grades are assigned as an accurate and fair representation of a student's work, students have the right to appeal a grade. A grievance associated with a final grade must be submitted in writing.

Steps to initiate the process to appeal a grade in the MSLP Program that align with [APSU Policy 2:040](#):

- 1) Students are encouraged to discuss their final grades with the course instructor or clinical educator. The student should make an appointment with the appropriate course instructor or clinical educator to discuss the student's complaint. If the meeting does not resolve the complaint the student should schedule an appointment with the Chair of the Department of Health and Human Performance.
- 2) The student is encouraged to discuss the complaint with the Chair of the Department of Health and Human Performance. If the student then chooses to file a formal course grade appeal, the student shall provide a written appeal to the Chair of the Department of Health

- and Human Performance. The Chair of the Department will investigate the complaint and render a decision. The student may accept the Chair's decision, or they may appeal to the Dean of the College of Behavioral and Health Sciences to continue with [APSU Policy 2:040](#)
- 3) If the grievance is not satisfactorily resolved with the Department Chair the student may submit a written appeal to the Dean of the College of Behavioral and Health Sciences, who may consult with the Dean of Graduate Studies. If the dean determines that there is no merit to the student's appeal, then there is no further recourse for the student. If the dean determines there is merit to the student's appeal, the dean will inform the student within 10 business days that the appeal will be forwarded to the Student Academic Grievance Committee.

Students are referred to [APSU Policy 2:040](#) for additional information on the policy and procedures. If the appeal needs to proceed further than the Dean of the College of Behavioral and Health Sciences, the student may then contact the [office of Academic Affairs](#) at 931-221-7676.

E. Student Non-Academic Grievances

The MSLP program will adhere to all institutional policies associated with complaints and resolution of complaints.

Students who have concerns at any time during their program should first communicate complaints and concerns starting with the person most directly concerned, when possible and if that is not possible, or if the student is concerned about negative repercussions, they may submit a written complaint to that person's immediate supervisor (i.e., Program Director or Chair of Department of Health and Human Performance). Student's must make the complaint in writing using the form found in the Appendix Formal Complaint Against the Program or Program Faculty Form.

For complaints against the MSLP program, students may submit a signed written complaint to the MSLP Program Director via email using the MSLP Formal Complaint Against the Program or Program Faculty Form found in the Appendix. Complaints that reach the HHP Department Chair level are entered into a log and tracked through the Office of Student Affairs.

For additional information students are referred to [APSU Student Affairs](#) and [APSU Policy 3:002](#) for additional information for nonacademic grievances.

All student appeals of decisions of the University Hearing Board or the Student Affairs Administrator to the Senior Student Affairs Officer or designee are handled through the office of Student Affairs and Dean of Students. The student appeals and procedures are described in the [Student Handbook & Calendar](#) with excerpts on the [Student Affairs Website](#). All appeals must be submitted in writing to the [Office of the Senior Student Affairs Officer](#) within three days after the student/organization is notified of the sanction imposed at any hearing or appellate level.

F. Credit Hour Policy

The MSLP program adheres to the institutional [Policy 2:064 Credit Hours](#). A credit hour is an amount of work represented in intended learning outcomes and verified by evidence of student achievement. This policy provides guidelines to measure the number of contact hours required for each semester credit hour offered by Austin Peay State University, regardless of location or mode of

delivery, including but not limited to traditional face-to-face courses, distance education courses, hybrid courses, and courses offered in a shortened session or at an off-campus instructional site. [APSU Policy 2: 064](#) applies to all levels of courses (undergraduate and graduate) and all types of courses, including but not limited to clinical, independent study, internship, laboratory, practicum, seminar, student teaching, studio, study abroad, and research.

The University offers instruction and grants credit on the semester system. In accordance with federal regulation (34 CFR 600.2 and subsequent guidance), one semester credit (equivalent to 1.5 quarter hours credit) reasonably approximates the learning outcomes expected from one hour of direct faculty instruction and a minimum of two hours of out-of-class student academic engagement each week for 15 weeks. At Austin Peay State University, one credit hour is defined as a minimum of 750 minutes per term. Courses offered in alternative calendars and course types require an equivalent amount of faculty and student engagement and learning outcomes.

Developing the knowledge, skills, and interaction and personal qualities to practice independently as a speech-language pathologist occurs within the context of simulated and authentic service delivery. To develop competencies in speech-language pathology MSLP students must assume responsibility for the care of clients/patients/students under their care. All clinical experiences are supervised by a clinical educator with teaching-learning embedded before, during and after the experience. As MSLP students gain experience and demonstrate competence in their ability to care for clients/patients/students they will assume additional responsibility and granted greater independence service delivery.

To progress from novice student-clinician to entry-level competent, independent speech-language pathologist, MSLP students must expect time spent in clinical education, including clinical assignments, as well as time spent in study outside the classroom **is likely to exceed** recommended hours of engagement in the APSU [Policy 2:064 Credit Hours](#). Only students who are prepared and have the requisite knowledge, skills, and interactional and personal qualities may participate in a specified clinical experience. CFCC Standard V-D requires applicants for certification complete at least 325 of the 400 clock hours of supervised clinical experience while enrolled in graduate study in a program accredited in speech-language pathology by the CAA. Due to a number of factors (e.g., cancellations, inclement weather, student learning needs) students may be required to assume additional clinical assignments. Students who do not demonstrate knowledge, skills or interaction and personal qualities may require additional time engaged with the curriculum and educational experiences outside of the classroom to prepare for clinical experiences and qualify for specific clinical assignments.

G. Minors on Campus

Consistent with [APSU Policy 2:039 Minors on Campus](#) minors not enrolled in the APSU Speech-Language & Swallowing Community Clinic are not permitted in the clinic or in classrooms during instructional activities. Compliance with this policy is to ensure the MSLP program can meet program and university missions and protect the privacy of clients, students, and other individuals with communication disorders. Clients enrolled in the APSU Speech-Language & Swallowing Community Clinic who have children or siblings that are minors must wait in the waiting room area of the clinic and are not permitted to move freely in the clinic. For teaching and learning purposes

minors may be invited to MSLP classes or non-credit student learning experiences. In these instances, the faculty sponsor, adjunct or clinical educator must supervise the experience. Minors are not permitted to move freely about the classroom or clinic.

MSLP Specific Academic Standards, Policies & Procedures

A. Academic Standards

The MSLP program at Austin Peay State University was designed to prepare graduates to meet the current professional standards for clinical certification, state licensure and the state teaching credential. The comprehensive curriculum integrates rigorous academic coursework and diverse clinical experiences. In addition to acquiring professional practice competencies useful across work settings, APSU program graduates will be prepared to be leaders in the in the profession at local, regional and national levels.

The [American Speech-Language-Hearing Association \(ASHA\) Certificate of Clinical Competence](#) (CCC) is the professional credential for speech-language pathologists.

“Being "certified" means holding the Certificate of Clinical Competence (CCC), a nationally recognized professional credential that represents a level of excellence in the field of Audiology (CCC-A) or Speech-Language Pathology (CCC-SLP). Those who have achieved the CCC—ASHA certification—have voluntarily met rigorous academic and professional standards, typically going beyond the minimum requirements for state licensure. They have the knowledge, skills, and expertise to provide high quality clinical services, and they actively engage in ongoing professional development to keep their certification current.

The standards for certification for audiology and speech-language pathology are established by audiologists and speech-language pathologists, respectively, who are members of ASHA's Council for Clinical Certification in Audiology and Speech-Language Pathology (CFCC). Certificate holders are expected to uphold these standards and abide by ASHA's Code of Ethics. More than 170,000 professionals currently hold ASHA certification.”

In accordance with the CFCC standards, candidates for the CCC must have completed the Master's degree or its equivalent, completed nine months of supervised professional experience, and must pass a national exam. Although certification is a voluntary process, most schools, clinics, hospitals, and other service facilities require their employees to have the CCC. Upon completion of the MSLP program graduates will be prepared to meet the academic and clinical requirements for the ASHA Certificate of Clinical Competence, to sit for the PRAXIS exam in speech-language pathology, to obtain employment as Clinical Fellows, and to demonstrate knowledge and skills required of competent entry-level speech-language pathologists.

Accordingly, the MSLP program will assess student’s acquisition of knowledge and clinical skills that have been aligned with the professional, academic, and clinical standards of the CFCC. Students will find many academic requirements of the MSLP program, such as admission, retention and graduation requirements exceed those outlined in the [Graduate Bulletin](#). This is necessary as the

mission of the program is aimed at preparing graduates for successful careers as highly competent speech-language pathologists prepared for certification and state licensure standards.

Course Grades: At APSU a grade of “C” earned in an academic course requirement for the MSLP program will indicate the student may not have acquired necessary knowledge and skills for clinical practice. The student will need to discuss the class performance with the MSLP Academic Progress Committee. During this meeting, the student in collaboration with the MSLP Academic Progress Committee will develop an Action Plan which the student must complete successfully, or although they may meet graduation requirements, they may not meet requirements for certification. The original grade will stand unless the student chooses to extend the length of their program of studies to take the course the next time the course is offered which will result in a delay in their graduation date. Failure to complete the Action Plan Satisfactorily as agreed upon by the MSLP Academic Progress Committee will result in dismissal from the program.

At APSU, a grade of “C” or below earned in a clinical course for the MSLP program will require the student to repeat the clinical experience including registering for the class again. An Action Plan developed in collaboration with the MSLP Academic Progress Committee and student will be required for the second enrollment in that particular clinical course. Failure to complete an Action Plan will result in dismissal from the program.

A temporary grade of “I” indicates that a student has performed satisfactorily in the course, but due to circumstances beyond the student’s control, was unable to complete the course requirements. It also indicates that the student has received consent from the instructor to complete the work for which an “I” has been assigned.

The “I” grade cannot be used to enable a student to do additional work to raise a deficient grade. The course will not be counted in the cumulative grade-point average until a final grade is assigned.

An “I” must be removed no later than one calendar year from the time the grade was initially assigned. Time extensions must be submitted and approved by the Dean of the College of Graduate Studies before the time expires. An “I” not removed within a year will be converted to an “F,” except in courses involving thesis, field study reports, research project papers, and research literacy papers, as indicated with a grade of “IP.” A student cannot make up an “I” by registering and paying for the course again. No student may graduate with an “I” or “IP” on his or her academic record.

In the MSLP program an “I” in a practicum will prevent a student from taking subsequent practica. Clock hours will not be awarded until successful completion of the practicum assignment is completed.

Summative Assessment Requirements: Designated competencies have been identified in each course that are linked to course level Student Learning Outcomes. Faculty teaching the course are responsible for administering the summative assessment and notifying the student of their performance. After completion of a course level summative assessment students will receive feedback. Students must earn 75% or greater on these identified summative assessments. Faculty instructors may choose to let a student retake a course level summative assessment and replace the grade 1 time. If the student does not pass the retake on the second attempt the faculty instructor will refer the student to the Academic Progress Committee to develop an Action Plan.

MSLP students will be required to take three different Competency Exams during their program of study as a summative assessment for the clinical practicum sequence:

Time 1: During finals week of the term associated with enrollment in MSLP 6090 Clinical Practicum for Beginners.

Time 2: During finals week of the term associated with enrollment in MSLP 6092 Clinical Practicum.

Time 3: During finals week of the term associated with enrollment of MSLP 6094 Clinical Externship in Speech-Language Pathology and MSLP 6096 School Placement in Speech-Language Pathologist.

These exams will be comprehensive and cumulative. Students who do not achieve 80% on a Competency Exam will be permitted to retake the exam a second time. If the student does not pass the retake on the second attempt the Program Director will refer the student to the Academic Progress Committee to develop an Action Plan to facilitate acquisition of knowledge. Upon completion of the Action Plan the student may retake the exam one final time. If the student fails, the third attempt they will be dismissed from the program. The student must pass the second or third attempt in the subsequent semester within the first eight weeks of the new term before they would be eligible to take the competency evaluation associated with the current term enrollment.

Expectations for Professional Conduct: MSLP students are expected to adhere to the ASHA Code of Ethics, HIPAA guidelines and demonstrate professional integrity as outlined in the Expectations for Professional Conduct form. Failure to adhere to do so may result in immediate dismissal from practicum experience and from the clinic. Your grade may be reduced by one letter grade and may prevent you from continuing in the clinic the following semester and advancing to the next practicum experience. Clinical supervisors will document student's demonstration of professional conduct. Students who cannot demonstrate these competencies may be referred to the Academic Progress Committee for remediation and to develop an Action Plan.

Good Standing: All students are expected to demonstrate acquisition of knowledge and skills required by the program. The [2022-2023 APSU Graduate Bulletin](#) identifies Good Standing: Students are in good standing as long as their overall cumulative grade point average is 3.0 or higher. Good standing indicates only that the student is meeting the minimum standard for retention. The MSLP program has established the additional following standards of performance in order for a student to be considered for good standing:

- Students must earn a minimum grade of "B" (80%) in all major courses and clinical practicum.
- Students will be expected to demonstrate competency in all professional, academic, and clinical domains associated with Student Learning Outcomes (SLO) for each course at a minimum of 80%.
- Students must act with integrity and as a professional-in-training demonstrating the conduct and behaviors outlined in the Expectations for Professional Conduct form.

Academic Probation: [Graduate Academic Policy](#) states when a graduate student's cumulative GPA falls below 3.0 (3.25 for Ed.D. students), he or she will be placed on academic probation. **Every semester thereafter, the student must earn a minimum term/semester grade of 3.5, and**

the student will remain on academic probation until the cumulative GPA reaches 3.0 (3.25 for Ed.D. students) or better. When the student's cumulative GPA has returned to a 3.0 (3.25 for Ed.D. students) or greater, the student's academic status will return to "Good Standing." If the student fails to earn a minimum term/semester grade of 3.5 while on probation, he or she will be suspended. No grades of "D" or "F" are allowed in a student's Master's level program of study.

Academic Suspension: A student on academic probation whose semester GPA falls below a 3.5 (3.25 for Ed.D. students) and/or a student who earns five (5) or more "W"s will be suspended from the university. A student on academic suspension from the College of Graduate Studies may not be admitted to, or continue in, any graduate program at APSU for credit or grade point average calculation. A student may not enroll in a program at another University during the suspension period and have that credit transferred.

Students in the MSLP program who are placed on academic suspension will need to reapply for admission to the graduate program.

B. Technical Standards

All students must possess the intellectual, physical and emotional capabilities necessary to undertake the full curriculum and to achieve the levels of competence required by the MSLP Program. The Technical Skills set forth the communication, intellectual-cognitive, sensory-observational, behavioral-emotional-social, and motor performance requirements essential to the provision of effective service delivery in a reasonably safe environment for students and clients. MSLP students will be required to demonstrate these technical skills during the course of the program. The MSLP Technical Skills are found in the Appendix.

If a student believes that he/she cannot meet one or more of the Technical Skills without accommodations, it is appropriate for the student to take the responsibility of identifying her or his need for accommodation to the [APSU Office of Disability Services](#). If an applicant or student self-reports that he or she cannot meet one or more of the Technical Skills without accommodations, the MSLP Program Faculty in conjunction with the Office of Disability Services must determine whether accommodations can reasonably be made.

C. Grading Scale

The MSLP Faculty will use the following grading scale:

A=100-90

B=89-80

C=79-70

D=69-60

F=59 and below

Grades will be carried out to two decimal points throughout the semester and rounded up to the nearest whole number.

For clinical courses (i.e., MSLP 6090, 6092, 6094, 6096, 6098 and elective 6099) any grade less than a "B" is considered unsuccessful completion of the practicum and demonstration of lack of clinical

competence, therefore clock hours will not be awarded. Students will be referred to the Academic Progress Committee and the practicum course must be repeated. Graduate student clinicians may be referred to the Academic Progress Committee at any time during a semester if a student fails to demonstrate acquisition of level-appropriate skills. Evaluation of clinical skills incorporates the competency exam grade, successful demonstration of clinical skills, and demonstration of professional integrity outlined in the Expectations for Professional Conduct Form.

D. Academic Progress Committee

The MSLP faculty will provide students with ongoing feedback on their acquisition of knowledge and skills and behavior consistent with expectations for professional conduct. This feedback will provide the student with information regarding their progress with the curriculum. The Academic Progress Committee, comprised of the MSLP faculty, will meet at the conclusion of each term to evaluate each student's progress. The Committee will compose a letter that will be sent to the student communicating the committee's findings. A copy of this letter will be kept in the student's advising file (Perceptive).

