# CLINIC DIRECTORY

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<th>Department Chair</th>
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<td>Ann Beste-Guldborg, PhD, CCC-SLP</td>
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<td>Lisa Roteliuk, M.S., CCC-SLP</td>
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HANDBOOK FOR CLINICAL PRACTICE

The Handbook for Clinical Practice is available on the MSU website at [www.minotstateu.edu/cdse/cd/handbook.shtml](http://www.minotstateu.edu/cdse/cd/handbook.shtml). It is a requirement for any clinician within the Communication Disorders program. Copies of most MSU CDC forms are also available in the File Room (Mem 100A). The Handbook should be kept intact for reference during the clinician’s educational experience and beyond.

MEMORIAL HALL

A floor plan of the Department of Communication Disorders within Memorial Hall (Mem) is provided in Appendix D. All clinicians must be familiar with the clinic floor plan to determine immediate access to exits in the event of fire or any emergency situation.

Communication Disorders Clinic (Mem 100) office hours are from 8:00 am - 4:30 pm. The office is closed from 12:15 pm - 12:45 pm each day for lunch.

Room 100A is the Clinic File Room. Client files and all forms necessary for clinic are located within this room. The bulletin board in the File Room is used to post all important clinic messages for students/clinicians. It should be checked at least daily by each clinician for messages.

Any supplies you may need for clinic purposes can be found within the Media Center (Mem 106). Media Center hours are from 8:00 am - 4:30 pm with the exception of the lunch period.

Since the observation halls are meant to serve as observation areas and as a means of getting from the hall to the therapy room, and therapy rooms are for direct clinical services, clinicians must not leave therapy materials in these areas. Not only are these excess materials fire hazards, but it makes it extremely difficult for those with walkers, wheelchairs, etc. to obtain access to the therapy room.

At no time is a clinician/student to remove or rearrange furniture within the clinic rooms. If the assigned room is not appropriately furnished, please contact the Clinic Operations Manager for assistance. Clinicians are responsible for keeping their assigned clinic room clean. A vacuum cleaner is available upon request from the Clinic Operations Manager and cleaning materials for tables are available from the Media Center.

Room 112 of Memorial Hall has been designated as a Student Preparation Room. Lockers are assigned each semester through the Clinic Operations Manager for student clinicians. Padlocks must be provided by the clinician to secure the contents of each locker. Each locker must be vacated at the end of each semester to allow for
reassignment to future clinicians. The telephone within the Student Preparation Room is to be used for clinical purposes only and only local calls can be placed.

Clinician mailboxes are assigned each semester and are located within the faculty office hallway. Each mailbox must be vacated at the end of each semester to allow for reassignment to future clinicians.

Mem 112A (south of the Student Preparation Room) is a study area for CD students only. Study carrels are provided for graduate student use.

The Department of Communication Disorders requests that all students/clinicians refrain from having food or drink for personal use within any public area including classrooms.

**CLINICIAN ATTENDANCE AND PUNCTUALITY**

It is the philosophy of this department that attendance/punctuality at Communication Disorders Clinic or the clinician’s practicum site is a reflection of the clinician’s future professional employment attendance/punctuality. Absence or “no show” on the part of the clinician is very serious and can result in drastic measures. These drastic measures can include the expulsion of the student clinician from the Communication Disorders program.

It is the policy of this clinic to observe all holidays as they are written into the university calendar. If a clinician must be absent during regular sessions, it is of extreme importance that the clinician contact his/her supervisor at the earliest possible time. Should a clinician be absent for an excused appointment, every attempt should be made to schedule a “make-up” therapy session with the client at the same time as notification of the intended absence from the regularly scheduled session is made.

Clinicians are expected to be punctual for all clinical assignments. Late submission of lesson plans, SOAP notes, reports, semester therapy plans, etc. may result in the lowering of the clinician’s grade for the semester.

**CLINICIANS CLASS**

Clinical responsibilities include mandatory attendance at scheduled Clinicians Classes for all clinicians. Failure to follow the Clinicians Class attendance policy may result in a reduction of the clinician’s practicum grade.

**MEDIA CENTER**

Student clinicians may be expected to volunteer to work in the Media Center. It is very important that all clinicians sign up if requested, as this is considered a professional responsibility. The sign-up process for volunteers occurs during the first week of the
semester, typically during the first Clinicians Class. However, if the clinician wishes to sign up prior to Clinicians Class, the clinician should contact the Clinic Coordinator. Clinicians should recognize that records are kept of those who volunteer. Failure to help is considered to be neglect of both clinical responsibilities and professional conduct.

Guidelines for checking out materials from the Media Center and the overdue policy for the Media Center are included in Appendix D.

**CLINICIAN CURRENT MEDICAL INFORMATION**

A student clinician with a medical condition that may warrant special medication or attention should inform the supervisor of the condition at the case planner meeting or early in the term. If that information would be necessary during possible emergency situations, information about the clinician’s medical condition should be posted with the lesson plan outside the therapy room door.

**CLINICIAN DRESS AND CONDUCT**

Certain professional standards are expected of students in training. Clinicians are to maintain a professional relationship with clients and their caregivers. While clinicians are encouraged to seek pertinent information in regards to their clients and how their disorder manifests itself in other environments, clinicians should not become “friends” with the client or caregiver. For example, it would not be appropriate to start going out for coffee, dinner, etc. and calling the client or caregiver just to “chat.”