The Academic Progress Committee will also convene as needed through the semester to address deficits of knowledge and skills or professional conduct for students who may require remediation. Remediation is defined as the correction of an academic fault or deficiency either during a course or at the completion of a course. When the committee identifies a student who needs remediation due to a knowledge gap or lack of skill acquisition the Academic Progress Committee will convene with the student to develop an Action Plan. Action Plans will be tailored to the specific needs of the student. The plan must specify specific knowledge, clinical skills or behaviors that are to be acquired or improved, the action steps that must be demonstrated and timeline for completion. Upon completion of an Action Plan the document will be stored in the student's file in Perceptive.

Remediation should be tailored to the individual student through the identification and correction of specific areas of deficiency. In regards to specific course assessments retaking an entire exam should only be necessary if the student's performance across all content areas is unsatisfactory. A take-home exam on its own does not allow the student to demonstrate competence and will not count toward remediation.

Failure to complete an Action Plan will result in dismissal from the program. If a student is not able to demonstrate mastery of the course material (academic or clinical skills) after two attempted remediations, the student will be deemed unable to master the knowledge and skills and may be dismissed from the program or may be required to repeat specific course(s) based on the recommendation of the Academic Progress Committee.

Academic and clinical faculty will serve as a resource for the student, but ultimately the student is responsible for completing the work identified to support their acquisition in acquiring knowledge, skills, and professional conduct. Academic and clinical faculty may provide a coaching session to clarify points regarding content and to reinforce knowledge and skills. The faculty coach may provide support and resources to help the student improve note taking skills, advise on time management, or refer the student for help with test-taking anxiety.

This policy does not apply to course failure due to academic dishonesty, blatant student conduct violation, or violation of any other University regulations, or policies.

Student performance which may warrant a meeting of the Academic Progress Committee based on remediation needs:

- The student has earned a grade of C or below in any course*
- The student has earned less than 75% on a summative assessment (e.g., single exam, assignment, project, or other assessment). Note final exams or other major assessments due during the last week of classes or finals week are not eligible for remediation; Failed make-up exams or make-up assignments are not eligible for remediation; Exams missed due to an unexcused absence are not eligible for remediation; Assignments, projects, etc. that are not submitted on time are not eligible for remediation
- The student has earned less than 80% on any one of the Competency Exams

*In the case of an Action Plan associated with clinical skills or a grade of C or below in a practicum the student may not progress until the plan is completed.

Note: The original grade will stand unless the student chooses to extend the length of their program of studies to take the course the next time the course is offered which will result in a delay in their graduation date. Failure to complete the Action Plan Satisfactorily as agreed upon by the MSLP Academic Progress Committee will result in dismissal from the program.

E. Dismissal

Dismissal is considered for either serious breaches in professional conduct or academic concerns. The following is a non-exhaustive list of actions that would automatically lead to dismissal from the MSLP program:

- Failure to adhere to the ASHA Code of Ethics (Items 1-5 on Expectations for Professional Conduct Form)
- Noncompliance with HIPAA regulations (Items 1-5 on Expectations for Professional Conduct Form)
- Evidence for lack of or absence of integrity
- Failure to demonstrate professional integrity as outlined in the Expectations for Professional Conduct form
- Failure to complete an Action Plan Satisfactorily
- Failure to earn an 80% on any one of the competency evaluations tied to the clinical courses after the 3rd and final attempt
- Violation of the MSLP Social Media Policy
- Recording clinical experiences with clients/patients/students on your personal device or on a clinic device without permission

F. Dress and Personal Appearance Code

The MSLP faculty strongly encourage MSLP students to consider their dress and personal appearance should reflect the professional behavior associated with serving clients and colleagues with respect and dignity. Clients and their families expect that their speech-language pathologist will

be dressed professionally, so now is the time to adapt to this reasonable expectation. Professional attire inspires confidence among clients and fosters a therapeutic relationship.

MSLP students should arrive at all scheduled course activities in attire and with an attitude that is consistent with the professional integrity of a speech-language pathologist. Attire should be clean, neat, and convey a professional appearance whenever the student is on campus or at any off-campus clinical affiliation site. Those failing to comply may be dismissed from the classroom and/or the campus with documentation on the Expectations for Professional Conduct Form. Pants/trousers should be mid-calf, full or ankle length. Not too tight or form-fitting against the body. There should be no midriff area exposed. Leggings or tights are unacceptable unless they are worn under a dress, skirt or oversized neat top. Tops and shirts should be buttoned up to at least the second button. Avoid low cut tops. There should be no excessive cleavage, chest or midriff area exposed.

When participating in direct service delivery on the Clarksville Campus and affiliate locations scrubs and student badges are mandatory. Students are responsible for any costs associated with compliance with the dress code. Students must wear the approved scrub tops AND bottoms. These scrubs are the only products approved for clinic and can be purchased through the [APSU Bookstore](#). The APSU Speech-Language Pathology logo is stitched on the top. You may wear a plain long sleeved white or black shirt under the top. Your pants should fit comfortably as you will be on the floor with your pediatric clients. It is essential you make sure no skin is showing while moving around in your pants, a comfortable fit is advised. Students are advised to try on a pair to ensure the proper size is ordered. Hooded jackets and hooded sweaters are NOT to be worn in clinic. Lab coats and scrub jackets are NOT part of the student clinician uniform. Supervisors will indicate if there are practicum activities when the scrubs will not be worn.

Students may wear soft-soled, closed toe flat shoes or clean athletic shoes. Shoes must be clean. Color choices should coordinate with your scrubs and include grey, black, or white. Backless shoes are not permitted.

Socks, tights, or hose must be worn at all times when in uniform.

Supervisors will indicate if there are practicum activities when the scrubs will not be worn. When participating in other clinical education activities in the clinic students must dress appropriately during clinic hours as this is a professional environment and attire during clinical hours should reflect professional integrity.

MSLP Students are expected to abide by the Dress and Professional Appearance Code during direct service delivery. MSLP faculty and clinical educators may relax these standards during indirect service delivery as long as professional integrity is maintained.

1. Hair should not be in the student's face. Only small hair adornments are acceptable. This can be individually stipulated for unique clinical settings. Hair should reflect natural color hues. Head coverings will only be permitted for religious purposes. Rationale: Hair can be a fomite for bacteria and can contaminate food and procedures as well as be offensive to the client.
2. Earring posts or small unobtrusive earrings may be worn (one earring per earlobe only). No other visible body piercing. Tattoos must be covered. Rationale: Large or inappropriately dressy earrings

can be distracting or offensive as well as hazardous. A professional appearance should be maintained.

3. Nails must be short and clean. Artificial nails or nail tips are not acceptable. Rationale: Long fingernails can injure the client and artificial nails harbor bacteria.

4. No strong perfumes or colognes can be worn. No offensive body odor. Rationale: Strong and varied odors can be offensive to clients and co-workers. Some people are allergic to scents.

5. Moderate make-up allowed. Discretion should be employed. Rationale: Non-professional appearance may be offensive in a multicultural society.

6. Rings should be kept to a minimum. Rationale: Rings can harbor bacteria, can injure clients, and can be misplaced or lost.

7. When a student is in uniform the entire dress code must be adhered to. This may include the student's name badge at select settings.

Any student not conforming to this policy will not be permitted to engage in direct service delivery. Students whose religious or cultural customs may conflict with certain aspects of this dress code should speak with the Clinical Education Coordinator, who may consult with the Office of Student Affairs.

Questions regarding dress code and personal appearance code should be directed to the Clinical Education Coordinator.

G. Attendance and Absences

The MSLP program policy requires that Graduate Students attend all scheduled appointments with clients and all academic class meetings.

As a supportive community that values wellness and well-being, the MSLP faculty realize that various circumstances-will require that MSLP students must occasionally be absent from required events. Furthermore, we must work together to support each other during circumstances that take us away from required events. This policy outlines a process by which students can be granted excused absences and a reason for cancelling an appointment with clients, failing to attend assigned clinical placements or missing an MSLP class meeting or noncredit activity. Failure to comply with this policy will be considered unprofessional behavior.

Excused absences will be *considered* for the following reasons:

- Appointments for medical care that cannot reasonably be scheduled outside your MSLP program responsibilities (advance notification to faculty, clinical education coordinator or program director is required)
- Acute medical illness or family emergency
- To give a scholarly presentation at a professional conference
- Serving on a pre-professional board or relevant community organization

- Religious observances
- Discipline professional job interviews within reason

Graduate Students must submit a doctor's note if the combined absences for class and any clinical placements or requirements are in excess of one session during a semester.

Speech-language pathology graduate student clinicians enrolled in the following practicum courses have an obligation to provide clients with regular and consistent therapy sessions: MSLP 6090, 6092, 6094, 6096, 6098 and elective 6099. When students can anticipate that personal obligations will cause absence during a semester, they should consider not registering for clinic that semester. This will require approval from the Clinical Education Coordinator and may require the graduate student clinician to extend their program of study in order to accumulate the experiences and types of clinical hours required for verification of a variety of clinical skills.

Whenever possible, given the constraints of individual practicum settings and in collaboration with the assigned clinical supervisor, every effort should be made to reschedule clients in a timely manner to make up the missed appointment. Absences from clinical assignments not related to illness will be considered unexcused unless approved, in advance, by the APSU Clinical Education Coordinator. Graduate Students who miss more than 10% of any clinical practicum assignment or do not earn a grade of B or better may have their clinical privileges removed. No hours will be accrued. All unexcused absences will be considered excessive and will necessitate corrective action. The Graduate Student will be placed on probation and an Action Plan will be developed.

- Graduate Students who have unexcused absences in MSLP academic courses will be required to make up all of the class periods missed in the current semester by completion of an outside assignment(s) to be determined in the Action Plan. The student's final grade for the semester may be lowered one letter grade.
- Graduate Student Clinicians who have an unexcused absence(s) in a clinical practicum will be required to make up all of the sessions missed in the *current* semester if the situation permits. The final clinical grade for the semester may be lowered one letter grade.
- Graduate Students who have an unexcused absence(s) in an off-campus clinical assignment will be required to make up all of the sessions missed in the *following semester* if the situation permits. The final clinical grade for the semester will be "Incomplete" and the grade may be lowered once the sessions are made up. Due to the limited availability of practicum assignments and depending upon circumstances and client availability, Graduate Student Clinicians needing to make up sessions may need to extend their program in order to accumulate the experiences and types of clinical hours provide opportunity for required for verification of a variety of clinical skills.
- Graduate Student Clinicians who demonstrate a pattern of unexcused absences across two semesters may be removed from the clinical program either temporarily or permanently; in this case no hours will be accrued and the Graduate Student Clinician will earn a clinical grade of F for that semester.

Graduate students who miss a scheduled assigned clinical experience are required to complete the Absence form found in the Appendix of this handbook. Students must submit the Absence form to the Clinical Education Coordinator either in advance of the excused absence or within 48 hours of the unexcused absence.

Punctuality: In addition to attendance, punctuality is an expectation of professional conduct. It is the responsibility of the student to arrive on time for classes, clinical experiences, clinical supervisory conferences, small group sessions, noncredit activities and all other events related to the MSLP program.

Notification of Absence: The nature of our work as service-providers requires that we notify appropriate persons when we must be absent so that client/patient/student care is not compromised.

Notification of absence should be made as far in advance as possible. For emergent absences, students should phone or email the appropriate faculty, clinical educator, or staff. For off-campus clinical placements student clinicians must coordinate a communication plan for notifying clinical educators. Note the student must submit the absence form for absences at both on campus and off campus placements.

Clinical Assignments: During the first year of the program, clinical assignments may be scheduled between the hours of 8:00 am and 7:00 pm M-H and 8:00 am-4:30 pm on Fridays (MSLP 6090, 6092, 6094). During the second year of the program students will be assigned off campus clinical experiences with our clinical affiliates during enrollment in MSLP 6096 and MSLP 6098. Students will be required to coordinate full-time work hours that align with those required by the placement and program.

H. Communication

The student's APSU assigned email account shall be the official means of communication with all students. Students are responsible for all information sent to them via their university assigned email account. MSLP students are expected to check their email on a frequent and consistent basis in order to stay current with program and University-related communications. MSLP students have the responsibility to recognize that certain communications may be time sensitive.

MSLP students are also expected to check their D2L course announcements on a frequent and consistent basis for time-sensitive information related to course updates.

MSLP students are not permitted to share personal phone numbers with clients enrolled at the APSU Speech-Language and Swallowing Community Clinic, nor are they permitted to make clinic associated phone calls with their personal phone. All phone communication associated with clinical service delivery must be made using the clinic phone under the direction of an APSU clinical educator.

I. Conduct in Use of Social Media

The APSU MSLP program runs a community clinic and relies on community partners to deliver the clinical components of the program, and thus Graduate Students in the program are expected to

behave professionally and ethically at all times including how they engage with others online. Given the connectedness social media enables, Graduate Student activity online has the potential to be viewed by faculty and clients. The professional and ethical standards outlined in this policy were selected to prevent online student activity by graduate students that may lead to harmful and/or negative long-lasting impact on clients, peers, the career of the graduate student, and the reputation of the MSLP program or university, as well as the profession. Furthermore, it is common practice for clients, potential clinical supervisors and future employers to use social media to learn more about graduate students.

Expected Standards of Conduct for Social Media Use for Graduate Students in the MSLP program:

1. Take responsibility and use good judgment. You are responsible for the material you share through social media. Be courteous, respectful, and thoughtful about how others may perceive or be affected by what you share. False and unsubstantiated claims and inaccurate or inflammatory communications may create a liability for you.
2. Think before you post. Anything you post is highly likely to be permanently connected to you and your reputation through internet and email archives. Current instructors/supervisors, future employers, and clients often have access to this information and may use it to evaluate your personal and professional judgment and suitability for employment. Take great care and thought before placing your identifiable comments in the public domain.
3. Protect your own privacy. Make sure you understand how the privacy policies and security features work on the sites where you are sharing material. Use privacy settings to safeguard personal information and content to the extent possible but realize that privacy settings are not absolute and that once on the internet, content is likely there permanently.
4. When interacting with other students, faculty or clinical instructors, or patients on the internet, maintain appropriate boundaries in accordance with professional and ethical guidelines just as you would in any other context.
5. APSU MSLP students may not engage with clients/students/patients associated with clinical service delivery and clinical education through social media beyond the accounts associated with the APSU NSSLHA chapter and platforms associated with professional organizations (e.g., TAASLP, ASHA).
6. APSU MSLP students may not post any pictures or recordings associated with clinical education.
7. APSU MSLP students should not participate in photographs or recordings which may be posted by another individual showing the MSLP student imitating, mocking or recreating a clinical experience or the student clinician's attitude, commentary or interpretation of events or activities associated with clinical experiences or the clinical education process.

Behaviors that may result in disciplinary action and are inconsistent with Expectations for Professional Conduct:

1. Using vulgar language.

2. Using language or photographs/recordings that imply disrespect for any individual or group, including but not limited to age, race, gender, ethnicity or sexual orientation.
3. Publishing or sharing in any way, personal photographs or photographs of oneself or others that may reasonably be interpreted as condoning irresponsible use of alcohol, the use of recreational drugs, illegal activities, or sexual promiscuity.
4. Publishing, discussing, or sharing in any way, potentially inflammatory or unflattering material.
5. Publishing or sharing in any way, personal photographs or photographs of clients in clinic or social situations. Keep in mind, permission forms signed for use of photographs, etc. in the program/clinic, are not intended for student permission/use. *Only APSU Speech-Language and Swallowing Community Clinic cameras may be used for recording or taking photographs of clients.

Each student is responsible for his or her postings on the internet and in all varieties of social media. In all communications, students are expected to be courteous, respectful, and considerate of others. Inappropriate postings on the Internet or social media will be considered lapses in the standards of professionalism expected of MSLP students.

J. Photographs and Recordings

Students are to consider lecture materials as an important source of learning in addition to reading and viewing materials assigned and/or suggested. Lecture materials are presented by faculty members responsible for a course, or by guest lecturers appointed by course faculty members. Students are not to assume the privilege of audio recording live classroom presentations of either guest lecturers or faculty members in the MSLP Program. Permission from the faculty member responsible for or presenting the materials must be obtained before recording any presentation. An acknowledgement form must be signed by all parties prior to any audio recording or taking photographs.

Recording clinical experiences with clients/patients/students on your personal device or on a clinic device without permission is a reason for dismissal from clinic and an earned failing grade. Students found in violation of this policy will be referred to the Dean of Students for Academic Misconduct.

K. Student Accommodations

It is the policy of the MSLP program to provide reasonable accommodation to qualified students with a disability so they can meet required technical standards for successful completion of degree requirements. Technical Standards for the MSLP program are found in the Appendix. Whether a requested accommodation is reasonable will be determined on an individual basis by the [Office of Disability Services \(ODS\)](#). Determining what is a reasonable accommodation is an interactive process. It is the student's responsibility to initiate the evaluation for disability accommodation and to contact and communicate with the ODS. Reasonable Accommodations afforded students in a didactic environment do not automatically transfer or apply to clinical service delivery in speech-language pathology or lab simulations.

Applicants or MSLP students who disclose a disability are considered for admission and enrollment if they are otherwise qualified so long as such accommodation does not significantly alter the essential requirements of the curriculum and the educational program, or significantly affect the safety of

client care or others. When applicants or students disclose a disability, the provision of reasonable accommodations will be considered in an attempt to assist these individuals in meeting these required technical standards. Applicants whose response indicates that they cannot meet one or more of the technical standards, essential requirements of the curriculum will be reviewed further by the [ODS staff](#), the MSLP Program Director and the MSLP Clinical Education Coordinator with student and faculty input, to determine if any reasonable accommodations are possible to facilitate successful completion of the MSLP curriculum and preparation for the national praxis exam.

L. Verification of Student Identity

Federal regulation requires that an institution must have procedures in place to facilitate student verification. The MSLP program and is aligned with this policy as provided by [APSU Distance Learning](#) and will use the following processes to verify that the student who enrolled in a course is the same student who is participating in the course and earning the credit. During the application for admission, student identity is vetted. A letter is mailed to them providing students their A#, username and password. Students can change their password by enrolling in the college account management system. Student identity is verified by required email or text numbers sent directly to the student. This service is available 24 x 7. APSU uses a single sign-on in which students are required to login using the APSU secure ID and password via Onestop to gain access to the D2L, learning management system. The MSLP program will require picture identification verification when a student is required to use online proctoring for assessments.

M. Withdrawal or Leave of Absence

After a student has officially registered for a class, the student is considered to be a member of the class unless the student officially drops the class or withdraws from the University. Official withdrawal requires that all courses be dropped online through APSU OneStop. During the first week of the program the MSLP program director will check course enrollment for MSLP courses to verify admitted members of each cohort have enrolled. The Program Director and Clinic Director will communicate with the College of Graduate Studies and the student to determine the reason the student is not enrolled.

In the event a student encounters an extenuating situation, such as family leave, illness, military duty, in which the result is the student being unable to maintain continuous enrollment, a student may request permission to suspend their studies on a temporary basis. A formal request to suspend their progress with the program must be filed by the student and approved by the program director and College of Graduate Studies. Requests for extensions will be considered on a case-by-case basis. If approved, the time toward degree completion is suspended. Suspended enrollment of continuous full-time participation toward degree completion cannot exceed two years in duration. This policy is more stringent than the [College of Graduate Studies](#) which states all work applied toward the degree must be completed within consecutive years. This policy is to protect the student. Certification standards are frequently updated by the CFCC. Changes to the knowledge and skills during an extended absence or protracted time may require a student to take additional course work. Students who withdraw from the MSLP program and enter into study for a different graduate degree program would be held to the [College of Graduate Studies](#) policy stating the time to degree completion is six years. The 6 years begin with the first course that is taken upon the first semester

the student is enrolled in course. Students should refer to the [College of Graduate Studies](#) Time Limit for Degree Completion for additional information about the policy and process.

MSLP Clinic Standards, Policies & Procedures

Note all the MSLP Specific Academic Standards, Policies & Procedures outlined above apply to the MSLP student during activities associated with clinical education experiences.

A. Code of Ethics

Professional ethics are at the core of speech-language pathology service delivery. It is the student's responsibility to be familiar with and adhere to the American Speech-Language-Hearing Association (ASHA) Code of Ethics. The [ASHA Code of Ethics](#) is available to download from the ASHA website and found in the Appendix of this Student Handbook.

Please note graduate students of the APSU MSLP program should always identify themselves as "students" and must always engage in service delivery only under the direction of a clinical educator assigned by the MSLP Clinical Education Coordinator. Acting as a therapist in any context is a violation of the [ASHA Code of Ethics](#). If you are in question about a specific activity, contact the Clinical Education Coordinator or your clinical educator before engaging in the activity.

B. Policy on Professional Integrity

Integrity is a disposition which underscores clinical service delivery as it is a personal commitment to honesty and doing what is morally right. "Integrity is doing the right thing when you don't have to—when no one else is looking or will ever know—when there will be no congratulations or recognition for having done so" (Marshall¹, 2013, p. 142).

APSU MSLP students are expected to act with integrity in all areas of their academic and clinical experiences. Behaviors that are valued by the MSLP faculty and are evidence of your integrity include, honesty, trustworthiness, accountability, reliability, attentiveness, friendliness, charity, kindness, mercy, and beneficence.

C. Thank-You Notes and Gifts

The following policy is intended to avoid the impression that a student is seeking improper influence for their own gain, immediate or delayed, on an APSU faculty, staff or affiliate clinical educators. Students are encouraged to give faculty, staff and affiliate clinical educators thank you notes. However, the giving of gifts to individual faculty and staff by individual students while in the MSLP program is prohibited. Giving gifts to clinical educators is permitted only after grades have been submitted by the clinical supervisor and only if the student will not be supervised by that same person again during their program.

D. Transportation

¹ Marshall, C.W. (2003). *Shattering the Glass Slipper*. Prominent Publishing.

The student is responsible for arranging transportation required to attend all academic courses, clinical practicum experiences, and advising or associated program meetings. Note for all clinical practicum experiences MSLP graduate student clinicians may be placed at sites that require transportation by car and should plan accordingly. Absences due to lack of transportation are not an excused absence.

E. Recording Supervised Experiences in the Practice of Speech-Language Pathology

Supervised experiences in the practice of speech-language pathology in the form of direct client contact are designed to meet requirements for [certification by the American Speech-Language-Hearing Association Council for Clinical Certification in Audiology and Speech-Language Pathology \(CFCC\)](#). Therefore, maintaining records and monitoring accumulation of time spent in direct client contact is an important responsibility of the student and the program.

Students are required to keep a written record of their individual time spent delivering treatment and evaluation throughout the semester. Students will use CALIPSO to track time spent in direct client contact. Each supervisor will verify the student's record of supervised experiences in direct contact by approving the hours entered into CALIPSO.

Hours should be counted and calculated as follows:

- Only direct contact (e.g., the individual receiving services must be present) with the individual or the individual's family in assessment, intervention, and/or counseling can be counted toward practicum. When counting clinical practicum hours for purposes of ASHA certification, only the actual time spent in sessions can be counted, and the time spent cannot be rounded up to the nearest 15-minute interval.

Specific guidelines:

- Students may only report time spent in direct contact with clients. This excludes preparation time, report writing, scoring tests or language samples, and writing lesson plans.
- Prevention hours may be reported if the clinician is providing information or participating in activities that are directly related to prevention of communication disorders.
- Evaluation hours may be reported for time spent assessing and diagnosing communication disorders, prior to initiation of an intervention program. Hours may also be reported for informal testing, re-evaluation, and non-standardized tests.
- Treatment or evaluation time may be counted for time spent in professional meetings only if the family or client is present. This excludes time spent meeting with clinical supervisors.
- Clinical clock hours with clients who present with more than one communication disorder should distribute the time spent working on each disorder accordingly.
- A clinician should record the exact number of minutes/hours that he/she is in direct contact with the client during treatment or assessment activities. This can include time spent escorting a client to and from therapy/assessment rooms, as this is engaging in a therapeutic interaction. This can also include time spent conferencing with a parent/spouse/caretaker prior to, or after, a treatment/assessment session.

- Amount of time spent in direct contact with the client or clinical conference should be recorded exactly in terms of minutes/hours. Rounding up to the nearest hour of time increment is not appropriate.
- Typically, only one student at a time should be working with a client in order to count the practicum hours. Several students working as a team may receive credit for the same session, depending on the specific responsibilities that each student is assigned when working directly with the individual receiving services.
- If more than one student is assigned to an assessment, each student is allowed to receive credit for the time spent providing service ONLY if different functions are being provided. For example, if one student interviews a parent and another tests the client, each student may claim direct client contact time. However, if more than one student is assigned to one function, such as testing a client, this time must be divided between students, depending on the amount of direct contact. For example, if one student tests for the first 40 minutes and the other student tests for 50 minutes, then this time is divided between the students – 40 minutes for the first student and 50 minutes for the second student.

Each student should keep a copy of the Recording Supervised Experiences in the Practice of Speech-Language Pathology Direct Contact Tracking Form for their own records. Forms must be completed accurately and completely. Recording Supervised Experiences in the Practice of Speech-Language Pathology Direct Contact Tracking Form is found in the Appendix.

F. CALIPSO

The MSLP program requires students to document their progress with academic and clinical education components of the program through CALIPSO. Each student who matriculates will create an account with CALIPSO linked to the MSLP program. In this manner the student will have access at any time to this information. CALIPSO requires a one-time license fee to be paid by each student directly to CALIPSO. Specific instructions will be provided at the start of the program.

CALIPSO will be used to track:

- Progress toward knowledge and skills to meet the 2020 SLP standards
- Clinical competencies
- Clinical evaluations
- Clock hours
- Client populations
- Clinical settings
- Clinical site information
- Clinical Supervisor information

G. ClinicNote EMR

Student clinicians will use ClinicNote, a cloud-based electronic medical records (EMR) system. ClinicNote was designed to support clinical education in university teaching clinics. The design gives clinical educators a secure platform to teach by providing feedback to student-clinicians directly within all documentation. This permits collaboration between the clinical educator and student,

enables both parties to view version histories for teaching and assessment purposes. Students are required to purchase a one-year subscription to access the EMR. ClinicNote is HIPAA compliant and will only be accessible to students while on campus at the APSU Speech-Language & Swallowing Community Clinic.

H. Health Insurance Portability and Accountability Act (HIPAA)

MSLP students are required to comply with program policies and the Health Insurance Portability and Accountability Act (HIPAA) regarding client confidentiality. This applies to any and all clinical service delivery regardless of setting. The requirements of HIPAA apply to the use, storage and/or electronic transmission of client related information, and are intended to ensure patient confidentiality for all healthcare related information. Students must complete HIPAA training designated by the MSLP program in order to participate in clinical experiences.

I. Background Checks

It is the policy of the MSLP program that all admitted students must consent to, submit to, and satisfactorily complete a criminal background check (CBC) before they may begin supervised practice of speech-language pathology. Results must be deemed acceptable to the Clinical Education Coordinator.

To practice speech-language pathology at the APSU Speech-Language and Swallowing Community Clinic MSLP students will complete a CBC through TrueScreen. Upon enrollment the Clinical Education Coordinator will send the student the instructions for completing the CBC.

External placements also require the CBC be completed prior to participating in the clinical education practicum. Unless otherwise indicated before beginning the second year of the program MSLP graduate students must complete the CBC (this would be a new CBC for the upcoming academic year). Some facilities may also require fingerprinting and/or drug screening. Please note that these requirements may differ based on clinical site and thus the MSLP student may need to complete multiple criminal background checks throughout the program contingent on the clinical affiliation agreement. The APSU MSLP Clinical Education Coordinator will communicate the requirements of specific practicum sites when clinical assignments are made.

All expenses associated with the CBC (and fingerprinting and drug screening) are the responsibility of the MSLP students. Students who do not consent to the required background check, refuse to provide information necessary to conduct the background check, or provide false or misleading information in regards to the background check will not be permitted to participate in clinical experiences associated with the clinical education components of the program.

State licensure laws and school licensure endorsement may prohibit those with criminal convictions from obtaining a professional license to practice. Thus, students with criminal convictions or certain background activity may not be able to obtain the required clinical education experiences required of the curriculum (and national certification standards).

In the case of adverse findings in a CBC report, the Clinical Education Coordinator will proceed as follows:

- The Clinical Education Coordinator will contact the student to discuss the results and the student's perspective on the information. The conversation must be documented in writing and uploaded to Perceptive (the student's advising file). The student will be asked to sign and acknowledgement that s/he understands that a flagged background check may preclude the ability to be placed in clinical sites and therefore preclude successful completion of the MSLP program. The University will have not obligation to refund tuition or accommodate students in the event that a CBC or drug screening renders a student ineligible to complete required courses or clinical experiences.

CBC information is strictly confidential, for use only by authorized MSLP program faculty and or administrative staff and shall be retained in the student's academic advising file in Perceptive.

J. Student Insurance

Malpractice risk is always present, even for students. Whether charges are justified or not, students may be vulnerable to lawsuits alleging error(s) and/or negligence while performing duties associated with service delivery in clinical assignments as part of the MSLP curriculum. To cover the costs of defending him/herself, through Tennessee Higher Education Commission, the Department of Health and Human Performance provides general liability coverage for student clinicians in the MSLP program.

K. Degree and Amount of Supervision

Consistent with the [2020 Standards and Implementation Procedures for the Certificate of Clinical Competence in Speech-Language Pathology](#), the amount of supervision for an individual student must meet the minimum level outlined in Standard V-E:

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.

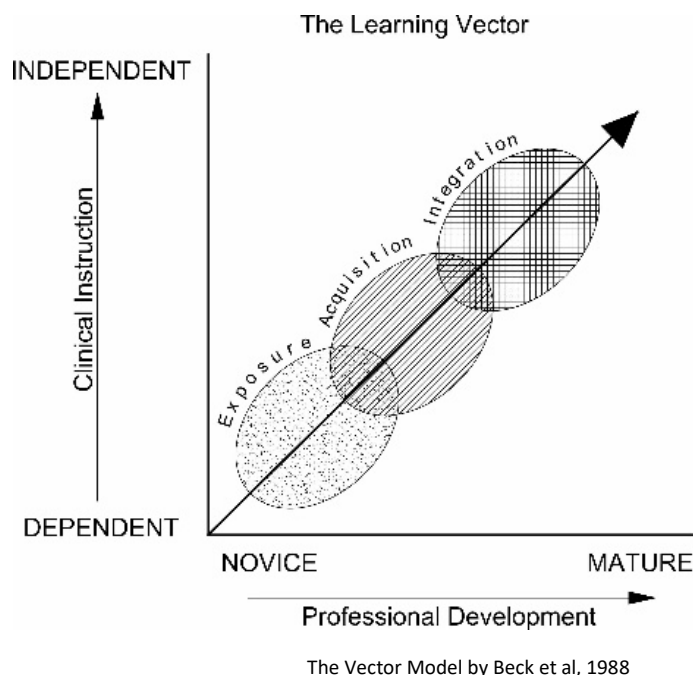
Supervision must be provided by individuals who have been vetted to meet the requirements of clinical supervision outlined in Standard V-E:

Supervision of students must be provided by a clinical educator who holds ASHA certification in the appropriate profession and who, after earning the CCC-A or CCC-SLP, has completed (1) a minimum of 9 months of full-time clinical experience, and (2) a minimum of 2 hours of professional development in clinical instruction/supervision.

While the minimum amount of direct supervision must not be less than 25% of the student's total contact with each person they serve, the APSU MSLP program is committed to ensuring that students are receiving the degree of supervision that will facilitate achievement of the student learning outcomes and competencies and thus should be adjusted upwards whenever the student's current level of performance (i.e., knowledge, skills and experience) warrants. At the APSU Speech-Language and Swallowing Clinic, students will receive 100% direct supervision for diagnostic procedures.

APSU clinical educators will use the Learning Vector Model for supervision of students. In this model the clinical educator will individual supervision based on the student's particular stage of development for each clinical encounter. With each clinical experience the clinical educator progressively modifies their level of support in a manner that transforms a dependent student clinician to one that is relatively independent and can consult with the clinical supervisor to meet their learning needs and effectively and safely deliver care. See Figure 1².

Figure 1: The Learning Vector Model



As the student develops skills and matures, they will move through the stages of exposure, integration and acquisition. Using this model, as a student with more experience and skills encounters a new clinical experience, the clinical educator can readily adjust their involvement and level of supervision to a higher degree to accommodate new learning for that experience

L. Feedback

Providing student clinicians objective feedback is important in clinical education. Clinical educators are charged with providing each MSLP student they supervise feedback in a manner that will facilitate the student's acquisition of the required knowledge and skills.

² Beck, S.J. & Stritter, F.T. (1988). Applying developmental instruction in the clinical laboratory, in Beck & LeGrys *Clinical Laboratory Education* (Ed.), Norwalk, CT; Appleton-Lange.