Student clinicians are expected to dress professionally since they are viewed as representatives of the university and this clinic. Examples of inappropriate attire include revealing clothing (e.g., sheer or low-cut blouses, short skirts, and shorts), clothing that includes offensive language, accessories or clothing that could be injurious to small children (e.g., sharp pins), or dirty and/or ripped clothing. Blue jeans, t-shirts, and sweatshirts may be permitted under special circumstances.

**COUNTING ASHA HOURS**

All clinic hours are recorded on a weekly log sheet and must be initialed/approved by the appropriate supervisor (supervisor may vary depending on individual or group session). Correct completion of this form is of utmost importance (see Appendix B for example).

Weekly log sheets are due Friday at 4:00 pm the same week hours are completed. However, hours will be accepted without penalty one week after the due date. Clinicians submitting hours more than one week past the due date will be subject to a penalty which may affect the grade received for clinic. **Persons who are chronically late in turning in clock hours may be in jeopardy of failing clinic.**
External or off-campus practicum log sheets are to be submitted to the Clinic Operations Manager at least monthly. See Appendix B for Guidelines for Submission of External Practicum ASHA Hours.

A. **Undergraduate and Graduate Students with Expected Completion of the Program Spring 2014 and beyond:** (Must report actual minutes of therapy – no rounding). The following examples are a reference, but not the only available options:

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**Final semester hour totals (converted by Clinic Operations Manager) will be reported in hours plus minutes (e.g., 400 minutes = 6.40 = 6 hours 40 minutes)**

Should a clinician have a week where no hours are earned, a weekly log sheet should be handed in with the appropriate week ending date and 0 hours indicated. This assures the consistency of tracking hours for every week of the term.

The weekly log sheet containing the final hours earned for the semester should be labeled “final hours” to initiate the semester accumulation print-out. Signs will be posted each semester to indicate the dates due of final hours and when the accumulation print-out will be available for the clinician to receive from the Clinic Operations Manager.

Every clinician is encouraged to keep track of his/her hours earned each semester to verify the accuracy of his/her semester accumulation print-out. Any errors or concerns should be reported immediately to the Clinic Operations Manager.

**PROBLEMS WITH SUPERVISOR**

It is the policy of this department that should clinicians have problems with their supervisor, the course of action is:

1. Discuss the problem with the supervisor in as objective and professional a manner as possible before discussing the problem with other faculty or the Department Chair.

2. If the first attempt to discuss the problem with the supervisor fails, attempt to broach the problem a second time.

3. Should the clinician and supervisor be unable to reach a resolution following a second attempt, the clinician and supervisor should make an appointment with the Department Chair. The Department Chair will then meet with both parties (the clinician
and supervisor) to discuss the problem as objectively as possible. The Department Chair will serve to mediate the problem and hopefully achieve resolution of the problem.

**CLINICIAN EVALUATION**

There are many different supervisory styles represented in this program. Differences in style may be most obvious regarding evaluation and grading procedures. The information about evaluation and grading in this Handbook is meant to provide examples of forms and methods used by certain supervisors. Supervisors are free to utilize various forms and methods of evaluation.

Midterm evaluations are required by all supervisors. The purpose of the meeting is to review all strengths and areas of concern of the student clinician’s skills. Each student may be required to complete a strengths/needs list prior to attending the meeting.

Final evaluations are typically optional, although may be required by some supervisors. The purpose of the evaluation is to discuss progress that the student clinician has made over the course of the term, to complete all forms, and to basically gain closure of the events of the semester.

Student clinicians should schedule an appointment to review performance at midterm, and clinicians should check with their supervisors regarding the need to schedule a final evaluation during finals week. See Appendix C for the form that may be used during midterm and final evaluations.

Grading is based on averaged numerical scores for categories rated on the evaluation items used by supervisors. Ratings may be made by supervisors or by a process involving student clinician self-evaluation which is monitored by the supervisor. The average numerical score for all categories rated on the evaluation form will be computed at midterm and final evaluation time. Computed grades may then be taken by each supervisor to a supervisory staffing at the end of the semester. When a clinician has been supervised by more than one supervisor, the student clinician’s grades are taken together and are then averaged giving a single point value.

**STUDENT CLINICIAN REMEDIATION IMPROVEMENT PLAN**

Student clinicians receiving a grade of C or below at midterm will develop a Remediation Improvement Plan (RIP) with their clinical supervisor(s) and the clinic coordinator to identify performance difficulties and develop an action plan to improve clinical skills. RIP policy and procedures can be found in Appendix C along with the RIP form.

**CLIENT CARE MANAGEMENT / DECISIONS**

All decisions regarding management of a client’s case are the responsibility of the clinical supervisor. Under no circumstance is a student clinician to make any
recommendations regarding management of a client’s case without prior approval from the supervisor. Specific examples of situations that require the supervisor’s approval are: conducting formal conferences, making referrals to other professionals, making recommendations for further evaluation, interpreting diagnostic test results, recommending continued therapy or dismissal from therapy, and recommending that the family member/significant other (FM/SO) carry out homework activities and/or purchase therapy materials.

CLIENT CONFIDENTIALITY

Information regarding clients is privileged information which is not to be discussed in any nonprofessional situation. Personal information must be discussed in private, not in areas where information may be overheard (e.g., in the waiting area, observation halls, halls by the supervisors’ offices, Student Union, restrooms, or restaurant). This includes discussing specific objectives/goals/targets of therapy with clients/parents in the waiting room, where others may be able to hear. When a client/parent asks about therapy in the waiting room, student clinicians are advised to comment nonspecifically (e.g., “He did well today” or “She worked really hard”). Should the client/parent ask for more specific information, student clinicians should ask the client/parent into the therapy room to discuss specifics in confidence.