MSLP student clinicians can expect to receive feedback in both oral and written modes of communication. They can also expect to receive feedback in a timely manner. The clinical educator should be conscious in communicating feedback that compares a student clinician's observed performance and the required knowledge and skills appropriate to that clinical experience. The intent of feedback is always to improve the student clinician's progress toward improved performance with learning objectives in the areas of knowledge, skills and professional standards of behavior. MSLP students must be able to accept feedback including corrective feedback when warranted. MSLP students are expected to change their behaviors to meet required standards as a condition of demonstrating competency with knowledge, skills and professional standards of behavior. Note, that feedback can be evaluative but is not always evaluative. MSLP students will be informed of the timing of evaluations for the purpose of measuring skill acquisition (e.g., midterms and finals).

M. Respect for Diversity

The MSLP program mission is based on an understanding that in order to lead in improving the lives of persons with communication disorders residing in Tennessee and surrounding regions, faculty, staff and students recognize multicultural communities are those comprised of people of diverse racial, ethnic, class backgrounds, national origins, religious, spiritual, political beliefs, ages, genders, gender identities, sexual orientations, and disabilities. The MSLP program provides opportunities for development of knowledge and skills focused on working effectively with all individuals inclusive of demographic beliefs, attitudes, and values.

Faculty, staff, and students are expected to be respectful to and supportive of all individuals they interact with. Furthermore, all should recognize that no individual is completely free from all forms of bias and prejudice. To counter this, faculty, staff, and students should be open to learning about others that are different from them, examine their personal values and biases, and avoid assumptions.

As a student in the MSLP program, you are expected to learn how to work with diverse populations and develop an awareness of cultural differences in order to provide quality inclusive services without disrespecting the clients they serve.

N. Clinical Assignments

Under the direction of the Program Director, the Clinical Education Coordinator will make all clinical assignments. MSLP Students may make requests for specific external placements in writing to the Clinical Education Coordinator. Requests will be honored when available and when they support educational and certification requirements.

The Clinic Education Coordinator will solicit student requests for second year placements around midterm of the first semester the student is enrolled in the MSLP program. No request can be guaranteed, clinical affiliation agreements can be cancelled, and facilities have the right to refuse a student. Often times personnel factors may influence a facilities' ability to accept a student

placement. Some of the APSU affiliate facilities have requested the Clinical Educator make a request a year in advance of the placement.

O. Clinical Material and Equipment Use

The MSLP program owns a variety of materials for screening, assessment and treatment of communication and swallowing disorders. Materials and equipment are located in the APSU Speech-Language & Swallowing Community Clinic. Materials are quite varied in their purpose and type (e.g., standardized tests, treatment activities, toys, AAC devices and instrumental equipment). Students may also access cameras, laptops and iPads.

MSLP students may use materials as needed for their current clinical assignment. Students are asked to respect the program procedures for using the materials and equipment. Students may sign out any item using the barcode system. Students who fail to check out materials via this policy will receive one warning. Subsequent infractions of this policy will be documented on the Expectations for Professional Conduct Form and negatively impact the student's grade.

Students are expected to treat each item carefully and return promptly. Materials may not leave the premise unless approved by the student's clinical supervisor or Clinical Education Coordinator. If an item is accidentally damaged, the student is responsible for reporting this to the Clinical Education Coordinator.

Standardized tests often come in a briefcase, bag or box and when signed out the student should keep all components together.

Test protocols will be available in a central location. Do not take the last test protocol. Students must inform the Clinical Education Coordinator that additional protocols are needed.

Students may use the copier to copy items from a workbook but should never take the workbook from the clinic.

Consumable treatment supplies should be discarded after each use.

Reusable nonporous materials should be wiped down with disinfecting wipes located in the clinic.

Items that are lost or destroyed because a student did not follow these procedures must be replaced by the student.

P. Use and Care of the APSU Speech-Language & Swallowing Community Clinic

The Clinical Education Coordinator, Clinical Educators and Administrative Assistant will make treatment room assignments. Students must leave treatment rooms and student workspaces as they found them in in clean, neat and working order.

On the back of treatment room doors are instructions on how to clean the room (during and after treatment). This includes returning materials to their designated locations. Cleaning materials are provided by the program and APSU, including a vacuum and broom. All materials should be returned to their correct location immediately upon completion of use. Students should notify the Administrative Assistant if additional cleaning materials are needed or if it items are running low. Follow specific instructions for cleaning the specialty mirrors (do not use Windex).

Students will be assigned a locker for use during year one of the program. There is a \$3.00 lost key fee.

Students and clients should not use the spa chair for purposes other than designated clinical education activities.

Q. Universal Precautions

Procedures for implementing universal precautions are to mitigate the risk of transmission of communicable diseases among and between our academic community and the vulnerable populations we serve at the APSU Speech-Language & Swallowing Community Clinic. Under universal precautions, blood and certain body fluids are considered infectious for HIV, HBV, and other blood borne pathogens. Physical examination and a case history may not reliably identify all individuals infected with HIV or other blood borne pathogens. Universal precautions are intended to prevent and protect health care workers from exposure to mucous membrane and non-intact skin exposures of blood and tissues. Although the risk to these pathogens is minimal in saliva, sputum, nasal secretions, sweat, tears, vomit, and feces clinical educators will advise students when to wear gloves, although students may always act with caution and wear gloves when there is risk to exposure (to mucous membrane and non-intact skin).

Use protective barriers to prevent skin and mucous membrane exposure to blood, body fluids containing blood, and other fluids to which universal precautions apply. The type of protective barrier(s) should be appropriate for the procedure being performed and the type of exposure anticipated. Wear gloves when touching blood or body fluids, mucous membranes, or non-intact skin. Wear gloves when handling items or surfaces soiled with blood or body fluids. Wear masks and protective eyewear or face shields during procedures that are likely to generate splashing or droplets of blood or other body fluids to prevent exposure of mucous membranes of the mouth, nose, and eyes.

The Clinical Education Coordinator will train all students on universal precautions at the beginning of the first term of the program. Exposure to HIV or blood borne pathogens as part of a clinical encounter at the APSU Speech-Language & Swallowing Clinic must follow procedures to document the incidence on the Clinical Incident Form. Students enrolled in MSLP 6096 and 6098 should verify universal precaution procedures used by off-campus clinical affiliations.

Hand washing: Students are required to wash their hands before and after clinical encounters. Students should wash their hands if during a clinical encounter they are in contact with body fluids, their own or others (e.g., sneezing, wiping a nose). The Clinical Education Coordinator will train students on proper handwashing.

R. Personal Recordings

MSLP students are not permitted to photograph or record (either via audio or video) any APSU educational activity including clinical experiences without the prior expressed authorization of the faculty member or clinical educator. Furthermore, audio or video recording of meetings, phone calls, conversations, clients, or of any content involving others is prohibited unless prior consent of all parties involved is obtained. Violation of this rule shows a lack of integrity and will be included in the student's Expectations for Professional Conduct evaluation impacting the student's grade and

progression with the curriculum. Recording or improper use of any recorded curricular material may constitute infringement of intellectual property rights.

S. Clinical Incident

This policy is designed to promote safety through the identification of, reporting, and acting upon incidents that may occur on the APSU campus at the APSU Speech-Language & Swallowing Community Clinic. Clinical educators and student clinicians should always promote and ensure a culture of safety with conscientious consideration of the physical space and client characteristics. A clinical incident is any event, occurrence, or observation associated with safety, accidents, injuries, or adverse occurrences involving clients.

In the event of an incident all APSU parties involved and or that observed the incident must fill out a Clinical Incident Form. A clinical incident report is not part of the client's chart. The Clinical Incident Form informs the appropriate university administrators of the incident. If the Clinical Incident Form does not have enough space to fully describe the event, attach an additional page of comments. Write only what was observed and be objective.

As soon as a clinical incident occurs immediate action to ensure client safety should be taken, such as calling 911 or the APSU Police Department. If the incident occurs and the clinical educator is not in the immediate physical space, they should be contacted immediately. With more involved incidents it may be necessary for a student to communicate with the first available clinical educator for assistance. A student should not manage a clinical incident without a clinical educator.

The completed Clinical Incident Form must be submitted to the Clinical Education Coordinator for Review. The Clinical Education Coordinator will submit the form to the Chair of the Department of Health and Human Performance as soon as possible, before the end of the workday of the event occurred. The Chair of the Department of Health and Human Performance will make the determination if additional members of the APSU community should be made aware of the incident.

PROGRAM GOALS

MSLP Program Goals

1. Provide a graduate education culminating in the Master of Speech-Language Pathology that prepares students to meet the current professional standards for clinical certification and state licensure.
2. Offer graduate student clinicians exposure to diverse clinical populations, assessment procedures, treatment methodologies and work settings.
3. Prepare graduates of the program for complex work environments, interprofessional practice, evidence-based practice and an ability to adapt to changes in the profession.
4. Develop leaders that will impact the Clarksville community, region and state by expanding clinical services provided to the community through compassionate care, outreach, education and service activities.

Curriculum

Description of the Program

A. Administration

The Master of Speech-Language Pathology Degree Program (MSLP) is administered by the Department of Health and Human Performance (HHP). The HHP Department is administered by the College of Behavioral and Health Sciences (CoBHS).

The Program Director is responsible for the overall supervision and direction of the MSLP Program. The Program Director provides effective leadership for planning, growth and improvement of the program. Other responsibilities include coordination of accreditation and serving as a liaison with the HHP Graduate Coordinator and HHP Chair.

The Clinical Education Coordinator is responsible for overseeing the operation of the APSU Speech-Language and Swallowing Community Clinic. The Clinical Education Coordinator coordinates clinical assignments, clinical placements, clinical affiliation agreements, and provides direct supervision of graduate students.

B. Location of Coursework

The MSLP program is located on the Austin Peay State University Clarksville Campus. The program delivery is a hybrid model. In the first year of the program, the fall and spring terms, academic courses are delivered in face-to-face format. Beginning in the summer of the first year, academic courses are delivered in a hybrid format where 50% of the course may be delivered using online instructional formats. In year one MSLP students will participate in clinical practicum experiences on the APSU campus and at local clinical affiliations. In year two of the program MSLP students will participate in clinical practicum experiences off-campus at various external clinical affiliations. The student is responsible for arranging transportation required to attend all academic courses, clinical practicum experiences, and advising or associated program meetings.

Table 1: Instructional Delivery Method for MSLP Curriculum: Academic Courses

Face-to-Face	Hybrid	Online
6040 Speech Sound Disorders	6060 Hearing & Aural Rehabilitation	6080 Pediatric Motor Speech Disorders
6042 Pediatric Language Disorders	6062 Fluency Disorders	6082 Counseling for the SLP
6044 SLP as Research Consumer	6070 Cognitive-Communication Disorders	6084 Professional Practice Seminar
6046 Neuroscience	6072 Pediatric Feeding & Swallowing	
6050 Aphasia Following Stroke	6074 Voice and Resonance Disorders	
6052 Dysphagia	6076 Augmentative and Alternative Communication	
6054 Language for Learning & Literacy	6086 Grand Rounds	
6056 Contemporary Issues in SLP		
6064 Acquired Motor Speech Disorders		
6093 Diagnostic Procedures		

C. Length of Program

The MSLP program is a 54-credit hour program. The program will enroll a new cohort of students each fall semester. Students are expected to complete the MSLP program in four full-time semesters, referred to as Fall I, Spring I, Fall II and Spring II, and one summer of obligations between Year I and Year II of the program.

D. Balancing Program Load and Outside Work

Graduate school, especially a clinically based program such as the MSLP, is very different than the typical undergraduate experience. Some students find clinical graduate programs in speech-language pathology an intense experience. In order to provide students with learning experiences that will allow them to obtain the knowledge and skills required for certification students will spend an average of 12 hours a week for scheduled classes and approximately 16 hours a week in clinical experiences (direct service delivery and indirect service delivery activities such as documentation, preparation, reflection) during the first year. During the second year of the program of studies students will be required to participate in practicum experiences during the work week consistent with the work week hours (e.g., 40 hours) of the external clinical site. Students should also account for time studying or engaged with course content outside of assigned class time. The academic convention recommends two hours out of class for every credit hour. Students should be cognizant of these time commitments when choosing to work during graduate school. The MSLP faculty recognize that a graduate assistantship or employment outside of the university may be necessary for financial reasons and may offer a potentially a positive experience for the student. However, this should be considered to the extent that the student’s academic and clinical obligations are not

negatively impacted. Students are advised to carefully consider the time commitment of the program, the total number of hours of employment and the flexibility of their work schedule.

Advising

A. Initial Assignment

The student is assigned an MSLP faculty member as their advisor at the time of admission. The Program Director makes advising assignments that are equitable for the MSLP faculty.

B. Academic Advisor

It is the student's responsibility to meet with their MSLP faculty advisor each semester in preparation for the following semester to discuss progress in the program, academic requirements, and course scheduling. The Program Director will send out a group email to the cohort notifying them the window for scheduling advising appointments for the next semester is open. Students will schedule a time in coordination with the availability of the academic advisor.

The MSLP faculty advisor is responsible for maintaining updated records of completed advising appointments, progress toward program completion, and verification of acquisition of knowledge and skills required for certification. All students are encouraged to meet with their advisor regularly and address any issues related to their graduate program. The student's academic advisor and MSLP Program Director are the only reliable source for program advising information. Students should not rely on their peers for academic advising advice.

Copies of materials created during advising will be uploaded to Perceptive the cloud-based document management system used by the College of Graduate Studies (COGS). Degree Works will be used as an advising tool so that faculty can view a degree evaluation (a summary of classes required, and classes taken) for each student. This will allow the faculty to review the courses required in each program of study and to also review progression in the MSLP program. Students have access to Degree Works in their Banner-OneStop. The Banner-OneStop advising page will also be used as an advising tool to track individual student advising appointment notes. Students have access to the OneStop advising page at all times. MSLP program faculty will use CALIPSO to track student acquisition of knowledge and skills as well as clock hours to meet certification standards. Each student will have their own CALIPSO account and have unlimited access to this information. Any additional documents created as part of a student's participation in the MSLP program (e.g., Program of Studies, Evaluation of Progress Reports, Expectations for Professional Conduct Form, Action Plans, Foundational Coursework form) will be uploaded to Perceptive and be considered part of the student's advising folder. Students seeking to review any documents not available in CALIPSO or Banner-OneStop will be required to schedule an appointment with the Program Director, HHP Graduate Coordinator, or COGS Associate Dean to view documents in Perceptive which are considered part of the student's advising file.

The program does not have the authority to dispose of student records. In accordance with [Policy 4:017 Records Retention and Disposal of Records](#) only the registrar's office may dispose of student records following American Association of Collegiate Registrars and Admissions Officers (AACRAO) best practice guidelines.

C. Thesis Advisor

A thesis is completed under the direction of a thesis advisor. The selection of this individual is based on the mutual consent of both the student and the thesis advisor and typically is made not later than the beginning of the second year of study. The thesis advisor and the academic advisor may be different individuals.

Credentialing

A. Certificate of Clinical Competence (CCC)

The MSLP graduate program was designed to ensure graduates would be eligible to apply for the Certificate of Clinical Competence (CCC) the national credential for Speech-Language Pathology (CCC-SLP). The program is aligned with the 2020 Standards and Implementation Procedures for the Certificate of Clinical Competence in Speech-Language Pathology which went into effect on January 1, 2020.

Upon graduation from the MSLP program, which holds CAA candidacy status, you may submit your online application any time after completing the necessary coursework and graduate clinical practicum, and after receiving confirmation from your program director that the requirements in Standards I–V have been met. This includes verification that you have completed the required 400 clock hours, including 25 observation hours and 375 supervised clinical experiences in speech-language pathology.

Passing the Praxis® Examination in Speech-Language Pathology is required for certification. The MSLP program faculty recommend students take the Praxis exam in the second half of their final semester of the program. **The Praxis Exam is test #5331. APSU MSLP students should mark their score recipient information for Austin Peay State University CODE 1028.** Scores must also be sent directly to ASHA from the Educational Testing Service (ETS). Students may also need to send their scores to the Tennessee Health Related Board for licensure. Please note if the exam is not successfully passed and reported to the CFCC within the 2-year application period, the applicant's certification file will be closed. If the exam is passed or reported at a later date, then the applicant will be required to reapply for certification under the standards in effect at that time.

Applicants for certification must also complete a Speech-Language Pathology Clinical Fellowship (CF). The CF experience may be initiated only after completion of all graduate credit hours, academic coursework, and clinical experiences required to meet the knowledge and skills in Standards IV and V. The CF experience must be initiated within 24 months of the date on which the application for certification is received. Once the CF has been initiated, it must be completed within 48 months of the initiation date. Applications will be closed for CFs that are not completed within the 48-month timeframe or that are not submitted to ASHA within 90 days after the 48-month timeframe. The Clinical Fellow will be required to reapply for certification and must meet the standards in effect at the time of re-application. CF experiences more than 5 years old at the time of application will not be accepted.

The CF must be completed under the mentorship of a clinician who held the CCC-SLP throughout the duration of the fellowship and must meet the qualifications described in Standard VII-B. It is the

Clinical Fellow's responsibility to identify a CF mentor who meets ASHA's certification standards. Should the certification status of the mentoring SLP change during the CF experience, the Clinical Fellow will be awarded credit only for that portion of time during which the mentoring SLP held certification. It is incumbent upon the Clinical Fellow to verify the mentoring SLP's status periodically throughout the CF experience. Family members or individuals related in any way to the Clinical Fellow may not serve as mentoring SLPs to that Clinical Fellow. Applicants are referred to the [2020 CFCC Standards](#) for additional CF requirements associated with the certification standards.

B. Tennessee Professional School Service Personnel Endorsement

requirements of the program will be eligible to apply to the State Board of Education for licensure and endorsement as a school speech-language pathologist.

From policy 5.502:

Candidates seeking licensure and endorsement as a school speech-language pathologist must complete a program of studies in speech-language pathology at the graduate level prior to obtaining the practitioner school services personnel license.

Candidates must meet the licensure standards, employment standards, and assessment requirements of the State Board. Candidates applying for a professional school services personnel license as a school speech-language pathologist shall satisfy one of the following criteria:

1. Applicants new to the field seeking initial school service personnel licensure must complete a graduate degree in speech-language pathology from a state or regionally accredited institution of higher education with a speech-language graduate level program approved by the American Speech-Language-Hearing Association. They must also achieve a qualifying score on the assessment required by the State Board. Fully licensed teachers who are serving on employment standard waivers as speech-language teachers shall meet these requirements to be licensed as a school speech-language pathologist;
2. Speech-language pathologists who hold a valid license issued by Tennessee or an out-of-state licensing Board of Communication Disorders and Sciences or who hold the Certificate of Clinical Competence from the American Speech-Language-Hearing Association may be issued the professional school services personnel license upon application. There are no additional requirements;
3. Speech-language teachers who have a graduate degree or master's equivalence in speech-language pathology and hold a valid Tennessee teacher license with a speech-language endorsement may be issued the professional school service personnel license upon application; or
4. Speech-language pathologists who have a graduate degree in speech-language pathology and hold a valid out-of-state educational credential issued before September 1, 2000, may be issued the professional school services personnel license upon application. Applicants with valid credentials issued on or after that date shall pass the assessment required by the State Board.

In the second-year spring term, prior to graduation, MSLP students will be referred to the Coordinator of Teacher Licensure:

Kevin Fee
feek@apsu.edu
931-221-6182
Claxton Building, 228

The Coordinator of Teacher Licensure will confirm the student's eligibility for licensure contingent on successful completion of the degree requirements.

Students seeking credentialing in states other than Tennessee should consult that state's department of education website.

C. Tennessee State License

Graduates of the MSLP program who successfully complete all academic and clinical Tennessee State License

Prior to engaging in the practice of speech language pathology in Tennessee MSLP graduates must apply for a Tennessee license pursuant to T.C.A. § 63-17-110. Graduates apply for state license through the [Tennessee Board of Communication Sciences and Disorders](#).

The initial application will be for a Clinical Fellow:

(3) Clinical Fellows, pursuant to T.C.A. § 63-17-114(6), shall work under the supervision of a Tennessee licensed Speech Language Pathologist or an ASHA certified Speech Language Pathologist while the Clinical Fellow is obtaining a year of paid professional experience and shall adhere to the regulations established under Rule 1370-01-.10.

MSLP students will receive detailed advising regarding application for state license during their second year of the program during the spring term.

The following qualifications are from Statute 1370-01-.04:

(1) An applicant for licensure as a speech language pathologist or audiologist must meet the following initial requirements to be considered for licensure by the Board: (a) Be at least eighteen (18) years of age; (b) Be of good moral character; (c) An applicant in the area of speech-language pathology must possess at least a master's degree in speech language pathology from an accredited institution; and 1. Possess a current Certificate of Clinical Competence (CCC) in the area of speech language pathology issued through the American Speech Language and Hearing Association (ASHA); or 2. Have successfully completed and documented the following: (i) A minimum of four hundred (400) clock hours of supervised clinical experience (practicum) with individuals having a variety of communications disorders, as required by ASHA. The experience shall be obtained through an accredited institution which is recognized by ASHA; and (ii) A Clinical Fellowship in the area of Speech Language Pathology; and (iii) Passage of the Written Professional Assessments for Beginning

Professional Associations

A. NSSLHA: APSU Chapter

The Austin Peay State University (APSU) Chapter of the National Student Speech-Language Hearing Association (NSSLHA) is a pre-professional association for APSU students studying communication sciences and disorders and students interested in human communication and disorders of human communication. The purpose of the APSU NSSLHA Chapter is to: Encourage the study of communication sciences and disorders (CSDI) and speech-language pathology (MSLP); Enhance the APSU collegiate experience; Create opportunities and experiences for members to advocate for individuals with communication disorders; Create opportunities and experiences for members to network with other students and professionals; Develop members as leaders in the area of human communication sciences and disorders and speech language pathology, and Provide a point of access for the dissemination of academic and professional information and Enhance the student's experiences at Austin Peay State University and assist in planning for life beyond the institution.

The National Student Speech-Language-Hearing Association mission is to provide opportunities and experiences to empower members and develop leadership skills that will enhance their professional preparation and success as a speech-language pathologist or audiologist.

Membership is limited to currently enrolled APSU students or current faculty and staff. Membership in the National Student Speech- Language-Hearing Association will be finalized after a membership application is reviewed and the annual nonrefundable dues of \$15.00 is paid.

Contact Information:

Email: nsslha@gmail.com

Instagram: [apsu_nsslha](https://www.instagram.com/apsu_nsslha)

B. ASHA

The [American Speech-Language-Hearing Association \(ASHA\)](https://www.asha.org/) is the national professional, scientific, and credentialing association for 218,000 members and affiliates who are audiologists; speech-language pathologists; speech, language, and hearing scientists; audiology and speech-language pathology support personnel; and students.

Students who are National NSSLHA members for two years prior to application for ASHA certification are eligible for the NSSLHA to ASHA Membership Conversion which is a one-time discount of \$225.00 off the initial dues and fees.

An individual may also choose to apply for certificate-holder status that is, hold the Certificate of Clinical Competence but not become a member of the Association. Non-member certificate holders are not eligible for member benefits.

C. TAASLP

As an entry level speech-language pathologist MSLP graduates must adhere to the 2016 Scope of Practice in Speech-Language Pathology. This document, found in Appendix G, outlines Domains of Professional Practice.

“... a set of skills and knowledge that goes beyond clinical practice. The domains of professional practice include advocacy and outreach, supervision, education, research, and administration and leadership.”

Membership in the [Tennessee Association of Audiologists and Speech-Language Pathologists \(TAASLP\)](#) is one mechanism where an APSU MSLP graduate will find opportunities to develop professionally in these domains. TAASLP, as the state professional association for speech-language pathology, advocates on issues that impact the profession and practice of speech pathology in the state.

Students are encouraged to participate as a student member while enrolled in to MSLP program at APSU and then transition to a full member upon graduation.

Accreditation

CAA

The [CAA](#) is a semi-autonomous body within ASHA that is responsible for formulating [standards for accreditation](#) of entry-level professional preparation programs in speech-language pathology and audiology, evaluating programs, and granting accreditation to programs that have met the standards. There are six accreditation standards that must be met and a description of those standards is available online on the [CAA website](#).

For additional information about the CAA, students are referred to the [CAA Accreditation Handbook](#). Chapter II of the CAA Handbook states the Mission and Principles of the CAA.

A. Accreditation Status

The Master of Speech-Language Pathology (MSLP) residential education program in speech-language pathology at Austin Peay State University is a Candidate for Accreditation by the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA) of the American Speech-Language-Hearing Association, 2200 Research Boulevard, #310, Rockville, MD 20850, 800-498-2071 or 301-296-5700. Candidacy is a “preaccreditation” status with the CAA, awarded to developing or emerging programs for a maximum period of 5 years.

B. Complaints Against the Program

The Master of Speech-Language Pathology (MSLP) residential education program in speech-language pathology at Austin Peay State University is a Candidate for Accreditation by the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA) of the American Speech-Language-Hearing Association, 2200 Research Boulevard, #310, Rockville, MD 20850, 800-498-2071 or 301-296-5700. Candidacy is a “preaccreditation” status with the CAA, awarded to developing or emerging programs for a maximum period of 5 years.

If students have complaints regarding the program’s compliance with accreditation standards for speech-language pathology programs they may contact the [Council on Academic Accreditation for Audiology and Speech-Language Pathology \(CAA\)](#) .

Policy and procedures for filing complaints against the MSLP program to the CAA are found in the [CAA Accreditation Handbook](#) (March 2022 version). The process for Complaints Against Graduate Education Programs is found in Section XIII-A. The process for filing Complaints Against the CAA is found in Section XIII-B. Persons considering filing a complaint against the program should review all the information found in the [CAA Accreditation Handbook](#) relative to the process for [Complaints Against the Program](#).

A complaint about a graduate program in speech-language pathology accredited or in Candidacy status may be submitted by any student, staff, faculty, adjunct clinical educator or member of the public. The following criteria for Complaints Against Graduate Education Programs were taken from the CAA Handbook (pp. 66-67) and should be reviewed by persons considering filing a complaint about the APSU MSLP program to the CAA:

Complaints about programs must meet all of the following criteria:

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

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

Complaints also must meet the following submission requirements:

- a. include verification, if the complaint is from a student or faculty/instructional staff member, that the complainant exhausted all pertinent institutional grievance and review mechanisms before submitting a complaint to the CAA;
- b. include the complainant's name, address, and telephone contact information and the complainant's relationship to the program in order for the Accreditation Office staff to verify the source of the information;
- c. be submitted using the CAA's complaint form [DOC]
- d. sign and submit a waiver of confidentiality with the complaint; Because it may be necessary to identify the complainant to the affected program or to other potential sources of relevant information, the complainant is required to sign a waiver of confidentiality as part of the complaint submission. Failure to provide a signed waiver of confidentiality will result in dismissal of the complaint;
- e. must be complete at the time of submission, including the complaint, waiver, and all appendices; If a complainant submits an amended complaint, including providing additional appendices, it will void the original submission and initiate a new process and time line;
- f. append documented evidence in support of the complaint, including as appropriate relevant policies/procedures, relevant correspondence (including email), timelines of referenced events, etc. Complainants should not enclose entire documents; only the specific pages should be included that

present content germane to the complaint. Page numbers to these appendices should be referenced in the complaint. Materials may be returned to the complainant if not properly organized to support the complaint.

g. must submit all complaints and supporting evidence in English, consistent with the business practices of the CAA;

h. be signed and submitted in writing via U.S. mail, overnight courier, or hand delivery—not via email or as a facsimile—to:

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

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

Appendix



ASHA
American
Speech-Language-Hearing
Association

CODE OF ETHICS

Reference this material as: American Speech-Language-Hearing Association. (2016). Code of Ethics [Ethics]. Available from www.asha.org/policy/.

© Copyright 2015 American Speech-Language-Hearing Association. All rights reserved.

Disclaimer: The American Speech-Language-Hearing Association disclaims any liability to any party for the accuracy, completeness, or availability of these documents, or for any damages arising out of the use of the documents and any information they contain.

PREAMBLE

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

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

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

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

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

The fundamentals of ethical conduct are described by Principles of Ethics and by Rules of Ethics. The four Principles of Ethics form the underlying philosophical basis for the Code of Ethics and are reflected in the following areas: (I) responsibility to persons served professionally and to research participants, both human and animal; (II) responsibility for one’s professional

competence; (III) responsibility to the public; and (IV) responsibility for professional relationships. Individuals shall honor and abide by these Principles as affirmative obligations under all conditions of applicable professional activity. Rules of Ethics are specific statements of minimally acceptable as well as unacceptable professional conduct.

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

TERMINOLOGY

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

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

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

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

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

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

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

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

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

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

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

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

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

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

nolo contendere – No contest.

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

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

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

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

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

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

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

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

PRINCIPLE OF ETHICS I

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

RULES OF ETHICS

- A. Individuals shall provide all clinical services and scientific activities competently.
- B. Individuals shall use every resource, including referral and/or interprofessional collaboration when appropriate, to ensure that quality service is provided.
- C. Individuals shall not discriminate in the delivery of professional services or in the conduct of research and scholarly activities on the basis of race, ethnicity, sex, gender identity/gender expression, sexual orientation, age, religion, national origin, disability, culture, language, or dialect.
- D. Individuals shall not misrepresent the credentials of aides, assistants, technicians, support personnel, students, research interns, Clinical Fellows, or any others under their supervision, and they shall inform those they serve professionally of the name, role, and professional credentials of persons providing services.

- E. Individuals who hold the Certificate of Clinical Competence may delegate tasks related to the provision of clinical services to aides, assistants, technicians, support personnel, or any other persons only if those persons are adequately prepared and are appropriately supervised. The responsibility for the welfare of those being served remains with the certified individual.
- F. Individuals who hold the Certificate of Clinical Competence shall not delegate tasks that require the unique skills, knowledge, judgment, or credentials that are within the scope of their profession to aides, assistants, technicians, support personnel, or any nonprofessionals over whom they have supervisory responsibility.
- G. Individuals who hold the Certificate of Clinical Competence may delegate to students tasks related to the provision of clinical services that require the unique skills, knowledge, and judgment that are within the scope of practice of their profession only if those students are adequately prepared and are appropriately supervised. The responsibility for the welfare of those being served remains with the certified individual.
- H. Individuals shall obtain informed consent from the persons they serve about the nature and possible risks and effects of services provided, technology employed, and products dispensed. This obligation also includes informing persons served about possible effects of not engaging in treatment or not following clinical recommendations. If diminished decision-making ability of persons served is suspected, individuals should seek appropriate authorization for services, such as authorization from a spouse, other family member, or legally authorized/appointed representative.
- I. Individuals shall enroll and include persons as participants in research or teaching demonstrations only if participation is voluntary, without coercion, and with informed consent.
- J. Individuals shall accurately represent the intended purpose of a service, product, or research endeavor and shall abide by established guidelines for clinical practice and the responsible conduct of research.
- K. Individuals who hold the Certificate of Clinical Competence shall evaluate the effectiveness of services provided, technology employed, and products dispensed, and they shall provide services or dispense products only when benefit can reasonably be expected.
- L. Individuals may make a reasonable statement of prognosis, but they shall not guarantee—directly or by implication—the results of any treatment or procedure.

- M. Individuals who hold the Certificate of Clinical Competence shall use independent and evidence-based clinical judgment, keeping paramount the best interests of those being served.
- N. Individuals who hold the Certificate of Clinical Competence shall not provide clinical services solely by correspondence, but may provide services via telepractice consistent with professional standards and state and federal regulations.
- O. Individuals shall protect the confidentiality and security of records of professional services provided, research and scholarly activities conducted, and products dispensed. Access to these records shall be allowed only when doing so is necessary to protect the welfare of the person or of the community, is legally authorized, or is otherwise required by law.
- P. Individuals shall protect the confidentiality of any professional or personal information about persons served professionally or participants involved in research and scholarly activities and may disclose confidential information only when doing so is necessary to protect the welfare of the person or of the community, is legally authorized, or is otherwise required by law.
- Q. Individuals shall maintain timely records and accurately record and bill for services provided and products dispensed and shall not misrepresent services provided, products dispensed, or research and scholarly activities conducted.
- R. Individuals whose professional practice is adversely affected by substance abuse, addiction, or other health-related conditions are impaired practitioners and shall seek professional assistance and, where appropriate, withdraw from the affected areas of practice.
- S. Individuals who have knowledge that a colleague is unable to provide professional services with reasonable skill and safety shall report this information to the appropriate authority, internally if a mechanism exists and, otherwise, externally.
- T. Individuals shall provide reasonable notice and information about alternatives for obtaining care in the event that they can no longer provide professional services.