Clinicians must be especially diligent in protecting client confidentiality in regards to information stored electronically. Computer hard drives and disks containing client information including therapy plans and reports should be carefully monitored and secured within the clinicians possession at all times. Under no circumstances may client information be stored on a computer available for public access (for example, any computer housed in a campus computer lab). All client information (semester therapy plan, semester therapy report, etc.) stored electronically must be in a password protected file.

Clinicians must be certain that the lesson plan or any other information posted in the observation hallway or any public access area does not contain the client’s full name or any identifying information (use client initials). Likewise, when submitting reports to the supervisor or Clinic Operations Manager, the student clinician should assure that client names are not disclosed by using a blank cover sheet bearing only the student clinician’s name and possibly the client’s initials.

Students are responsible for maintaining client confidentiality as defined in the Health Insurance Portability and Accountability Act (HIPAA, Public Law 104-191). No information about any client may be released to any outside agency or person without the client/parent’s written permission. Release of such information is to be handled only by the Clinic Operations Manager. Immediate dismissal from clinical practicum will occur for any clinician found abusing client confidentiality in any manner.
EMERGENCY SITUATIONS

Emergency operations guidelines for medical, fire, severe weather, bomb threat, and other suspicious activity situations are included in Appendix D. Emergency operation procedures will be reviewed annually with all clinicians.

SERVING FOOD / SNACKS TO THE CLIENT

Serving food/snacks to a client is occasionally appropriate with methods of treatment. Prior to serving food or snacks to the client, the clinician should follow the following guidelines:

1. Obtain permission from the supervisor.
2. Obtain permission from the parent/significant family member.
This policy is to assure that all responsible parties are aware of food allergies or special dietary needs.

TAKING THE CLIENT OUT OF THE THERAPY ROOM

From the time that the student clinician meets a client for a therapy session until the client is returned to the family, the student clinician has the responsibility of remaining with the client at all times. No client of any age is to be left unattended at any time in the clinic. Should the clinician desire to take the client out of the therapy room, the following guidelines should be followed:

1. Obtain permission from the supervisor to take the client out of the therapy room.
2. Obtain permission from the parents, if appropriate, to take the client out of the therapy room.
3. Inform the supervisor and parent of the destination and approximate time that the client and clinician will be leaving and will be returning.

In the case of bath rooming, the student clinician should attempt to allow the parent to take the child. If the parent is not present, the student clinician should allow the child privacy or assistance as necessary. For school aged children, simply waiting in the hall should suffice.

AUDIOTAPING AND VIDEOTAPING

Prior to audiotaping or videotaping, the clinician should verify that a current formal release signed by the client/parent is on file within the client’s permanent folder. If the client’s folder does not contain this release, please ask the Clinic Operations Manager to provide you with one.
Student clinicians are required to audiotape each therapy session. The clinician is allowed to use one tape and tape over each previous session on the same tape, unless the supervisor wants to keep each tape for verification of progress purposes or the clinician wants to keep the tapes for self-critique purposes. If a tape recorded session is to be saved, the clinician should have a back-up tape that can be used for taping purposes.

Taping is very important as it is used to verify data, share with the supervisor, and it can provide valuable information about a problem or problems that might have occurred during a particular session in which the supervisor was unable to observe. Again, the importance of client confidentiality must not be overlooked in the case of audiotaping. Clinicians should not listen to the tapes in a public place or a place where others may be able to identify the client. Clinicians are expected to erase all tapes following their use.

Videotaping may be required during the course of therapy. In addition, clinicians may request that a session be videotaped for their own observational/analysis purposes. Clinicians are expected to erase all tapes following their use.

Failure to erase tapes is a breach of confidentiality and may result in dismissal from the program unless prior authorization has been given to the clinician to use the tape(s).

**SUPERVISION / OBSERVATION OF THERAPY SESSIONS**

When the therapy session is observed by a supervisor, the supervisor will usually clip an observation form with the clinician’s lesson plan outside the therapy room door. Supervisors use different forms and the clinician should check with the supervisor about specific procedures the supervisor may use (e.g., if the clinician should return the form to the supervisor or keep the copy, etc.).

**FILE MAINTENANCE**

Each clinician assumes responsibility for the maintenance of his/her assigned client’s files at the beginning of each therapy semester. Client files are assembled in a specific manner. It is expected that clinicians keep their clients’ files intact and do not remove any forms, staples, etc. Permanent files contain all background information, evaluation reports/SOAP notes, test protocols, releases, semester therapy plans, previous therapy SOAP notes, and semester therapy reports. Client files must be checked out from and returned to the Clinic Operations Manager. Files are not to leave the file rooms for any reason! *Failure to comply with this policy results in immediate dismissal from clinical practicum.*

Working files are located by client file number in the file room. Working files contain previous lesson plans and are available for clients recently seen at this clinic for therapy.
**CLINIC CLIENT ASSIGNMENTS**

Clinicians should be prepared to be available or be on campus during the first day of each semester to receive clinic assignments. Clinicians can expect assignment of one client or more per semester, depending on the number of client applications and/or supervisor clinic load. At times, co-clinicians are assigned one client to share the responsibility of providing services. In that case, your assigned supervisor will dictate the responsibilities that are shared and those that are individual. Specific client/clinic procedures for clinicians assigned to MSU Adult Clinic may vary by supervisor discretion.