PRINCIPLE OF ETHICS II

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

RULES OF ETHICS

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

PRINCIPLE OF ETHICS III

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

RULES OF ETHICS

- A. Individuals shall not misrepresent their credentials, competence, education, training, experience, and scholarly contributions.
- B. Individuals shall avoid engaging in conflicts of interest whereby personal, financial, or other considerations have the potential to influence or compromise professional judgment and objectivity.
- C. Individuals shall not misrepresent research and scholarly activities, diagnostic information, services provided, results of services provided, products dispensed, or the effects of products dispensed.
- D. Individuals shall not defraud through intent, ignorance, or negligence or engage in any scheme to defraud in connection with obtaining payment, reimbursement, or grants and contracts for services provided, research conducted, or products dispensed.
- E. Individuals' statements to the public shall provide accurate and complete information about the nature and management of communication disorders, about the professions, about professional services, about products for sale, and about research and scholarly activities.
- F. Individuals' statements to the public shall adhere to prevailing professional norms and shall not contain misrepresentations when advertising, announcing, and promoting their professional services and products and when reporting research results.
- G. Individuals shall not knowingly make false financial or nonfinancial statements and shall complete all materials honestly and without omission.

PRINCIPLE OF ETHICS IV

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

RULES OF ETHICS

- A. Individuals shall work collaboratively, when appropriate, with members of one's own profession and/or members of other professions to deliver the highest quality of care.
- B. Individuals shall exercise independent professional judgment in recommending and providing professional services when an administrative mandate, referral source, or prescription prevents keeping the welfare of persons served paramount.
- C. Individuals' statements to colleagues about professional services, research results, and products shall adhere to prevailing professional standards and shall contain no misrepresentations.
- D. Individuals shall not engage in any form of conduct that adversely reflects on the professions or on the individual's fitness to serve persons professionally.
- E. Individuals shall not engage in dishonesty, negligence, fraud, deceit, or misrepresentation.
- F. Applicants for certification or membership, and individuals making disclosures, shall not knowingly make false statements and shall complete all application and disclosure materials honestly and without omission.
- G. Individuals shall not engage in any form of harassment, power abuse, or sexual harassment.
- H. Individuals shall not engage in sexual activities with individuals (other than a spouse or other individual with whom a prior consensual relationship exists) over whom they exercise professional authority or power, including persons receiving services, assistants, students, or research participants.
- I. Individuals shall not knowingly allow anyone under their supervision to engage in any practice that violates the Code of Ethics.
- J. Individuals shall assign credit only to those who have contributed to a publication, presentation, process, or product. Credit shall be assigned in proportion to the contribution and only with the contributor's consent.
- K. Individuals shall reference the source when using other persons' ideas, research, presentations, results, or products in written, oral, or any other media presentation or summary. To do otherwise constitutes plagiarism.

- L. Individuals shall not discriminate in their relationships with colleagues, assistants, students, support personnel, and members of other professions and disciplines on the basis of race, ethnicity, sex, gender identity/gender expression, sexual orientation, age, religion, national origin, disability, culture, language, dialect, or socioeconomic status.
- M. Individuals with evidence that the Code of Ethics may have been violated have the responsibility to work collaboratively to resolve the situation where possible or to inform the Board of Ethics through its established procedures.
- N. Individuals shall report members of other professions who they know have violated standards of care to the appropriate professional licensing authority or board, other professional regulatory body, or professional association when such violation compromises the welfare of persons served and/or research participants.
- O. Individuals shall not file or encourage others to file complaints that disregard or ignore facts that would disprove the allegation; the Code of Ethics shall not be used for personal reprisal, as a means of addressing personal animosity, or as a vehicle for retaliation.
- P. Individuals making and responding to complaints shall comply fully with the policies of the Board of Ethics in its consideration, adjudication, and resolution of complaints of alleged violations of the Code of Ethics.
- Q. Individuals involved in ethics complaints shall not knowingly make false statements of fact or withhold relevant facts necessary to fairly adjudicate the complaints.
- R. Individuals shall comply with local, state, and federal laws and regulations applicable to professional practice, research ethics, and the responsible conduct of research.
- S. Individuals who have been convicted; been found guilty; or entered a plea of guilty or nolo contendere to (1) any misdemeanor involving dishonesty, physical harm—or the threat of physical harm—to the person or property of another, or (2) any felony, shall self-report by notifying ASHA Standards and Ethics (see Terminology for mailing address) in writing within 30 days of the conviction, plea, or finding of guilt. Individuals shall also provide a certified copy of the conviction, plea, nolo contendere record, or docket entry to ASHA Standards and Ethics within 30 days of self-reporting.
- T. Individuals who have been publicly sanctioned or denied a license or a professional credential by any professional association, professional licensing authority or board, or other professional regulatory body shall self-report by notifying ASHA Standards and Ethics (see Terminology for mailing address) in writing within 30 days of the final action or disposition. Individuals shall also provide a certified copy of the final action, sanction, or disposition to ASHA Standards and Ethics within 30 days of self-reporting.



ASHA
American
Speech-Language-Hearing
Association

SCOPE OF PRACTICE IN SPEECH- LANGUAGE PATHOLOGY

AD HOC COMMITTEE ON THE SCOPE OF PRACTICE IN SPEECH-LANGUAGE
PATHOLOGY

Reference this material as: American Speech-Language-Hearing Association. (2016). Scope of Practice in Speech-Language Pathology [Scope of Practice]. Available from www.asha.org/policy/.

© Copyright 2016 American Speech Language Hearing Association. All rights reserved.

Disclaimer: The American Speech-Language-Hearing Association disclaims any liability to any party for the accuracy, completeness, or availability of these documents, or for any damages arising out of the use of the documents and any information they contain.

ABOUT THIS DOCUMENT

This scope of practice document is an official policy of the American Speech-Language-Hearing Association (ASHA) defining the breadth of practice within the profession of speech-language pathology. This document was developed by the ASHA Ad Hoc Committee on the Scope of Practice in Speech-Language Pathology. Committee members were Mark DeRuiter (chair), Michael Campbell, Craig Coleman, Charlette Green, Diane Kendall, Judith Montgomery, Bernard Rousseau, Nancy Swigert, Sandra Gillam (board liaison), and Lemmietta McNeilly (ex officio). This document was approved by the ASHA Board of Directors on February 4, 2016 (BOD 01-2016). The BOD approved a revision in the prevention of hearing section of the document on May 9, 2016 (Motion 07-2016).

TABLE OF CONTENTS

- Introduction
- Statement of Purpose
- Definitions of Speech-Language Pathologist and Speech-Language Pathology
- Framework for Speech-Language Pathology Practice
- Domains of Speech-Language Pathology Service Delivery
- Speech-Language Pathology Service Delivery Areas
- Domains of Professional Practice
- References
- Resources

INTRODUCTION

The *Scope of Practice in Speech-Language Pathology* of the American Speech-Language-Hearing Association (ASHA) includes the following: a statement of purpose, definitions of *speech-language pathologist* and *speech-language pathology*, a framework for speech-language pathology practice, a description of the domains of speech-language pathology service delivery, delineation of speech-language pathology service delivery areas, domains of professional practice, references, and resources.

The *speech-language pathologist (SLP)* is defined as the professional who engages in professional practice in the areas of communication and swallowing across the life span. *Communication* and *swallowing* are broad terms encompassing many facets of function. *Communication* includes speech production and fluency, language, cognition, voice, resonance,

and hearing. *Swallowing* includes all aspects of swallowing, including related feeding behaviors. Throughout this document, the terms *communication* and *swallowing* are used to reflect all areas. This document is a guide for SLPs across all clinical and educational settings to promote best practice. The term *individuals* is used throughout the document to refer to students, clients, and patients who are served by the SLP.

As part of the review process for updating the *Scope of Practice in Speech-Language Pathology*, the committee revised the previous scope of practice document to reflect recent advances in knowledge and research in the discipline. One of the biggest changes to the document includes the delineation of practice areas in the context of eight domains of speech-language pathology service delivery: collaboration; counseling; prevention and wellness; screening; assessment; treatment; modalities, technology, and instrumentation; and population and systems. In addition, five domains of professional practice are delineated: advocacy and outreach, supervision, education, research and administration/leadership.

Service delivery areas include all aspects of communication and swallowing and related areas that impact communication and swallowing: speech production, fluency, language, cognition, voice, resonance, feeding, swallowing, and hearing. The practice of speech-language pathology continually evolves. SLPs play critical roles in health literacy; screening, diagnosis, and treatment of autism spectrum disorder; and use of the *International Classification of Functioning, Disability and Health* (ICF; World Health Organization [WHO], 2014) to develop functional goals and collaborative practice. As technology and science advance, the areas of assessment and intervention related to communication and swallowing disorders grow accordingly. Clinicians should stay current with advances in speech-language pathology practice by regularly reviewing the research literature, consulting the Practice Management section of the ASHA website, including the Practice Portal, and regularly participating in continuing education to supplement advances in the profession and information in the scope of practice.

STATEMENT OF PURPOSE

The purpose of the *Scope of Practice in Speech-Language Pathology* is to

1. delineate areas of professional practice;
2. inform others (e.g., health care providers, educators, consumers, payers, regulators, and the general public) about professional roles and responsibilities of qualified providers;
3. support SLPs in the provision of high-quality, evidence-based services to individuals with communication, feeding, and/or swallowing concerns;

4. support SLPs in the conduct and dissemination of research; and
5. guide the educational preparation and professional development of SLPs to provide safe and effective services.

The scope of practice outlines the breadth of professional services offered within the profession of speech-language pathology. Levels of education, experience, skill, and proficiency in each practice area identified within this scope will vary among providers. An SLP typically does not practice in all areas of clinical service delivery across the life cycle. As the ASHA Code of Ethics specifies, professionals may practice only in areas in which they are competent, based on their education, training, and experience.

This scope of practice document describes evolving areas of practice. These include interdisciplinary work in both health care and educational settings, collaborative service delivery wherever appropriate, and telehealth/telepractice that are effective for the general public.

Speech-language pathology is a dynamic profession, and the overlapping of scopes of practice is a reality in rapidly changing health care, education, and other environments. Hence, SLPs in various settings work collaboratively with other school or health care professionals to make sound decisions for the benefit of individuals with communication and swallowing disorders. This *interprofessional collaborative practice* is defined as “members or students of two or more professions associated with health or social care, engaged in learning with, from and about each other” (Craddock, O’Halloran, Borthwick, & McPherson, 2006, p. 237. Similarly, “interprofessional education provides an ability to share skills and knowledge between professions and allows for a better understanding, shared values, and respect for the roles of other healthcare professionals” (Bridges et al., 2011, para. 5).

This scope of practice does not supersede existing state licensure laws or affect the interpretation or implementation of such laws. However, it may serve as a model for the development or modification of licensure laws. Finally, in addition to this scope of practice document, other ASHA professional resources outline practice areas and address issues related to public protection (e.g., A guide to disability rights law and the Practice Portal). The highest standards of integrity and ethical conduct are held paramount in this profession.

DEFINITIONS OF SPEECH-LANGUAGE PATHOLOGIST AND SPEECH-LANGUAGE PATHOLOGY

Speech-language pathologists, as defined by ASHA, are professionals who hold the ASHA Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP), which requires a master's, doctoral, or other recognized postbaccalaureate degree. ASHA-certified SLPs complete a supervised postgraduate professional experience and pass a national examination as described in the ASHA certification standards, (2014). Demonstration of continued professional development is mandated for the maintenance of the CCC-SLP. SLPs hold other required credentials where applicable (e.g., state licensure, teaching certification, specialty certification).

Each practitioner evaluates his or her own experiences with preservice education, practice, mentorship and supervision, and continuing professional development. As a whole, these experiences define the scope of competence for each individual. The SLP should engage in only those aspects of the profession that are within her or his professional competence.

SLPs are autonomous professionals who are the primary care providers of speech-language pathology services. Speech-language pathology services are not prescribed or supervised by another professional. Additional requirements may dictate that speech-language pathology services are prescribed and required to meet specific eligibility criteria in certain work settings, or as required by certain payers. SLPs use professional judgment to determine if additional requirements are indicated. Individuals with communication and/or swallowing disorders benefit from services that include collaboration by SLPs with other professionals.

The profession of speech-language pathology contains a broad area of speech-language pathology practice that includes both speech-language pathology service delivery and professional practice domains. These domains are defined in subsequent sections of this document and are represented schematically in **Figure 1**.



Figure 1. Schematic representation of speech-language pathology practice, including both service delivery and professional domains.

FRAMEWORK FOR SPEECH-LANGUAGE PATHOLOGY PRACTICE

The overall objective of speech-language pathology services is to optimize individuals' abilities to communicate and to swallow, thereby improving quality of life. As the population of the United States continues to become increasingly diverse, SLPs are committed to the provision of culturally and linguistically appropriate services and to the consideration of diversity in scientific investigations of human communication and swallowing.

An important characteristic of the practice of speech-language pathology is that, to the extent possible, decisions are based on best available evidence. ASHA defines evidence-based practice in speech-language pathology as an approach in which current, high-quality research evidence is integrated with practitioner expertise, along with the client's values and preferences (ASHA, 2005). A high-quality basic and applied research base in communication sciences and disorders and related disciplines is essential to providing evidence-based practice and high-quality services. Increased national and international interchange of professional knowledge, information, and education in communication sciences and disorders is a means to strengthen

research collaboration and improve services. ASHA has provided a resource for evidence-based research via the Practice Portal.

The scope of practice in speech-language pathology comprises five domains of professional practice and eight domains of service delivery.

Professional practice domains:

- advocacy and outreach
- supervision
- education
- administration/leadership
- research

Service delivery domains

- Collaboration
- Counseling
- Prevention and Wellness
- Screening
- Assessment
- Treatment
- Modalities, Technology, and Instrumentation
- Population and Systems

SLPs provide services to individuals with a wide variety of speech, language, and swallowing differences and disorders within the above-mentioned domains that range in function from completely intact to completely compromised. The diagnostic categories in the speech-language pathology scope of practice are consistent with relevant diagnostic categories under the WHO's (2014) *ICF*, the American Psychiatric Association's (2013) *Diagnostic and Statistical Manual of Mental Disorders*, the categories of disability under the Individuals with Disabilities Education Act of 2004 (see also U.S. Department of Education, 2004), and those defined by two semiautonomous bodies of ASHA: the Council on Academic Accreditation in Audiology and Speech-Language Pathology and the Council for Clinical Certification in Audiology and Speech-Language Pathology.

The domains of speech-language pathology service delivery complement the *ICF*, the WHO's multipurpose health classification system (WHO, 2014). The classification system provides a

standard language and framework for the description of functioning and health. The ICF framework is useful in describing the breadth of the role of the SLP in the prevention, assessment, and habilitation/rehabilitation of communication and swallowing disorders and the enhancement and scientific investigation of those functions. The framework consists of two components: health conditions and contextual factors.

HEALTH CONDITIONS

Body Functions and Structures: These involve the anatomy and physiology of the human body. Relevant examples in speech-language pathology include craniofacial anomaly, vocal fold paralysis, cerebral palsy, stuttering, and language impairment.

Activity and Participation: *Activity* refers to the execution of a task or action. Participation is the involvement in a life situation. Relevant examples in speech-language pathology include difficulties with swallowing safely for independent feeding, participating actively in class, understanding a medical prescription, and accessing the general education curriculum.

CONTEXTUAL FACTORS

Environmental Factors: These make up the physical, social, and attitudinal environments in which people live and conduct their lives. Relevant examples in speech-language pathology include the role of the communication partner in augmentative and alternative communication (AAC), the influence of classroom acoustics on communication, and the impact of institutional dining environments on individuals' ability to safely maintain nutrition and hydration.

Personal Factors: These are the internal influences on an individual's functioning and disability and are not part of the health condition. Personal factors may include, but are not limited to, age, gender, ethnicity, educational level, social background, and profession. Relevant examples in speech-language pathology might include an individual's background or culture, if one or both influence his or her reaction to communication or swallowing.

The framework in speech-language pathology encompasses these health conditions and contextual factors across individuals and populations. **Figure 2** illustrates the interaction of the various components of the ICF. The health condition component is expressed on a continuum of functioning. On one end of the continuum is intact functioning; at the opposite end of the continuum is completely compromised function. The contextual factors interact with each other and with the health conditions and may serve as facilitators or barriers to functioning. SLPs

influence contextual factors through education and advocacy efforts at local, state, and national levels.

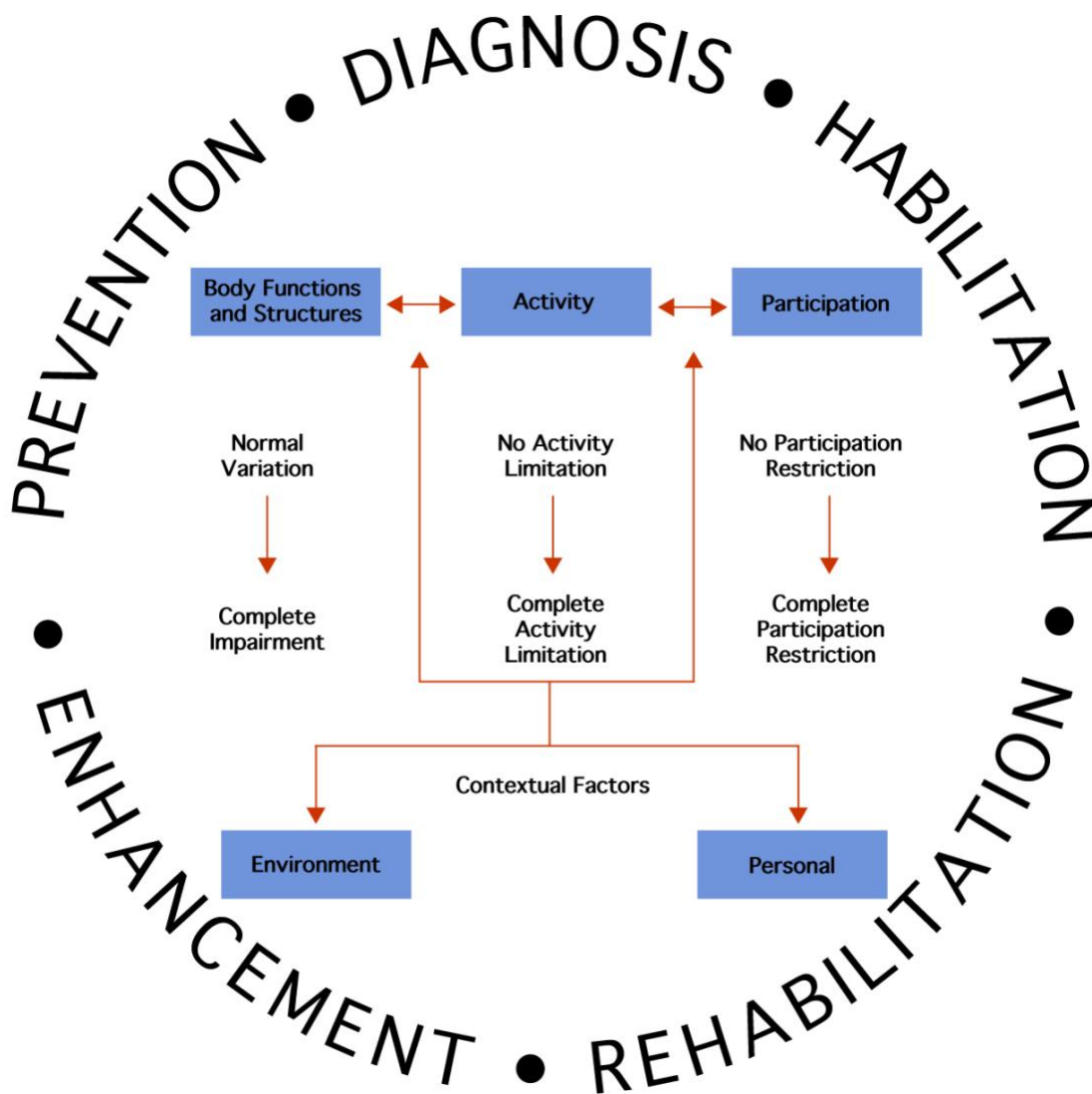


Figure 2. Interaction of the various components of the ICF model. This model applies to individuals or groups.

DOMAINS OF SPEECH-LANGUAGE PATHOLOGY SERVICE DELIVERY

The eight domains of speech-language pathology service delivery are collaboration; counseling; prevention and wellness; screening; assessment; treatment; modalities, technology, and instrumentation; and population and systems.

COLLABORATION

SLPs share responsibility with other professionals for creating a collaborative culture.

Collaboration requires joint communication and shared decision making among all members of the team, including the individual and family, to accomplish improved service delivery and functional outcomes for the individuals served. When discussing specific roles of team members, professionals are ethically and legally obligated to determine whether they have the knowledge and skills necessary to perform such services. Collaboration occurs across all speech-language pathology practice domains.

As our global society is becoming more connected, integrated, and interdependent, SLPs have access to a variety of resources, information technology, diverse perspectives and influences (see, e.g., Lipinsky, Lombardo, Dominy, & Feeney, 1997). Increased national and international interchange of professional knowledge, information, and education in communication sciences and disorders is a means to strengthen research collaboration and improve services. SLPs

- educate stakeholders regarding interprofessional education (IPE) and interprofessional practice (IPP) (ASHA, 2014) principles and competencies;
- partner with other professions/organizations to enhance the value of speech-language pathology services;
- share responsibilities to achieve functional outcomes;
- consult with other professionals to meet the needs of individuals with communication and swallowing disorders;
- serve as case managers, service delivery coordinators, members of collaborative and patient care conference teams; and
- serve on early intervention and school pre-referral and intervention teams to assist with the development and implementation of individualized family service plans (IFSPs) and individualized education programs (IEPs).

COUNSELING

SLPs counsel by providing education, guidance, and support. Individuals, their families and their caregivers are counseled regarding acceptance, adaptation, and decision making about communication, feeding and swallowing, and related disorders. The role of the SLP in the counseling process includes interactions related to emotional reactions, thoughts, feelings, and behaviors that result from living with the communication disorder, feeding and swallowing disorder, or related disorders.

SLPs engage in the following activities in counseling persons with communication and feeding and swallowing disorders and their families:

- empower the individual and family to make informed decisions related to communication or feeding and swallowing issues.
- educate the individual, family, and related community members about communication or feeding and swallowing disorders.
- provide support and/or peer-to-peer groups for individuals with disorders and their families.
- provide individuals and families with skills that enable them to become self-advocates.
- discuss, evaluate, and address negative emotions and thoughts related to communication or feeding and swallowing disorders.
- refer individuals with disorders to other professionals when counseling needs fall outside of those related to (a) communication and (b) feeding and swallowing.

PREVENTION AND WELLNESS

SLPs are involved in prevention and wellness activities that are geared toward reducing the incidence of a new disorder or disease, identifying disorders at an early stage, and decreasing the severity or impact of a disability associated with an existing disorder or disease. Involvement is directed toward individuals who are vulnerable or at risk for limited participation in communication, hearing, feeding and swallowing, and related abilities. Activities are directed toward enhancing or improving general well-being and quality of life. Education efforts focus on identifying and increasing awareness of risk behaviors that lead to communication disorders and feeding and swallowing problems. SLPs promote programs to increase public awareness, which are aimed at positively changing behaviors or attitudes.

Effective prevention programs are often community based and enable the SLP to help reduce the incidence of spoken and written communication and swallowing disorders as a public health and public education concern.

Examples of prevention and wellness programs include, but are not limited to, the following:

- **Language impairment:** Educate parents, teachers and other school-based professionals about the clinical markers of language impairment and the ways in which these impairments can impact a student's reading and writing skills to facilitate early referral for evaluation and assessment services.

- **Language-based literacy disorders:** Educate parents, school personnel, and health care providers about the SLP's role in addressing the semantic, syntactic, morphological, and phonological aspects of literacy disorders across the lifespan.
- **Feeding:** Educate parents of infants at risk for feeding problems about techniques to minimize long-term feeding challenges.
- **Stroke prevention:** Educate individuals about risk factors associated with stroke
- **Serve on teams:** Participate on multitiered systems of support (MTSS)/response to intervention (RTI) teams to help students successfully communicate within academic, classroom, and social settings.
- **Fluency:** Educate parents about risk factors associated with early stuttering.
- **Early childhood:** Encourage parents to participate in early screening and to collaborate with physicians, educators, child care providers, and others to recognize warning signs of developmental disorders during routine wellness checks and to promote healthy communication development practices.
- **Prenatal care:** Educate parents to decrease the incidence of speech, hearing, feeding and swallowing, and related disorders due to problems during pregnancy.
- **Genetic counseling:** Refer individuals to appropriate professionals and professional services if there is a concern or need for genetic counseling.
- **Environmental change:** Modify environments to decrease the risk of occurrence (e.g., decrease noise exposure).
- **Vocal hygiene:** Target prevention of voice disorders (e.g., encourage activities that minimize phonotrauma and the development of benign vocal fold pathology and that curb the use of smoking and smokeless tobacco products).
- **Hearing:** Educate individuals about risk factors associated with noise-induced hearing loss and preventive measures that may help to decrease the risk.
- **Concussion/traumatic brain injury awareness:** Educate parents of children involved in contact sports about the risk of concussion.
- **Accent/dialect modification:** Address sound pronunciation, stress, rhythm, and intonation of speech to enhance effective communication.
- **Transgender (TG) and transsexual (TS) voice and communication:** Educate and treat individuals about appropriate verbal, nonverbal, and voice characteristics (feminization or masculinization) that are congruent with their targeted gender identity.
- **Business communication:** Educate individuals about the importance of effective business communication, including oral, written, and interpersonal communication.

- **Swallowing:** Educate individuals who are at risk for aspiration about oral hygiene techniques.

SCREENING

SLPs are experts at screening individuals for possible communication, hearing, and/or feeding and swallowing disorders. SLPs have the knowledge of—and skills to treat—these disorders; they can design and implement effective screening programs and make appropriate referrals. These screenings facilitate referral for appropriate follow-up in a timely and cost-effective manner. SLPs

- select and use appropriate screening instrumentation;
- develop screening procedures and tools based on existing evidence;
- coordinate and conduct screening programs in a wide variety of educational, community, and health care settings;
- participate in public school MTSS/RTI team meetings to review data and recommend interventions to satisfy federal and state requirements (e.g., Individuals with Disabilities Education Improvement Act of 2004 [IDEIA] and Section 504 of the Rehabilitation Act of 1973);
- review and analyze records (e.g., educational, medical);
- review, analyze, and make appropriate referrals based on results of screenings;
- consult with others about the results of screenings conducted by other professionals; and
- utilize data to inform decisions about the health of populations.

ASSESSMENT

Speech-language pathologists have expertise in the differential diagnosis of disorders of communication and swallowing. Communication, speech, language, and swallowing disorders can occur developmentally, as part of a medical condition, or in isolation, without an apparent underlying medical condition. Competent SLPs can diagnose communication and swallowing disorders but do not differentially diagnose medical conditions. The assessment process utilizes the ICF framework, which includes evaluation of body function, structure, activity and participation, within the context of environmental and personal factors. The assessment process can include, but is not limited to, culturally and linguistically appropriate behavioral observation and standardized and/or criterion-referenced tools; use of instrumentation; review of records, case history, and prior test results; and interview of the individual and/or family to guide decision making. The assessment process can be carried out in collaboration with other professionals. SLPs

- administer standardized and/or criterion-referenced tools to compare individuals with their peers;
- review medical records to determine relevant health, medical, and pharmacological information;
- interview individuals and/or family to obtain case history to determine specific concerns;
- utilize culturally and linguistically appropriate assessment protocols;
- engage in behavioral observation to determine the individual's skills in a naturalistic setting/context;
- diagnose communication and swallowing disorders;
- use endoscopy, videofluoroscopy, and other instrumentation to assess aspects of voice, resonance, velopharyngeal function and swallowing;
- document assessment and trial results for selecting AAC interventions and technology, including speech-generating devices (SGDs);
- participate in meetings adhering to required federal and state laws and regulations (e.g., IDEA [2004] and Section 504 of the Rehabilitation Act of 1973).
- document assessment results, including discharge planning;
- formulate impressions to develop a plan of treatment and recommendations; and
- discuss eligibility and criteria for dismissal from early intervention and school-based services.

TREATMENT

Speech-language services are designed to optimize individuals' ability to communicate and swallow, thereby improving quality of life. SLPs develop and implement treatment to address the presenting symptoms or concerns of a communication or swallowing problem or related functional issue. Treatment establishes a new skill or ability or remediates or restores an impaired skill or ability. The ultimate goal of therapy is to improve an individual's functional outcomes. To this end, SLPs

- design, implement, and document delivery of service in accordance with best available practice appropriate to the practice setting;
- provide culturally and linguistically appropriate services;
- integrate the highest quality available research evidence with practitioner expertise and individual preferences and values in establishing treatment goals;
- utilize treatment data to guide decisions and determine effectiveness of services;
- integrate academic materials and goals into treatment;

- deliver the appropriate frequency and intensity of treatment utilizing best available practice;
- engage in treatment activities that are within the scope of the professional's competence;
- utilize AAC performance data to guide clinical decisions and determine the effectiveness of treatment; and
- collaborate with other professionals in the delivery of services.

MODALITIES, TECHNOLOGY, AND INSTRUMENTATION

SLPs use advanced instrumentation and technologies in the evaluation, management, and care of individuals with communication, feeding and swallowing, and related disorders. SLPs are also involved in the research and development of emerging technologies and apply their knowledge in the use of advanced instrumentation and technologies to enhance the quality of the services provided. Some examples of services that SLPs offer in this domain include, but are not limited to, the use of

- the full range of AAC technologies to help individuals who have impaired ability to communicate verbally on a consistent basis—AAC devices make it possible for many individuals to successfully communicate within their environment and community;
- endoscopy, videofluoroscopy, fiber-optic evaluation of swallowing (voice, velopharyngeal function, swallowing) and other instrumentation to assess aspects of voice, resonance, and swallowing;
- telehealth/telepractice to provide individuals with access to services or to provide access to a specialist;
- ultrasound and other biofeedback systems for individuals with speech sound production, voice, or swallowing disorders; and
- other modalities (e.g., American Sign Language), where appropriate.

POPULATION AND SYSTEMS

In addition to direct care responsibilities, SLPs have a role in (a) managing populations to improve overall health and education, (b) improving the experience of the individuals served, and, in some circumstances, (c) reducing the cost of care. SLPs also have a role in improving the efficiency and effectiveness of service delivery. SLPs serve in roles designed to meet the demands and expectations of a changing work environment. SLPs

- use plain language to facilitate clear communication for improved health and educationally relevant outcomes;

- collaborate with other professionals about improving communication with individuals who have communication challenges;
- improve the experience of care by analyzing and improving communication environments;
- reduce the cost of care by designing and implementing case management strategies that focus on function and by helping individuals reach their goals through a combination of direct intervention, supervision of and collaboration with other service providers, and engagement of the individual and family in self-management strategies;
- serve in roles designed to meet the demands and expectations of a changing work environment;
- contribute to the management of specific populations by enhancing communication between professionals and individuals served;
- coach families and early intervention providers about strategies and supports for facilitating prelinguistic and linguistic communication skills of infants and toddlers; and
- support and collaborate with classroom teachers to implement strategies for supporting student access to the curriculum.

SPEECH-LANGUAGE PATHOLOGY SERVICE DELIVERY AREAS

This list of practice areas and the bulleted examples are not comprehensive. Current areas of practice, such as literacy, have continued to evolve, whereas other new areas of practice are emerging. Please refer to the ASHA Practice Portal for a more extensive list of practice areas.