Supervisors may select specific clients to be involved in group sessions. All clients included in group sessions may not be supervised by the same faculty member. Responsibility for organizing the group sessions may rotate among clinicians involved, even though all clinicians are required to participate and collect data.

Clinic client assignments are generally handed out during the first week of the semester. Each clinician will receive an assignment packet that contains a cover sheet indicating the supervisor’s name, client file number, and assigned clinician locker number. If a client file number is not indicated, ask the Clinic Operations Manager for assistance. Any releases or necessary forms for your specific client are included within each packet. Your client should be provided with a clinic calendar and a Client/Family Handbook if included in your packet. A current clinic calendar is also supplied for the clinician.

**SCHEDULING THE CLIENT**

The following sequence of events should be carried out prior to scheduling the client.

Clinicians should:
1. Look on the application form within the permanent file to see whether time preferences for therapy have been indicated by the client/parent.

2. Clinic therapy hours generally are from 8:00 am until 4:30 pm (e.g., last session of each day should begin approximately at 3:30 pm). Please speak to the assigned supervisor for approval of scheduling any hours beyond the stated times. Therapy sessions are typically scheduled for a 50 minute time period and are to begin on the hour or half hour (e.g., 2:00 pm or 2:30 pm). Each client is to be scheduled for at least two sessions, preferably three, per week.

3. Check bulletin boards and/or the supervisor’s office to determine whether the supervisor has times during the day when he/she cannot supervise. Therapy should not be scheduled during those hours unless prior authorization has been given by the supervisor. In addition, clinicians should check to see how many other student clinicians have scheduled therapy at the time that they are seeking. ASHA recommends that no
more than four students be scheduled per supervisor for therapy during the same given hour.

4. Check their own schedule to determine optimum times for therapy. It is the feeling of the department that Friday afternoons, in particular, are not to be avoided for scheduling therapy, simply because the clinician “... wants to go home early that day.” Since clinicians will one day be professionals, the desire not to schedule therapy on Friday afternoons for personal reasons may be viewed as unprofessional conduct. Although the faculty recognizes that clinicians would like to leave early, clinicians must also recognize that Friday afternoons may be a time that fits well with the client’s/parent’s schedule. Clinicians are encouraged to keep in mind that the clinic is set up for the welfare of the clients when scheduling therapy for the term.

5. Check the clinic calendar to determine when therapy is scheduled to begin for the term. After determining the optimum time for therapy to be scheduled, the clinician contacts the client/parent by phone to introduce him or herself. Long distance phone calls can be placed with the Clinic Operation Manager’s assistance. Identify yourself by using your full name in association with Communication Disorders Clinic. Refer to your assigned client by name. Schedule regular therapy sessions as appropriate and confirm the date and time of the first session. Document your scheduling telephone call on the Client Contact Activity Log.

Should the clinician be unable to contact the client/parent, he/she should seek assistance from either his/her supervisor or the Clinic Operations Manager.

If the client/parent has decided not to attend therapy, the clinician must be certain the conversation includes our offer of services in the future and determine if the client/parent wishes to contact the clinic themselves for future services or if they prefer the clinic to contact them. A Refusal of Services form must be completed immediately and signed by both the clinician and supervisor. Submit the completed form along with the entire client assignment packet to either the Clinic Operations Manager or Clinic Coordinator, who will then assign a new client to the student clinician.

Following confirmation with the client/parent, clinicians should:

1. Reserve the therapy room by scheduling with the Clinic Operations Manager.
2. Inform the supervisor in writing when therapy has been scheduled. Clinicians should indicate their name, the name or initials of the client, time of therapy and therapy room number.

A separate group room and computer room are available for use. These rooms are scheduled on a regular or case-by-case basis with the Clinic Operations Manager.
COMPLETING THE CASE PLANNER

Prior to filling out the case planner, clinicians should:

1. Schedule therapy and reserve the therapy room.
2. Check out and review the client’s permanent file. The information supplied in the permanent file should provide answers to almost all questions listed in the case planner.
3. Locate and review the client’s working file.

The case planner format is available in this Handbook. Clinicians can make copies for their own use or the case planner format can be duplicated on plain paper. Complete the case planner prior to setting up the case planner meeting with the supervisor.

Clinicians should be prepared to:

a. Leave the case planner with the supervisor
b. Discuss contents of the case planner
c. Explain the treatment method of choice for the term
d. Explain specific plans for the first therapy session with the client (e.g., baselines, language sampling methods, observation, etc.)
e. Discuss the questions to be asked during the Therapy Intake Interview.

Set up a time for the case planner meeting with the supervisor. The case planner meeting should be set up according to the clinic calendar, which mandates when the meetings should be held. Typically, the case planner meetings are set up during the first days of the term, before therapy begins. During the case planner meeting, the student and supervisor discuss information contained in the case planner to determine and agree upon the appropriate method of treatment.

PREPARING THE LESSON PLAN PACKET

The lesson plan packet should be assembled in the following arrangement:

1. Checklist for Clinical Responsibilities - This form has been designed to help the clinician and supervisor monitor the completion of clinical responsibilities. Each assignment should be dated in the appropriate space provided on the form.
   • Client Contact Activity Log - This form must be completed for every clinician initiated telephone contact to a client/parent or any outside agency. All contacts must be preapproved by your supervisor.
   • Case Planner - Following completion, the clinician must remove this form from the lesson plan packet. The clinician should destroy the Case Planner to maintain client confidentiality.
   • Therapy Intake Interview - This form should be destroyed by semester end to maintain client confidentiality.
• Plan of Care - This form contains the semester goal/objectives that have been selected by the clinician and supervisor with input from the client/parent. This form is to be completed in its final form by the date specified in the clinic calendar. Once completed, this form is presented at the therapy plan conference, when the objectives are formally agreed upon by the parent, clinician and supervisor. The original form that bears the signatures of the client/parent, clinician and supervisor is to be filed within the client’s permanent folder immediately after a copy of such has been provided to the client/parent during therapy plan conferences. One form, not bearing the signatures or client’s names should be included in the lesson plan packet.

• SOAP notes (see “SOAP notes” section)

• Individual or Group Lesson Plans - Daily lesson plans should be in chronological order, with the most recent lesson plan in the back of the folder. Be certain to include the current semester and year on the first lesson plan. Data sheets and progress graphs should be included in the lesson plan packet following the lesson plan from the day in which the data was recorded.

**LESSON PLANS**

Verify with the supervisor the location of his/her in/out box. Lesson plans and the therapy log from the previous session are to be submitted by 12:00 pm of the day preceding a scheduled therapy session. However, some supervisors may request a clinician to hand in the lesson plans earlier than the 12:00 pm of the day preceding deadline. This is usually requested so that both the supervisor and student clinician have ample time to revise the lesson plan and so that the clinician can resubmit the lesson plan for final approval.

If a lesson plan does not bear the supervisor’s initials or indication of approval, the clinician should assume that the lesson plan has not been approved and that a revision of the lesson plan is necessary prior to beginning the next therapy session. Clinicians are encouraged to discuss the unapproved lesson plan with the supervisor as soon as possible so that appropriate changes can be made to the lesson plan.

The original or a copy of the lesson plan is to be clipped outside the therapy room door during each session. *Because lesson plans are subject to observation by passers-by, the lesson plans should not contain names or any identifying information. Instead, the client’s initials should be used on all lesson plans.* In addition, the lesson plans should not be left on the clip after the therapy session is over. Often the client who is also a student may wish to see the approved lesson plan to fully understand the course of treatment that has been chosen for him/her.

**Master Lesson Plans:** Some supervisors may request that a clinician hand in a master lesson plan. This is better known as a weekly lesson plan, or possibly a semester lesson plan. The master lesson plan form works best with clients for whom therapy
plans change little from session to session. The use of a master lesson plan is allowable only with prior supervisor permission, and permission to use the master lesson plan may be revoked at any point in the semester. Typically, supervisors request the use of the master lesson plan when the student clinician has adequately demonstrated his/her ability to:

1. Plan and implement daily objectives
2. Use a task analysis effectively and appropriately
3. Vary materials and activities appropriately

Clinicians who are assigned to submit a master lesson plan should discuss the specifics of format, content, and deadline for submission of the lesson plan with their supervisor.

**Group Lesson Plans:** Group lesson plans must be approved by the supervisor attending the group session. A photocopy of the approved lesson plan must be added to each client’s lesson plan packet.

**PRIOR TO BEGINNING THE INITIAL THERAPY SESSION**

Prior to beginning the first therapy session, the student clinician should assure that:

1. The client/parent will be given a Client/Family Handbook if included in the client assignment packet.
2. The client/parent will be given a clinic calendar.
3. The client/parent understands and signs the Attendance Agreement.
4. All releases/forms are current. If the following releases/forms are not current, they will be included in your client assignment packet and must be signed, dated, and witnessed during the first therapy session and immediately submitted to the Clinic Operations Manager:
   a. Permission to Evaluate & Release Information. This requires a yearly update.
   b. Permission to Videotape and/or Audiotape and Allow Student Observation. This form does not need to be updated once it has been signed for each client folder.
   c. Current Medical Information. This form requires a semester update.

If any client/parent has questions or concerns regarding any of the above forms, please refer them to the supervisor or the Clinic Operations Manager. Refer any client’s questions of billing to the Clinic Operations Manager.
**GREETING THE CLIENT**

Clinicians are to always greet their clients *in the waiting room*. Avoid standing by the clinic reception area or in the hallways waiting for your client. The clinician must verify that the client/parent has checked in with the Clinic Operations Manager on the *first day of therapy only*. DO NOT accompany the client/parent to the clinic check-in. Respect for the confidential nature of each individual client’s billing/clinic paperwork requirements must be observed.

Clinicians are required to wait at least twenty minutes past the appointment time for a client unless previous arrangements were made. Clinicians should check the bulletin board in the file room (100A) for messages regarding cancellations. If no message is found, the clinician should verify the absence of a message with the Clinic Operations Manager and then attempt to call the client. If the clinician is unable to contact the client, the clinician should leave information with the Clinic Operations Manager regarding where he/she can be reached. If the client is reached, every attempt should be made to schedule a “make-up” session if they are unable to keep the regularly scheduled session appointment. Once the make-up session has been scheduled, verify with the Clinic Operations Manager that your assigned therapy room is available at that time or schedule a temporary room for the make-up session.

Should a client demonstrate a pattern of not attending therapy sessions without prior clinic notification, contact the supervisor to initiate a letter obtained from the Clinic Operations Manager addressed to your client regarding the clinic attendance policy.

**CURRENT MEDICAL INFORMATION**

This form contains the current medical information about the client and must be completed by the client/parent during the first therapy session and updated during the semester if warranted. Should there be no medical condition/medications to report, the client/parent should indicate “none” or “non-applicable (N/A)” and sign and date the form as verification. This form must be given to the Clinic Operations Manager once completed by parent.

**ATTENDANCE AGREEMENT**

Client attendance at all scheduled sessions is very important as there is typically a long waiting list of clients who want to receive services at MSU CDC. Therefore, clinicians should be familiar with the clinic policy regarding attendance. During the first week of therapy, the clinician will review the MSU CDC Attendance Agreement with the client/parent (see Appendix D). The clinician will receive two copies of the Attendance Agreement in his/her initial client packet. One copy should be signed and given to the Clinic Operations Manager; the other copy should be given to the client/parent. If at any time during the semester a client’s attendance falls below MSU CDC requirements, the
clinician should discuss the matter with his/her supervisor who will contact the Clinic Coordinator.

**THERAPY INTAKE INTERVIEW**

The Therapy Intake Interview is a guideline for the clinician to directly involve the client/family member in planning intervention. This interview is generally completed during the first or second direct meeting with the client or family member/significant other (FM/SO) or at a time determined by the supervisor. The interview areas to be discussed should follow a natural conversational manner that gives the client/family member an opportunity to express his or her thoughts and concerns. This form is kept throughout the semester within the lesson plan packet and destroyed by semester end to maintain client confidentiality.

**SOAP NOTES**

SOAP notes are the medical documentation of services provided. They must be brief, factual, objective, and accurate. SOAP notes are to remain in the therapy binder throughout the semester WITHOUT the client’s name. At the end of the semester, the client’s full name should be added to each SOAP note immediately prior to submitting all SOAP notes to the Clinic Operations Manager.

Example SOAP format:

**COMMUNICATION DISORDERS CLINIC – MINOT STATE UNIVERSITY**

<table>
<thead>
<tr>
<th>Client:</th>
<th>File:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOB:</td>
<td>CA:</td>
<td>Diagnosis:</td>
</tr>
<tr>
<td>Subjective:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Objective:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assessment:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plan:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinician:</td>
<td>Individual</td>
<td>Supervision:</td>
</tr>
<tr>
<td></td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>ASHA Hours:</td>
<td>Group</td>
<td>Approved by:</td>
</tr>
</tbody>
</table>
SOAP NOTE PROCEDURES:

1. SOAPs are sent to insurance companies to verify delivery of services in exchange for payment. Therefore all SOAPS leaving the MSU CDC should have a uniform appearance.
2. SOAP template is available from the Clinic Coordinator or your supervisor upon request.
3. There is a SOAP template for Assessments and one for Therapy. SOAP notes generated from these templates will be the only form accepted by supervisors at MSU CDC. Neither hand-written SOAPS nor other computerized variations will be allowed.
4. This is a Microsoft Word document. It will open in Word. It will open in other word processing programs IF AND ONLY IF you have the necessary software on your machine to make the translation. If your personal computer does not open this document, use the computers in the technology lab next to the Media Center.
5. Two SOAP notes per page----NO EXCEPTIONS. As you type into the form the boxes will expand to accommodate what you’ve entered. **It is your job to be succinct and balance the information offered so that two days fit on a single page.**
6. Leave the “Client” box blank to protect confidentiality. Write in the client’s name at the end of the semester (by hand) before submitting all SOAPs to the Clinic Operations Manager.
7. Leave the “Clinician,” “Supervision,” “Supervision Minutes” and “Approved by” boxes **blank.** SOAPs must be **hand-signed** by clinicians and supervisors.
8. ICD-9 diagnosis codes must be recorded and be accurate and prioritized if your client has more than one. If you are unsure of your client’s diagnosis, see the supervisor or Clinic Operations Manager for assistance.
9. Complete dates (MM/DD/YY) must be recorded for every session.
10. Canceled or no show sessions must be documented as such on the SOAP form with the appropriate date.
11. SOAPs must be completed in full for both your semester therapy plan and semester therapy conference sessions.
12. Check the Individual or Group box. This determines the clinic fee for services.
13. ASHA hours must be recorded on the SOAP form in minutes and must match your ASHA weekly log sheet.

FORMULATING THE TASK ANALYSIS

Semester objectives must be established once assessment results or baseline data have been obtained and behaviors for remediation have been selected. Some supervisors may require that clinicians complete a task analysis. A task analysis involves breaking the overall therapy plan of treatment into steps or levels, also known as a hierarchy. A complete task analysis sequence outlines all short term steps to be accomplished in order to meet the semester objective(s). Supervisors may request the clinician create their task analysis according to a week-by-week schedule which would require the clinician to project how far they would expect the client to progress each session. Although it may not be assigned, clinicians may benefit significantly from the creation of their own task analysis. Completion of the task analysis should be carried out prior to the submission of the Semester Therapy Plan to assure that the clinician has appropriately projected the client’s level of progress at the end of therapy.
**PLAN OF CARE**

The Plan of Care (POC) should address each problem area, based on baseline data and assessment results. First drafts of the POC are due several days following the beginning of therapy. Student clinicians should consult the clinic calendar to determine the specific date(s) in which the first draft of the POC is due.Clinicians should submit drafts of the POC **double-spaced** and either computer or typewriter printed. All drafts are to be accompanied with each revision. Be certain to follow the exact heading and signature format provided on the POC sheet (See Appendix E). If the POC is more than one page in length, include heading information on each additional page beyond the first page. Example:

```
Fall 2012 Plan of Care       Client Full Name       Page 2
```

Any time your signatures are on a separate sheet, the preceding page should state:

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Signatures are included on the following page.
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Following supervisory approval, final drafts of the POC are to be printed single spaced. Copies of the approved POC (one for each team member) can be provided through the Clinic Operations Manager prior to the conference.

**PLAN OF CARE CONFERENCE**

The purpose of this conference is to allow the client/parent an opportunity to discuss and formally agree upon the semester objectives set forth by the clinician and supervisor. Thus, this conference is to include the parent or family member, the student clinician, the supervisor, and the client when appropriate. This meeting is typically held in the supervisor’s office.

When appropriate, the student clinician should arrange for a babysitter for any preschool clients. Student clinicians are requested to keep in mind that school-aged clients may not require a babysitter and that the client may be invited to attend the conference. This should be taken on a case-by-case basis and should be discussed with the supervisor prior to the conference.

Prior to scheduling the Plan of Care conference:
1. Assure the POC has been approved by the supervisor.

2. Determine the optimum time for the conference according to the
   a. Clinic Calendar
b. Supervisor’s schedule. Student clinicians should sign up for a time on the schedule posted outside the supervisor’s door. If the supervisor’s schedule is unavailable, the student should attempt to contact the supervisor in person or in writing to discuss a possible time for the conference prior to actually setting up the conference.

c. Client or parents’ schedule

d. Scheduled therapy time

_Scheduling the Plan of Care conference:_
The clinician should inform the client/parent of the purpose of the conference (to review the semester objectives) when setting the exact date and time of the conference with the client/parent.

_During the conference:_
The following guidelines are provided as an outline of what should be covered during the POC conference:

1. Introduction of all in attendance. If the family already knows the supervisor, the student clinician could start the conference by saying something like “You already know Mrs./Mr./Dr. _____.

2. State the purpose of the meeting.

3. Discuss the current level of functioning including baseline data, observations, etc. from the beginning of the semester.

4. Discuss each outcomes and semester goals. It is strongly recommended that professional terminology not be used unless it is carefully explained.

5. Verbally present the POC sheet in its approved and final form. Provide an opportunity for the client/parent to read the POC.

6. Ask and answer questions that the client/parent may have.

7. Request that the POC be signed and dated, unless the client/parent or family requests changes. Provide a copy for the client/parent to keep.

_Following the conference:_
The original Plan of Care must be submitted to the Clinic Operations Manager immediately following the POC conference. Maintain an unsigned copy of the report, using initials only, in the lesson plan packet.
PLAN OF CARE SUMMARY

Student clinicians are responsible for writing a Plan of Care Summary which reviews treatment procedures and progress made by the client over the course of the semester. See Appendix E for the specific format and content of the Plan of Care Summary (POCS).

Drafts of the POCS are to be double spaced and computer printed. All drafts are to be accompanied with each revision. Do not discard any draft until the final copy is signed. Following supervisory approval, the final revision of the report is in a single spaced format.

If signatures are the only information on the last page, indicate on the second to last page:

Signatures are included on the following page.

The following paragraph must be included on the bottom of the last page of the Plan of Care Summary:

Continued services at MSU CDC are not guaranteed from one semester to the next. Client selection is based on multiple factors including the educational requirements of MSU student clinicians and supervisor availability. Speech-language pathology services may be available from other agencies depending on eligibility requirements.

Copies of the approved Plan of Care Summary (one for each team member) can be provided through the Clinic Operations Manager prior to the conference.

PLAN OF CARE SUMMARY CONFERENCE

The purpose of this conference is to discuss the progress of the client over the course of therapy. This conference is to include the parent or family member, the student clinician, the supervisor, and the client when appropriate. This meeting is typically held in the supervisor’s office.

When appropriate, the student clinician should arrange for a babysitter for any preschool clients. Student clinicians are requested to keep in mind that school-aged clients may be invited to attend the conference. This should be taken on a case-by-case basis and should be discussed with the supervisor prior to the conference.

Prior to scheduling the Plan of Care Summary conference:
1. Assure the POCS has been approved by the supervisor.
2. Determine the optimum time for the conference according to the
   a. Clinic Calendar
b. Supervisor’s schedule. Student clinicians should sign up for a time on the schedule posted outside the supervisor’s door. If the supervisor’s schedule is unavailable, the student should attempt to contact the supervisor in person or in writing to discuss a possible time for the conference prior to actually setting up the conference.

c. Client or parents’ schedule
d. Scheduled therapy time

Scheduling the POCS conference:
The clinician should inform the client/parent of the purpose of the conference (to review progress made during the semester) when setting the exact date and time of the conference with the client/parent.

During the POCS conference:
The following guidelines are provided as an outline of what should be covered during the Semester Therapy conference:

1. Introduction of all in attendance if necessary.

2. State the purpose of the meeting.

3. Discuss all sections of the POCS including progress made in each objective area during the semester.

4. Present the POCS in its approved and final form. Provide an opportunity for the client/parent to read the report.

5. Ask and answer questions that the client/parent may have.

6. Request that the POCS report be signed and dated, unless the client/parent or family requests changes. The client/parent may maintain their copy of the POCS report.

7. Verify with the client/parent where and if any additional copies of the report should be forwarded to other persons/agencies. Add this information to the carbon copy (cc) section at the end of the report (can be hand written). Forwarding of the indicated copies will be handled by the Clinic Operations Manager.

8. An Application for Therapy for future services must be filled out completely by the clinician/supervisor at the Semester Therapy conference if appropriate. Client selection each semester is based on applications currently on file; neglecting to complete this form could postpone future services for your client at Communication Disorders Clinic.

9. A Dismissal from Services or a Refusal of Services form must be completed if a client no longer needs services or they are unable to continue services at MSU CDC.
Following the conference:
The original Plan of Care Summary report must be submitted to the Clinic Operations Manager immediately following the POCS conference. Any extra copies of the POCS report must be destroyed to maintain client confidentiality. Submit the Application for Therapy to the Clinic Operations Manager.

CLOSING THE LESSON PLAN PACKET / CLIENT FILE

Immediately following the final therapy session and completion of the final therapy log, submit the therapy binder to the supervisor for review. The clinician is responsible for closing the lesson plan packet/client file by the therapy calendar stated date as instructed below. Failure to file all forms appropriately at semester end may result in reduction of the clinician’s practicum grade.

The client permanent file should contain:
1. Previously filed Releases if included in assignment packet
2. Client Contact Activity Log
3. Current Medical Information
4. Plan of Care Summary report
5. Any test protocols, etc.
6. SOAP notes - Add client’s name to each page before filing.

File within the client working file:
1. Lesson Plans with semester/year written on the top copy.

Destroy to maintain client confidentiality:
1. Case Planner
2. Therapy Intake Interview

SUBMITTING OF CLASS SCHEDULES

All clinicians wishing to be scheduled for clinic for the following term are required to submit a Class Schedule completed on both sides. These schedules are to be submitted to the Clinic Coordinator or Clinic Operations Manager. Failure to submit a class schedule will automatically eliminate the clinician from clinic for the following term.

SUBMITTING MSU CDC Speech Audiology Canada (SAC) TRACKING FORM

Canadian student clinicians are required to submit the completed MSU CDC SAC Tracking form to their supervisors to obtain signatures before the end of the semester. They will maintain copies of this document to submit with the official SAC form upon completion of the program. Failure to do so will result in a grade of “incomplete” until this form is properly submitted.
KASA SKILLS ACQUISITION SUMMARY

Each semester the KASA Skills Acquisition Summary (“KASA SKILLS”) must be updated to include skills acquired that semester following procedures outlined in the KASA Skills Booklet. Clinicians should meet with their supervisors to verify skills. Once the KASA Skills form has been completely updated, it must be submitted the Clinic Coordinator by the posted date. Supervisors will review the document and alert students to any incomplete information.

MSU CDC POLICY FOR CANCELLING A CLINICAL SESSION

DUE TO ILLNESS OR EMERGENCY

Professional behavior is expected of all student clinicians at MSU CDC. When an employee is too sick to come to work, he/she is expected to stay home and use allotted sick time to recover. If a student clinician is too sick to conduct a clinical session and/or is attempting to prevent the spread of communicable disease, he/she is expected NOT to attend classes nor be in the clinic area including the Media Center, the Technology Lab, the Student Preparation Room, faculty offices and hallways. Cancelling a clinical session but being present in other MSU facilities is considered unprofessional behavior.

When a clinician has determined he/she must cancel a clinical session, the following procedures must be followed:

1. First contact the supervisor to obtain approval for cancelling the clinical session. No clinical session should be cancelled until a supervisor approves the cancellation.
   - Exception: In the event the session is to occur first thing in the morning and before the supervisor is in his/her office and the student has become sick during the night, the student may make the decision him/herself. The clinician must notify the supervisor via email and/or voicemail at the time the cancellation is made.

2. The clinician will then call the client or family and explain the reason for the cancelled session and offer alternative days on which to make up the missed session. This call must be logged on the Client Contact Activity Log.
   - If the clinician is unable to speak directly with the client/family, the clinician must notify the Clinic Operations Manager (COM) that he/she left a message. This will help the COM assist clients
who show up for therapy because they didn’t get a phone message.
3. It is expected that sessions cancelled by the clinician will be made up unless the client cannot possibly come at any other day or time. Make-up sessions must be held at times mutually agreeable to the client, the supervisor and the clinician. The student will notify the supervisor of the day, time and room for the make-up session.
4. The cancelled session and the reason for cancelling must be documented on the SOAP note.

CLIENT DISCRIMINATION POLICY

Minot State University Communication Disorders Clinic complies with the provision of the Civil Rights Act of 1964 and Section 504 of the Rehabilitation Act of 1973 and all requirements discussed within. Students, faculty, staff, and persons served in the program’s clinics are treated in a nondiscriminatory manner—that is, without regard to race, color, religion, sex, national or ethnic origin, disability, age, sexual orientation, genetic information, citizenship, or status as a covered veteran.
APPENDIX A

ASHA Requirements and Certification

**documents within each Appendix must be accessed from the appendices’ links**
APPENDIX B

ASHA Hour Forms

**documents within each Appendix must be accessed from the appendices’ links**
APPENDIX C

Evaluation of Student Clinician

**documents within each Appendix must be accessed from the appendices’ links**
APPENDIX D

General Clinic Information

**documents within each Appendix must be accessed from the appendices’ links**
APPENDIX E

Client Therapy Forms

**documents within each Appendix must be accessed from the appendices’ links**
APPENDIX F

HIPPA Information and Forms

**documents within each Appendix must be accessed from the appendices’ links**