1. Fluency

- Stuttering
- Cluttering

2. Speech Production

- Motor planning and execution
- Articulation
- Phonological

3. Language—Spoken and written language (listening, processing, speaking, reading, writing, pragmatics)

- Phonology
- Morphology
- Syntax
- Semantics
- Pragmatics (language use and social aspects of communication)

- Prelinguistic communication (e.g., joint attention, intentionality, communicative signaling)
- Paralinguistic communication (e.g., gestures, signs, body language)
- Literacy (reading, writing, spelling)

4. Cognition

- Attention
- Memory
- Problem solving
- Executive functioning

5. Voice

- Phonation quality
- Pitch
- Loudness
- Alaryngeal voice

6. Resonance

- Hypernasality
- Hyponasality
- Cul-de-sac resonance
- Forward focus

7. Feeding and Swallowing

- Oral phase
- Pharyngeal phase
- Esophageal phase
- Atypical eating (e.g., food selectivity/refusal, negative physiologic response)

8. Auditory Habilitation/Rehabilitation

- Speech, language, communication, and listening skills impacted by hearing loss, deafness
- Auditory processing

Potential etiologies of communication and swallowing disorders include

- neonatal problems (e.g., prematurity, low birth weight, substance exposure);
- developmental disabilities (e.g., specific language impairment, autism spectrum disorder, dyslexia, learning disabilities, attention-deficit disorder, intellectual disabilities, unspecified neurodevelopmental disorders);

- disorders of aerodigestive tract function (e.g., irritable larynx, chronic cough, abnormal respiratory patterns or airway protection, paradoxical vocal fold motion, tracheostomy);
- oral anomalies (e.g., cleft lip/palate, dental malocclusion, macroglossia, oral motor dysfunction);
- respiratory patterns and compromise (e.g., bronchopulmonary dysplasia, chronic obstructive pulmonary disease);
- pharyngeal anomalies (e.g., upper airway obstruction, velopharyngeal insufficiency/incompetence);
- laryngeal anomalies (e.g., vocal fold pathology, tracheal stenosis);
- neurological disease/dysfunction (e.g., traumatic brain injury, cerebral palsy, cerebrovascular accident, dementia, Parkinson's disease, and amyotrophic lateral sclerosis);
- psychiatric disorder (e.g., psychosis, schizophrenia);
- genetic disorders (e.g., Down syndrome, fragile X syndrome, Rett syndrome, velocardiofacial syndrome); and
- Orofacial myofunctional disorders (e.g., habitual open-mouth posture/nasal breathing, orofacial habits, tethered oral tissues, chewing and chewing muscles, lips and tongue resting position).

This list of etiologies is not comprehensive.

Elective services include

- Transgender communication (e.g., voice, verbal and nonverbal communication);
- Preventive vocal hygiene;
- Business communication;
- Accent/dialect modification; and
- Professional voice use.

This list of elective services is not comprehensive.

DOMAINS OF PROFESSIONAL PRACTICE

This section delineates the domains of professional practice—that is, a set of skills and knowledge that goes beyond clinical practice. The domains of professional practice include advocacy and outreach, supervision, education, research, and administration and leadership.

ADVOCACY AND OUTREACH

SLPs advocate for the discipline and for individuals through a variety of mechanisms, including community awareness, prevention activities, health literacy, academic literacy, education, political action, and training programs. Advocacy promotes and facilitates access to communication, including the reduction of societal, cultural, and linguistic barriers. SLPs perform a variety of activities, including the following:

- Advise regulatory and legislative agencies about the continuum of care. Examples of service delivery options across the continuum of care include telehealth/telepractice, the use of technology, the use of support personnel, and practicing at the top of the license.
- Engage decision makers at the local, state, and national levels for improved administrative and governmental policies affecting access to services and funding for communication and swallowing issues.
- Advocate at the local, state, and national levels for funding for services, education, and research.
- Participate in associations and organizations to advance the speech-language pathology profession.
- Promote and market professional services.
- Help to recruit and retain SLPs with diverse backgrounds and interests.
- Collaborate on advocacy objectives with other professionals/colleagues regarding mutual goals.
- Serve as expert witnesses, when appropriate.
- Educate consumers about communication disorders and speech-language pathology services.
- Advocate for fair and equitable services for all individuals, especially the most vulnerable.
- Inform state education agencies and local school districts about the various roles and responsibilities of school-based SLPs, including direct service, IEP development, Medicaid billing, planning and delivery of assessment and therapy, consultation with other team members, and attendance at required meetings.

SUPERVISION

Supervision is a distinct area of practice; is the responsibility of SLPs; and crosses clinical, administrative, and technical spheres. SLPs are responsible for supervising Clinical Fellows, graduate externs, trainees, speech-language pathology assistants, and other personnel (e.g., clerical, technical, and other administrative support staff). SLPs may also supervise colleagues

and peers. SLPs acknowledge that supervision is integral in the delivery of communication and swallowing services and advances the discipline. Supervision involves education, mentorship, encouragement, counseling, and support across all supervisory roles. SLPs

- possess service delivery and professional practice skills necessary to guide the supervisee;
- apply the art and science of supervision to all stakeholders (i.e., those supervising and being supervised), recognizing that supervision contributes to efficiency in the workplace;
- seek advanced knowledge in the practice of effective supervision;
- establish supervisory relationships that are collegial in nature;
- support supervisees as they learn to handle emotional reactions that may affect the therapeutic process; and
- establish a supervisory relationship that promotes growth and independence while providing support and guidance.

EDUCATION

SLPs serve as educators, teaching students in academic institutions and teaching professionals through continuing education in professional development formats. This more formal teaching is in addition to the education that SLPs provide to individuals, families, caregivers, decision makers, and policy makers, which is described in other domains. SLPs

- serve as faculty at institutions of higher education, teaching courses at the undergraduate, graduate, and postgraduate levels;
- mentor students who are completing academic programs at all levels;
- provide academic training to students in related disciplines and students who are training to become speech-language pathology assistants; and
- provide continuing professional education to SLPs and to professionals in related disciplines.

RESEARCH

SLPs conduct and participate in basic and applied/translational research related to cognition, verbal and nonverbal communication, pragmatics, literacy (reading, writing and spelling), and feeding and swallowing. This research may be undertaken as a facility-specific effort or may be coordinated across multiple settings. SLPs engage in activities to ensure compliance with Institutional Review Boards and international laws pertaining to research. SLPs also collaborate with other researchers and may pursue research funding through grants.

ADMINISTRATION AND LEADERSHIP

SLPs administer programs in education, higher education, schools, health care, private practice, and other settings. In this capacity, they are responsible for making administrative decisions related to fiscal and personnel management; leadership; program design; program growth and innovation; professional development; compliance with laws and regulations; and cooperation with outside agencies in education and healthcare. Their administrative roles are not limited to speech-language pathology, as they may administer programs across departments and at different levels within an institution. In addition, SLPs promote effective and manageable workloads in school settings, provide appropriate services under IDEIA (2004), and engage in program design and development.

REFERENCES

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC: Author.

American Speech-Language-Hearing Association. (2005). *Evidence-based practice in communication disorders* [Position statement]. Available from www.asha.org/policy/.

American Speech-Language-Hearing Association. (2014). *Interprofessional education/interprofessional practice (IPE/IPP)*. Available from <https://www.asha.org/Practice/Interprofessional-Education-Practice/>

Bridges, D. R., Davidson, R. A., Odegard, P. S., Maki, I. V., & Tomkowiak, J. (2011). Interprofessional collaboration: Three best practice models of interprofessional education. *Medical Education Online*, 16. doi:10.3402/meo.v16i0.6035. Retrieved from www.ncbi.nlm.nih.gov/pmc/articles/PMC3081249/

Craddock, D., O'Halloran, C., Borthwick, A., & McPherson, K. (2006). Interprofessional education in health and social care: Fashion or informed practice? *Learning in Health and Social Care*, 5, 220-242. Retrieved from <http://onlinelibrary.wiley.com/doi/10.1111/j.1473-6861.2006.00135.x/abstract>

Individuals With Disabilities Education Act of 2004, 20 U.S.C. § 1400 et seq. (2004).

Individuals with Disabilities Education Improvement Act of 2004, 20 U.S.C. § 1400 et seq. (2004).

Lipinski, C. A., Lombardo, F., Dominy, B. W., & Feeney, P. J. (1997, March 1). Experimental and computational approaches to estimate solubility and permeability in drug discovery and development settings. *Advanced Drug Delivery Reviews*, 46(1-3), 3-26. Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/11259830>

Rehabilitation Act of 1973, 29 U.S.C. § 701 et seq.

U.S. Department of Education. (2004). *Building the legacy: IDEA 2004*. Retrieved from <http://idea.ed.gov/>

World Health Organization. (2014). *International Classification of Functioning, Disability and Health*. Geneva, Switzerland: Author. Retrieved from www.who.int/classifications/icf/en/

RESOURCES

American Speech-Language-Hearing Association. (n.d.). *Introduction to evidence-based practice*. Retrieved from www.asha.org/Research/EBP/

American Speech-Language-Hearing Association. (n.d.). Practice Portal. Available from www.asha.org/practice-portal/

American Speech-Language-Hearing Association. (1991). *A model for collaborative service delivery for students with language-learning disorders in the public schools* [Paper]. Available from www.asha.org/policy/

American Speech-Language-Hearing Association. (2003). *Evaluating and treating communication and cognitive disorders: Approaches to referral and collaboration for speech-language pathology and clinical neuropsychology* [Technical report]. Available from www.asha.org/policy/

Paul, D. (2013, August). A quick guide to DSM-V. *The ASHA Leader*, 18, 52-54. Retrieved from <http://leader.pubs.asha.org/article.aspx?articleid=1785031>

U.S. Department of Justice. (2009). *A guide to disability rights laws*. Retrieved from www.ada.gov/cguide.htm



Health & Human Performance

FORMAL COMPLAINT AGAINST THE PROGRAM OR PROGRAM FACULTY

Students are urged to first bring concerns/complaints against the party(s) involved (e.g., faculty member, supervisor etc.). If concerns/complaints cannot be addressed in this manner, students are encouraged to seek guidance and resolution first through their academic advisor, then the program director, and then the Chair of the Health and Human Performance Department if resolution fails at previous levels.

DATE OF COMPLAINT:

STUDENT NAME:

STUDENT A NUMBER:

STUDENT SIGNATURE:

DATE:

Students are advised to append any documentation supporting the complaint.



Technical Standards

Technical standards, as distinguished from academic standards, refer to those motor, sensory, communication, cognitive, and behavioral abilities that are necessary for satisfactory completion of all aspects of the curriculum, and the development of professional attributes required by the faculty of all students at graduation. In order to acquire knowledge and skills requisite to the practice of speech-language pathology which includes the provision of services in a variety of clinical settings with patients who have a diversity of needs, MSLP graduate students are expected to demonstrate functions associated with technical standards. These standards will enable a student to meet graduate and professional requirements as measured by ASHA's Council for Clinical Certification, Tennessee state licensure and Tennessee state board of education. The MSLP program seeks to admit applicants who have the ability to become highly skilled speech-language pathologists. Admission and retention decisions will be based not only on satisfactory prior and ongoing academic achievement but also on nonacademic factors in terms of the required technical standards.

The technical standards of the curriculum will be in the following areas: motor, sensory, communication, intellectual/cognitive (conceptual, integrative and quantitative abilities for problem solving and diagnosis), and the professional behavior and social aspects of the performance of a speech-language pathologist.

Students may be taught many of the specific skills listed below during their educational career, however they will need to have the motor, and intellectual, cognitive, professional, and sensory capabilities to successfully acquire them.

Motor Skills

As a speech-language pathologist you will be asked to:

- Sustain necessary physical activity level in required classroom and clinical activities (e.g., 60-minute sessions including organization and cleanup of materials, room, clinic, for treatment across ages and abilities in areas which may include motor and play; 2 ½ hour classes including class presentations and projects)
- Respond quickly to provide a safe environment for clients in emergency situations including fire, choking, etc.
- Be responsible for transportation to clinical and academic placements.
- Participate in classroom and clinical activities for the defined workday (e.g., class and clinic assignments during an 8-hour workday up to five days a week).
- Efficiently manipulate testing and treatment environment and materials without violating testing protocol and with best therapeutic practice.

- Manipulate patient-utilized equipment (e.g., durable medical equipment to include AAC devices, hearing aids, wheelchairs, etc.) in a safe manner and effective manner.
- Access technology for clinical management (i.e., billing, charting, therapy programs, etc.).

Sensory and observational communication (e.g. vision, hearing and perceptual abilities)

As a speech-language pathologist you will be asked to:

- Recognize disorders of speech, language, pragmatics and cognition.
- Recognize oral and written language disorders.
- Recognize signs of voice, swallowing, and fluency disorders.
- Recognize signs of hearing disorders and identify and use appropriate alternative modalities of communication.
- Recognize various anatomic structures related to and important for communication.
- Interpret imaging testing.
- Discriminate text, numbers, tables, and graphs associated with diagnostic instruments and tests.

Communication Abilities

As a speech-language pathologist you will be asked to:

- Communicate proficiently in both oral and written English.
- Possess reading and writing skills sufficient to meet curricular and clinical demands.
- Communicate professionally, intelligibly, and appropriately.
- Communicate proficiently and legibly on patient documentation, reports, and academic papers, and projects.
- Accurately perceive and appropriately use non-verbal communication.
- Accurately model voice, fluency, articulation, and language skills needed for effective evaluation and treatment on demand.

Intellectual and cognitive skills

As a speech-language pathologist you will be asked to:

- Comprehend, retain, integrate, synthesize, and apply information to meet curricular and clinical demands.

- Solve problems, reason, and make sound clinical judgments in patient assessment, diagnostic planning, and therapeutic planning.
- Identify and communicate the limits of their knowledge to others when appropriate.
- Follow detailed written and verbal instruction.

Professional behavior and social abilities

As a speech-language pathologist you will be asked to:

- Display mature, empathic, and effective relationships with clients and faculty/staff while maintaining professional boundaries.
- Recognize and show respect for individuals with disabilities and for individuals of different ages, genders, race, religions, sexual orientation, and cultural and socioeconomic backgrounds.
- Manage the use of time effectively and prioritize actions to complete professional and technical tasks within expected time constraints.
- Accept appropriate suggestions and constructive criticism and when expected, respond by modification of behavior.
- Conduct oneself in an ethical and legal manner, upholding the ASHA code of Ethics, Health Insurance Portability and Accountability Act.
- Maintain general good health and self-care in order not to jeopardize the health and safety of self and individuals with whom one interacts in the academic and clinical settings.

If a student believes that they cannot meet one or more of the technical skills without accommodations or modifications, it is appropriate for the student to take the responsibility of identifying her or his need for accommodation to the APSU Office of Disability Services. If an applicant or student self-reports that he or she cannot meet one or more of the essential skills without accommodations, the MSLP program, in conjunction with the Office of Disability Services must determine whether accommodations can reasonably be made.

Accommodations do not guarantee academic success; the student is still responsible for: learning subject knowledge, demonstrating mastery of content, and meeting the same technical standards required of all students.



Speech-Language Pathology

Expectations for Professional Conduct

Failure to adhere to the ASHA Code of Ethics (found in your MSLP Student Handbook and link found on the HHP MSLP webpages) and HPAA guidelines, and to items *(1-5) may result in your immediate dismissal from a practicum experience and from the clinic. Failure to adhere to the remaining behaviors will have a negative impact on your grade (e.g. reduced by one letter grade) and may prevent you from continuing in the clinic the following semester or advancing to the next practicum experience in the sequence.

Student Name:

Item #	Professional Behavior	Midterm		Final	
		Absent	Present	Absent	Present
1*	Demonstrates professional integrity in interactions with faculty, staff, other professionals, fellow students, clients, and client stakeholders (e.g., collegial, honest, diligent)				
	Evidence:				
2*	Maintains professional appearance appropriate for clinical setting and responsibilities				
3*	Maintains professional relationships in all interactions and shows respect for all aspects of patient confidentiality				
4*	Completes all documentation in timely fashion				
5*	Follows all guidelines for documentation content				
6	Submits completed lesson plans for each session and meets timeline for due date				
7	Is punctual for all appointments				
8	Follows established procedures for absences and session cancellations				
9	Prepares the physical environment before and after clinical sessions including universal precautions				
10	Presents revised plans, materials, and procedures recommended by the clinical supervisor in a timely fashion				
11	Follows MSLP clinical guidelines regarding checkout and return of clinic materials				
12	Takes responsibility for researching evidence for assessing and treating individuals served				
13	Respects the diversity of race, gender, age, disability, religion, or sexual orientation				
14	Demonstrate clinical reasoning by offering novel and alternative diagnoses, therapeutic interventions, reflective insight or actions to enhance service delivery				
15	Demonstrate skill with reflection by describing therapeutic experiences, express findings from a self-evaluation of performance/feelings, analyze the self-evaluation/experience, provide action/alternative actions for future encounters based on the analysis				

Indicate presence or absent; If there was no opportunity to observe leave blank; Provide objective evidence in the space provided for the professional behavior.

Observations:

Date this form was discussed with the MSLP student:

Student:

Date:

Clinical Educator/Supervisor:

Date:



Speech-Language Pathology Graduate Studies

Absence from Clinical Experience

Student Name:

Site:

Date of Absence:

Total # of Days Missed at Site including this incident:

Reason for Absence:

Date Site Supervisor Notified:

Was the absence approved prior to the incident?

Site Supervisor Signature and Date:

The clinical supervisor's signature above indicates his or her permission for the student to be absent or his or her knowledge of this absence from the site.

APSU Clinical Educator Signature and Date: