

Student Clinical Manual

2023-2024

MA in Speech, Language and Hearing Science
Department of Communication Sciences and Disorders



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Temple University is committed to a policy of equal opportunity for all in every aspect of its operations, including employment, service, and educational programs. The University has pledged not to discriminate on the basis of age, color, disability, marital status, national origin or ethnic origin, race, religion, sex (including pregnancy), sexual orientation, gender identity, genetic information or veteran status.

Clinical Practicum

Overview

The Council for Clinical Certification in Audiology and Speech-Language Pathology (CFCC) of the American Speech-Language-Hearing Association (ASHA) requires students to demonstrate knowledge and skills in supervised clinical experiences in prevention, assessment and intervention across the professional scope of practice. During the course of the Master's program, students will have the opportunity to achieve skills during a variety of clinical settings.

Students begin clinical training at the Temple University Speech-Language Hearing Center (TUSLHC) after they are enrolled in the Master's Degree program, have met the prerequisite coursework, and have completed a minimum of 25 hours of observation. After consultation with their academic advisor, students enroll in Basic Practica for treatment and for diagnostics during their first year. Students then begin external practicum (externships) rotations in their second year after approval from their academic advisor and the Director of Clinical Education. Students also participate in specialty practicum at the TLC during their second for specialized training in Voice and Fluency Disorders, Aphasia, and Hearing Screenings.

Prior to beginning practicum, students are expected to thoroughly review the MA-Speech-Language-Hearing Program Manual and the Essential Skills document, and to review and adhere to the ASHA Code of Ethics.

Observations and Observation Hours

Students must complete a minimum of 25 hours of guided observations of direct Speech-Language Pathology services prior to enrolling in clinical practicum. Students are encouraged to observe in a variety of settings outside of the TUSLHC including schools, early childhood centers, skilled nursing facilities, rehabilitation hospitals, acute care hospitals, and special needs schools. Students may observe up to 2 hours a semester in the TUSLHC. Students may also observe speech-language therapy sessions on specialized programs such as Master Clinician (masterclinician.org) or SimuCase (www.simucase.com). Students who use Master Clinician must select a faculty member from the department and notify that faculty member that they are submitting observations for approval. Master Clinician has a one-year membership fee (currently \$35).

A clinician holding the Certificate of Clinical Competence (CCC) in Speech-Language Pathology must supervise and sign off on all observations. See *Appendix B* for [Observation Hours Tracking forms](#). Observations must include the date of the observation, time observed (in minutes), client type (adult/child), disorder (articulation, language, fluency, voice, dysphagia/feeding, aural rehabilitation, etc.), the supervising clinician's name, ASHA number, and signature. Observations should show evidence of active learning during the process; this could include documentation from the professor if observations were part of course or an [observation worksheet](#) in which the observer identified key elements of the session (such as goals, behavior management techniques, data collection, etc).

Summary of Clinical Experience – ASHA hours

All students should obtain a copy of the current ASHA certification manual. These may be downloaded from the ASHA website (www.ASHA.org, 800-498-2071). Each student is responsible for knowing and keeping track of his or her clinical practical hours. Temple requirements must also be reviewed. Know the targets you need in order to graduate with your Master's degree and become certified by ASHA. Contact your Advisor if you need help with this important responsibility.

Record of Daily Hours (ROD): Students will keep paper documentation of all contact hours.

Student responsibilities:

- The Graduate Clinician (GC) is responsible for maintaining accurate logs ([Record of Daily Hours](#)) of contact minutes accrued during all practicum.
- The Record of Daily hours (ROD) may be found online in the Temple MA Manual, on the shelves in the Student Workroom (Rm 109), or on the MA-SLH Canvas site.
- The supervisor's ASHA number, signature, and initials must be on each entry into the ROD.
- Make photocopies of all logs for your own ASHA certification file, then staple the ROD to the completed Training Experience Evaluation Form (TEEF); hand this in to your Temple Supervisor at your final TEEF meeting at the end of each practicum.

CALIPSO: All students (2 year and 3 year) must register for CALIPSO immediately prior to matriculation.

Student responsibilities:

- Watch tutorials if unfamiliar with [CALIPSO](#)
 - When logged into your CALIPSO account, select the orange "videos" icons and scroll down to find the tutorial for your concern.
- Carefully read the [Student CALIPSO Instructions](#) found on the MA-SLH Canvas Course.
- If your practicum supervisor's name is not in CALIPSO, contact the Director of Clinical Education immediately so the supervisor can be added.
- Hours must be entered daily on the Record of Daily Hours first and then entered **the same day** in CALIPSO. Hours not documented on the day of service will not count towards ASHA hours.
- Complete an Evaluation of the Supervisor prior to your final TEEF meeting.
- Complete and Evaluation of the Practicum Site prior to your final TEEF meeting.
- Ensure that all documentation is reviewed and signed off by your Supervisor on the last day of the practicum.

Assessment of Clinical Skills

Training Experience Evaluation Forms (TEEF): The Dept. of Communication Sciences utilizes the CALIPSO [Student Competency Checklist](#) to evaluate the performance of students during clinical practica. Students are encouraged to familiarize themselves with the elements of performance on which they will be evaluated. A PDF of the checklist is posted on the MA- SLH Canvas Organization.

In broadest terms, clinical competence is measured over five areas: professional behavior, team interactions, goal development, consultation skills, and implementation of strategies to help the client progress toward agreed upon goals. Skills are observed over the course of clinical rotations. At the mid-term, instructors or supervisors will formalize their observations in an individual or group conference. A mid-term TEEF enables the student to focus on areas of weakness and strength, and make necessary changes before a final grade is assigned. There is grading rubric on the second page of the TEEF that provides information about how grades are assigned. (See *Appendix B*)

- TEEFs should be completed at mid-term and end of term through CALIPSO.
- Students should come to the Final TEEF meeting with [TEEF cover page\(s\)](#) completely filled in with the exception of hours. The covers sheet(s) can be found on the MA SLH Canvas Course.
- All hours must be tallied and recorded on the front of the TEEF after conclusion of practicum and reviewed by your Clinical Instructor.
- Supervisor's ASHA number **must** be recorded on the front page.
- Course number and current semester year must also be recorded.
- Supervisor must sign page 2 of the TEEF Cover Sheet.
- Photocopy your completed TEEF and completed ROD at the end of the TEEF interview with your instructor and hand it in to your Temple instructor.

Student Success Plans: Students must demonstrate clinical competencies that are appropriate for entry into the profession. Should student performance not meet expectations during a practicum or be at risk of C+ or below at midterm, a Student Success Plan will be implemented. Success plans may also be implemented for students performing at a B- level ("at-risk"). Students are expected to come prepared for a Success Plan meeting with an outline of strengths and challenges as well an outline of steps they may make for improvement. For practicum at the TUSLHC, the clinical supervisor initiates the clinical remediation plan and develops it in consultation with the Director of Clinical Education. For external clinical practicum, the remediation plan is developed in coordination with the external practicum supervisor, the Temple instructor, and the Director of Clinical Education. The Student Success Plan document (see *Appendix C*) identifies the area(s) of concern and defines the remediation strategy. The plan will include a date by which expectations must be met. A copy of the plan is provided to the Program Director and placed in the student's academic file.

Re-entry into Clinical Practica Following a Failing Clinic Grade: Reasons for failure in a practicum may be due to performance below expectations for a student (grade below a "B-") such as lack of knowledge about the disorder areas for assigned clients or an inability to make adequate progress in developing clinical independence by the end of the semester. A student may also be removed from a clinical practicum early because of failure to meet basic professional requirements. Reasons for this might include (but are not limited to) poor attendance, tardiness, poor communication or interaction skills with clients and/or staff, or inability to follow through with requirements to complete clinical preparation in a timely and adequate manner.

Clinical hours are not accrued in any practicum with a failing grade (below a "B-"). If a student fails a clinical practicum, the student will begin a future practicum only at the recommendation of the faculty after the student has demonstrated progress in the deficient area(s). The process of beginning a new clinical practicum in a subsequent semester may vary depending upon the difficulties the student displayed. Possible recommendations may include (but are not limited to) repeating coursework, completing supplementary

course work or an independent study coursework, or spending a semester in clinical observation or shadowing.

Expectations of Students

Ethical Conduct: Students are expected to adhere to the [ASHA Code of Ethics](#). (See Appendix J).

Workplace Expectations: When participating in a clinical practicum (on-campus or external practicum), students are expected to adhere to the policies of the agency in which they are placed.

For on-campus practicum, this includes the following competencies:

- Arrives on time
- Stays for designated allotted time
- Wears name tag (this also includes off-campus practicum)
- Maintains confidentiality
- Maintains client dignity
- Uses active listening skills
- Demonstrates flexibility and adaptability
- Follows through on verbal and written feedback for revisions and other requests
- Adheres to dress code
- Displays appropriate telephone manner. It is the responsibility of the Graduate Clinician (GC) to initiate phone contact with their clients at the beginning of the semester to confirm time of appointment. It is a good idea if you first ask if the person has a moment for the call/discussion to ensue.
 - Identify yourself and state the purpose of the call clearly. (*Hello Mr. X. My name is Joe Blogs. I am your new graduate student clinician at the Temple University Speech and Language Center. Is this a good time to speak? You have an appointment at the Center on X Day and X Date at X time. I'm looking forward to meeting you. Do you have any questions for me....*)
 - If you leave a message, make sure to identify yourself, the date, the time, and the purpose of your call. Note***: Never leave your personal cell phone number with a client. Use the Center number: 215-204-4482. Always identify yourself on messages.

Team Interactions: Speech-Language Pathologists become active members of many kinds of teams depending upon specialty and site of practice. Students begin to become conscious masters of their ability to work well with any kind of personality, outlook, religion, or cultural attribute of their fellow humans.

The following attributes and skills are valued:

- Introduces self
- Establishes rapport by being genuinely warm and welcoming (but not overly sympathetic – think *empathy* not *sympathy*. You are beginning a process of change, challenge and empowerment with the client.)
- Respects values and cultural differences (for example, some people shake hands upon introduction while others may shun this intimacy; a watchful awareness of body language and culture will help determine where a handshake is appropriate upon introduction.
- Displays a nonjudgmental manner

- Uses language appropriate to the setting (for example, doesn't use jargon when counseling)
- Involves others in problem-solving discussions
- Offers suggestions to the team
- Writes and communicates appropriate to the setting
- Maintains open and continuous communication – not afraid to ask questions or appear unknowledgeable in the quest of clarification

Goals and Consultation:

- Familiarizes self thoroughly with the client's past history, reason for concern, and any previously written evaluations, progress reports, treatment plans, and goals
- Obtains information from client, caregivers, and other providers
- Formulates adaptations, compensatory and new learning strategies to aid the daily communication needs of the client
- Communicates in writing and verbally the rationale for the above ideas
- Utilizes available program resources
- Accesses new resources

Implementation of Strategies:

- Good genuine rapport and warmth as evidenced by a client who is quickly put at ease and returns eagerly or curiously to session after session.
- Room arrangement – seat your clients and yourself in an arrangement that will allow your supervisor to observe and to video-record both client and GC easily.
- Accommodates individual needs. You should sit in an open posture, as close as the client will tolerate. Avoid yawning, holding your face in your hands, slouching, crossing arms and legs. Make sure the client is comfortably seated, not too hot, able to see and hear well (seat yourself on the best side of a hard of hearing client – always check for hearing loss).
- Designs activities and implement strategies that will captivate and motivate a client to attempt changing communication skills. You must use graduated levels of complexity to ensure success at every step. Once successful, the level of complexity must be increased to continue challenge and growth. Scanning your client's face and body posture periodically will help you predict boredom, restlessness, confusion or fatigue and allow you to change the session strategy accordingly.
- Facilitates and reinforces clients' attempts at change. Facilitation includes prompts, cues and clues. Reinforcement may be positive or negative. You must become adept at giving correction in a way that does not discourage the client and provides accurate feedback. Practicing an error will delay meaningful change.

Policy on Gifts and Gratuities: Students may not accept gifts of any monetary value from clients or clients' family members. This includes cash, checks, or gift cards. Modest tokens of appreciation that are of minimal value are permitted (for example, baked goods or a child's artwork). Clients who wish to show appreciation for services received at the Center may make tax-deductible donations or gifts of books or toys directly to the Temple University Speech-Language-Hearing Center.

Policy on Socializing with Clients: Student clinicians are not permitted to socialize (in-person or via social

media) with clients from TUSLHC or from external affiliates during the time in which they are enrolled in the graduate program.

Sharing Expectations – The Supervisor-Supervisee Dyad

The Dept. of Communication Sciences has developed an instrument to facilitate the process of getting to know your clinical supervisors and of them getting to know you. You will undergo this process in each of the semesters that you undertake clinical work in on campus or external practicum.

Review the [Dyad](#) form in *Appendix D*. Learning to state your needs clearly and listen to the needs of others is critical to the positive outcome of your clinical experience. Sending a clear, unambiguous message is an important skill.

Expectations about a situation do not have to be identical. The most important part of this process is the conscious awareness of difference and the steps taken to assure both parties understand each other and agree on a plan of action.

Medical Clearances and Background Checks

Our program prepares students for a career in agencies that require close examination of a person's background and health status before engaging in clinical training. Affiliated agencies providing clinical education placements require that students obtain criminal background checks, medical clearances, and some affiliates may require drug screening. Affiliates are not required to accept a medical marijuana exemption from graduate students.

Students should begin gathering the required medical and background clearances immediately so that you have sufficient time to complete your documentation and clearances. Delays in retrieving this information in a timely manner could pre-empt a practicum placement and thus extend a student's time to degree.

Conviction of a misdemeanor, felony, or felonious or illegal act may prevent a graduate from becoming credentialed and/or licensed to speech-language pathology; it is the responsibility of any student with concerns to contact the state licensing board in the state in which they would like to practice early in their program.

CastleBranch

Students are required register and obtain background clearances through [CastleBranch \(CB\)](#) which is a 3rd party vendor for obtaining, reviewing, and storing student background checks and clearances. This program has been vetted and approved for use by Temple University Legal Counsel. For questions or concerns about how CB maintains privacy of your information, please go to <https://www.castlebranch.com/privacy-policy>. CB has an initial set-up fee as well as annual renewal fees but the files are available for student subscribers after graduation and can be useful in employment applications. See the *CastleBranch* website (<https://www.castlebranch.com>) and *Appendix E* for additional information about how to register with CastleBranch.

Incoming students should register for package code "TF39" which provides access to a Pennsylvania State

Police Criminal Records Check (Act 34), Pennsylvania Child Abuse History Clearance (Act 151), and FBI Clearance (Fingerprinting through the PA Department of Education). Results may take up to 14 days for the PA Child Abuse History and 4-6 weeks for the FBI Clearance to receive so leave enough time to have these clearances completed prior to the first week of classes. Students must sign the Disclosure & Authorization Form (*Appendix F*) and review “Your Rights Under the Fair Credit Reporting Act” (*Appendix G*).

Students will renew their CB accounts *yearly* using code “TF39r”. Additional information about CastleBranch including registration codes for add-on packages (such as drug testing or CPR) can be found on [the MA-SLH Canvas site](#).

Students whose clearances are not complete and current in CB will not be permitted to begin practicum (on-campus or external practicum) which may delay time to graduation. Students who engage in on-campus or off-campus (externships) without approved clearances will be removed from the practicum, will not accrue ASHA contact hours, and will fail the associated course.

Health Requirements and Medical Clearances

Proof of adequate immunization and updated PPD records are REQUIREMENTS for all graduate students in our program as your first clinical placement is at the Temple University Speech-Language-Hearing Center. Meeting these requirements before you matriculate is an important first step to protecting your health and the health of your patients. Failure to provide proof of compliant immunizations/ titers throughout your program will prevent you from conducting clinical work or clinical observations.

Many internship sites require that student clinicians medical and background checks have been vetted prior to acceptance and are eligible for placement via a typical compliance package. The typical compliance package would include background checks and, for some affiliates a urine drug screening, a physical examination and completion of identified immunizations, completion of training modules (e.g., HIPAA) and required documentation. Some of these steps may take time to complete, such as the Hepatitis B vaccine series, which can take up to **six months** if the individual has not started this series. Please plan accordingly.

Students must submit all medical documentation and clearances to 1) Student Health Services **AND** 2) upload clearances to CastleBranch prior to matriculation. PPD results must be on the Temple University form. If your insurance will not cover the required titers or the antibody testing, you may arrange for these at a low cost at Student Health Services (SHS).

Below are the pre-matriculation requirements.

1. **DTP Booster** (within the past 10 years)
2. **PPD** (normal result or chest x-ray with clearance by SHS MD)
3. **Hepatitis B Antibody Titer** (positive or cleared by SHS MD)
4. **Measles Antibody Titer** (positive or cleared by SHS MD)
5. **Mumps Antibody Titer** (positive or cleared by SHS MD)
6. **Rubella Antibody Titer** (positive or cleared by SHS MD)
7. **Varicella Antibody Titer** (positive or cleared by SHS MD)
8. **Completed Pre-Matriculation Physical**

Annual PPD Testing is **Required**. Flu Immunization, CPR Certification for Healthcare Workers, Drug Testing, or

additional background checks may be required for some external practicum. Follow this link for more information: [http://www.temple.edu/studenthealth/HSC Annual PPD and Flu Shot.html](http://www.temple.edu/studenthealth/HSC_Annual_PPD_and_Flu_Shot.html)

Download and print out the following documents and forms to bring to your physician:

1. Pre-Matriculation Letter:
https://studenthealth.temple.edu/sites/studenthealth/files/Main_Prematriculation_Requirements.pdf
2. Immunization Requirements: <https://studenthealth.temple.edu/hsc-cph-students/prematriculation-immunizations>
3. Pre-Matriculation Physical:
https://studenthealth.temple.edu/sites/studenthealth/files/HSC_Physical_Form.pdf

The College of Public Health (CPH) promotes and advances best practice in all matters pertaining to clinical education. This includes protecting the rights of students to quality and appropriate clinical education opportunities, and protecting the health and safety of clients and patients served by student trainees. Students will be protected from unlawful discrimination based on health condition or disability. The CPH follows the 2012 recommendations of CDC and the Society for Healthcare Epidemiology of America (SHEA) regarding the management of students who are infected with hepatitis B virus (HBV), Hepatitis C virus (HVC), and/or Human Immunodeficiency Virus (HIV). In general, students with these viruses should not be precluded from the study or practice of health related professions. Students who do not perform invasive procedures but who practice minimally invasive procedures should not be subject to any restrictions of their student training activities. Therefore, pre-notification to clients and patients, as well as clinical training preceptors, of the virus status of their student trainees will be discouraged in these instances. Students who do perform invasive procedures or are potentially involved with SHEA Category III activities are ethically obligated to know their infection status with respect to HBV, HCV, and to follow optimal infection control and universal precautions procedures (e.g., routinely use double gloving procedures for evasive procedures.) Accordingly, if a health screen indicates a student tests positive for HBV, Hepatitis C and/or Human Immunodeficiency Virus the following individualized assessment procedures will be followed:

- The student will be referred to Student Health Services (SHS) for an individualized follow-up examination by a SHS physician;
- The testing results will be reviewed by an Expert Review Panel to determine recommended practice restrictions and optimal infection control procedures;
- With permission granted by the student, information regarding the student's clinical status and recommended practice procedures appropriate to this individual case (e.g., double-gloving if the student is involved with exposure-prone minimally invasive procedures) will be shared with the student's personal physician and their clinical education coordinator regarding clinical status and the recommended practice procedures.

Background Checks

1. **Pennsylvania State Police Criminal Records Check (Act 34)**: CB will submit this clearance for you and will add it to your account records.
2. **Pennsylvania Child Abuse History Clearance (Act 151)**: Student interns who are engaged with minors during clinical practicum must provide evidence of a satisfactory background report on child abuse. After registering for CB, you will be instructed to go to the Pennsylvania Department of Public welfare to complete this clearance which requires a \$10 payment in addition to your CastleBranch Set-up fee. (<https://www.compass.state.pa.us/CWIS/Public/ClearanceLearnMore>) Results are mailed to you within 14 days. This document must be uploaded by you to your CB account.
3. **Pennsylvania Department of Education FBI Fingerprinting (Act 114)**: The Act requires that all student teachers provide a copy of their Federal Criminal History Record. **CB will instruct you to register** for fingerprinting at www.pa.cogentid.com/index_pdeNew.htm. Select “Department of Education” at the website. Many local post offices and UPS stores also offer fingerprinting as does Temple Police Department. A fee is paid directly to the agency conducting the fingerprinting. When you complete fingerprinting, *make sure you request that copies of the results be sent to you*. Results may take 4-6 weeks to receive. Once you receive the document by email, you can only open and save the document one time (for privacy reasons); be sure to save the document immediately. Upload results to your CB account. If you do not receive your results from Cogent or if you forgot to save the results, then you may request a copy from the School of Education’s main office (150 Ritter Annex) using your registration code on your receipt.

Liability and Health Insurance

Student Liability Coverage: The university provides general professional liability coverage for students whenever they are acting in the course and scope of their approved academic requirements. MA students who are registered and enrolled in a class, including clinical practicum, are covered by the university’s professional liability policy.

Student Health Insurance: There is no University mandate that students must have personal health insurance. However, the College of Public Health strongly urges that all students have personal health insurance. Students are offered opportunity for a group health insurance plan at a modest cost through the university. Additional information about obtaining health information can be found at www.healthcare.gov. Note that some external practicum affiliates require that student maintain and provide evidence of personal health insurance.

Accident Insurance: Currently, all CPH students pay an additional fee for supplemental “accident insurance” which protects students in the event of an accident (e.g., falls, strains from lifting, needle sticks) while engaged in required curricular activities such as clinical practicum.

See <http://www.temple.edu/hr/students/accident.htm>.

Accommodations for Student with Disabilities

Students with documented disabilities requiring accommodations in the clinical practicum should consult with the Office of Disability Resources and Services (DRS) **at the start of the graduate program** to develop appropriate and reasonable accommodations clinical coursework. DRS is located in the Howard Gittis Student Center South, 4th Floor, Room 420, (215-204-1280). Students may then request to meet privately with the Director of Clinical Education to discuss their accommodations so that accommodation can be requested from external affiliates several months prior to the start of the practicum. Additional information may be found at <https://disabilityresources.temple.edu/>.

Temple University Speech-Language-Hearing Center

Statement of Purpose: The Temple University Speech-Language-Hearing Center (TUSLHC) is an educational and training facility for graduate students in speech-language pathology. When working in the Center, students are known as *Graduate Student Clinicians (GC)*.

The TUSLHC has a proud tradition of service to the neighborhoods of the city of Philadelphia as well as the suburbs surrounding the city. Graduate Student Clinicians provide the highest quality services under the supervision of ASHA certified Speech-Language Pathologists to individuals in need of speech and language intervention in the areas of articulation, child and adult language, fluency, voice, accent reduction, adult and child diagnostics and aural rehabilitation. Evaluation and treatment in Spanish are also available.

GCs are responsible for reading and acknowledging understanding of content of this manual prior to beginning clinical training. Students should refer back to this manual throughout their graduate student training and prior to beginning clinical work each semester.

TUSLHC Practicum Sequence: Students who have completed prerequisite coursework are assigned to on-campus practice at the TUSLHC. Students enroll in two semesters of Introduction to the Diagnostic Process (CSCD 8187) and two semesters of Introduction to the Therapy Processes (CSCD 8287 or CSCD 9587-Practicum in Aphasia) in their first year across Fall, Spring, and Summer semesters. In some cases, it may be necessary to extend a student's on campus clinic placements if sufficient progress is not made.

In the second year (Fall, Spring, Summer), students complete Advanced Practica at the TUSLHC concurrent with their external practicum. These include Advanced Practicum in Fluency Disorders (CSCD 9287), Advanced Practicum in Voice Disorders (CSCD 9187) and Practicum in Audiology (CSCD 8147). Students may also elect to enroll in Advanced Practicum in the Assessment and Treatment of Aphasia (CSCD 9587).

Center Regulations

Mailboxes: All faculty, graduate students, and staff have a mailbox. Faculty and staff mailboxes are located inside the reception area, Rm 110. Clinical Instructors also have mailboxes in the Client File Room (Room 109) for any client related communication or reports. Student boxes are located in the Student Workroom (Room 109).

Please check your mailbox at least daily for messages. Client cancellation notices are placed in students' mailboxes.

Name Tags: Students must wear their clinic nametag (see Lisa Melvin, Department Coordinator, to obtain one at least one week prior to starting your practicum) at all times when they are providing services in the Center.

Telephone Use

- No calls are to be made from the Department Coordinator's phone.
- All telephone calls to clients are to be made on the phone in your supervisor's office or from the phone in the student clinical workspace in Rm 109.
- Calls made from a personal cell phone *must* use Caller ID Blocking.

Waiting Room (Room 121)

- This area is reserved for clients. Socializing is not appropriate in this room. Discussion of cases must not be conducted here.
- Inform your clients of the waiting room location and check here for the arrival of clients.

Reception (Room 110: Ms. Lisa Melvin, Dept Coordinator): Ms. Lisa Melvin is responsible for Center billing, phone reception, client files and diagnostic test maintenance.

Student Work Room (Room 109)

- This room is for quiet review of client files and tests. Please respect the area, keep noise to an absolute minimum, and do not remove office equipment (stapler, hole punch, pens, laminator etc.) from this area.
- A "Shred" Box is located in this room for ALL Client Related or Protected Health Information (PHI) that needs to be discarded. *Do not place* non-PHI paperwork in the shred box.
- Students may print client reports by sending them to the printer/copier in Room 144. Page one should be on department letterhead.

Keys: Keys are available to unlock therapy, evaluation, material, and conference rooms. Please see Ms. Melvin for keys. GC's are responsible for unlocking and relocking their own therapy rooms, diagnostic rooms, and Audiology booths.

Equipment and Materials

- Tablets: iPads and Android tables are available to use in Therapy and Diagnostic sessions in Room 110. They may be signed out/in with the Clinic Coordinator (Lisa Melvin) in Room 110. Plug the tablet back into the charger when you return it to the Tablet Cart.
- Sign out/in all therapy materials and test materials.
- Voice Lab and Audiological Equipment: Available for student use. Please speak with Katie Donocoff regarding Voice equipment and with Paige Pastalove for Audio Screening equipment. Students are responsible for cleaning and returning all equipment to locked rooms.

TUSLHC Schedule

- *Holidays:* The Center follows the Temple University Calendar for holidays. We are closed only on University recognized holidays.

- *Snow Emergencies:* The Center follows the Temple University Calendar for snow emergencies. If the University is closed due to weather, the Center will be closed. Student clinicians should remain in touch with their clinic supervisor or Clinic Director who may cancel an individual clinical practicum for changes in weather.

TUSLHC Safety, Medical Emergencies, and General Emergency Procedures

Temple Police/Campus Safety Services (<https://safety.temple.edu>)

- Phone
 - Emergency Phone number: (215) 204-1234
 - Emergency Phone number from a Campus Phone: 1-1234
- Locations
 - Campus Safety Services 1101 W. Montgomery Avenue
 - Temple Police Station 1513 Cecil B. Moore Avenue
 - Temple Police Mini Station 1600 N. Park Avenue, Philadelphia

Walking Escort Program

- Security Bike Officers provide escort services and maintain communication with Temple Police
- For more information: [Walking Escort Main Campus](#)
- Students and clients may request a walking escort daily from 4:00 pm – 6:00 am
- To request an escort, call:
 - From a campus phone: 8-9255
 - From a cell phone: (215) 777-9255

Evening Shuttle Service: Take Flight

- Shuttle transportation is provided along a fixed [route](#) every 15 minutes
- Flight shuttles can be tracked in [realtime](#) with the [Transloc App](#)
- Operates 7 days a week from 6 PM to 2 AM

Client Safety

- Graduate student clinicians should escort pediatric clients from the waiting room to a therapy room and bring the child directly back to the parent/caregiver in the observation room or waiting room after a session.
- Children must not be left unattended. If a child needs to go to a restroom during a session, the parent/caregiver may take them. When the client is with a student clinician, the clinician is responsible for guarding against any injury or exposure to hazards (e.g., climbing on the furniture, playing with electrical outlets, running in the hallways, etc.).
- Parents must remain on the first floor of Weiss Hall for all clients aged 17 or under. Notify your clinical instructor if a minor comes unaccompanied to a session or the parent does not remain in Weiss Hall during the session.
- Call 911 immediately if a client or family member appears to be having a medical emergency (for example, stroke, seizures, heart attack, etc.)

Injury

- If a client or clinician injures himself/herself, the student clinician is to report it to the clinical instructor and clinic director.
- A written incidence report may be required. Band-Aids for minor cuts are kept in the materials cabinet in the back hallway.

Building Evacuation (Weiss Hall)

- Alarms: Everyone (students, staff, and clients) must immediately exit the building through the main lobby of Weiss Hall and go to our Rally Point so that the steps of Weiss Hall are clear.
- Doors of rooms being vacated are to be closed but unlocked.
- Student clinicians should assist their clients with evacuation and must stay with them until they can return to the building.
- If directed by security personnel, student clinicians, employees, and clients will walk to the Designated "[Rally Point J](#)" (the back of Ritter Annex). If the Lobby exit is unusable, the exit in the back hallway next to room 156 and the student lockers will be used as the alternative route out of Center.

Universal Precautions

Students must attend the Bloodborne Pathogen and Universal Precautions Training offered by Environmental Health and Safety prior to beginning clinical practicum in the fall of their first semester of graduate school.

- In each subsequent year, students are required to self-enroll and complete annual online Bloodborne Pathogen and Universal Precautions Training annually.

Instructions:

- Go to [EHRS Online Training](#) and log in using your AccessNet Account name and password to the "Temple University" organization (not Temple Health).
- Select "Annual Bloodborne Pathogens Training" in the Search box, and hit "Start".
- Complete the Training and [Screenshot](#) your results.
- Upload results to Castle Branch.

TUSLHC Clinical Procedures

In order to ensure both adequate training and service provision in the Center, GCs are required to observe the following regulations and procedures.

Clients: TUSLHC services are currently available at no charge.

Privacy and Confidentiality: Students are responsible for protecting the rights of their clients under The Health Insurance Portability and Accountability Act (HIPAA). Failure to do so makes the student liable for federal prosecution and ASHA sanctions. Students are responsible for distributing the [Temple University Health System Booklet Personal Health Information Privacy Practices](#) and having the client sign a letter stating they have received it. Letters and booklets are located in Room 109.

Information regarding clients is confidential. Students may discuss case information with their clinical instructors and student members of their practicum team when it necessary for treatment and education purposes in an approved secure area within the Center. Client information should not be discussed in the

waiting room, faculty offices with open doors, hallways, or other areas where individuals may overhear the conversation.

The Center is fully equipped for audio and visual digital recording and playback to enable review by students. BEFORE ANY RECORDING IS BEGUN, A CONSENT FORM MUST BE SIGNED BY THE CLIENT. All recordings are the property of TUSLHC and may be used for review and teaching purposes. Students may record AUDIO ONLY on their password-protected audio digital recorders. Use of any other personal video- recording devices, cameras, cell phones, laptops, and tablets is strictly prohibited.

Therapy Practicum

Scheduling

- Scheduling of client appointments is done by Director of Clinical Services or the Department Coordinator.
- Clients will be assigned to the practicum block in which they will be best served.
- Students will be assigned clients during the first meeting of the therapy block by their supervisors. Some supervisors may also notify students of their assigned client(s) prior to the start of the therapy block.
- Students must thoroughly read and review their client's file carefully prior to first contact. Files are located in Rm. 109.
- It is the responsibility of the student to telephone their client before the first scheduled therapy session to reconfirm the appointment. This initial contact is important and could influence whether the client will commit to or benefit from therapy. Please review the telephone protocol suggestions listed under "*workplace expectations*" above. If you are in doubt about how to proceed with this call, please consult your supervisor. This telephone call must be documented on a "Contact Sheet" in the client's file.
- Any schedule changes the client requests must be reported to the Director of Clinical Services in writing and to your Supervisor. Do not schedule appointment changes on your own.

Client Files

- Files are located in a locked cabinet in Room 109.
- Files are available for review between the hours of 9am and 5pm.
- Files must be reviewed at a student work desk in Room 109 **ONLY**. Review of client files in the student lounge or any other location is a violation of **privacy** regulations.
- Files and contents of files **MUST NOT** leave the building nor be photocopied.

Therapy Sessions

- Therapy sessions must begin on time. Graduate Clinicians should arrange to be in the Center well in advance of the appointment or conference time. If coming from a class immediately before therapy session, please make sure you have set up prior to class.
- Therapy rooms should be opened and checked for cleanliness, ventilation and camera soundness.
- Students are responsible for ensuring the Video Recording system is recording their therapy room.
- Clients should receive 50 minutes of therapy. The last 10 minutes may be devoted to discussing progress and home initiatives with parents or caregivers. All conferences with parents, family members or significant others must be conducted in the privacy of a therapy room, the diagnostic room or your supervisor's office. Failure to do so is a violation of client's rights to privacy and confidentiality as protected by HIPAA.

- Use the “Therapy Session Checklist” (*Appendix G*) to ensure all steps and procedures are followed.

Cancellations

- In the event of client tardiness, the graduate clinician should wait the full period unless otherwise notified. The client should receive therapy for the time that remains in the session, unless other arrangements have been made.
- If the GC cancels, the GC must schedule an alternative time to make up the missed session at a mutually agreed upon time. Any makeup session must be conducted under the supervision of a CCC- SLP.
- If the client cancels, therapy may be made up if all parties are agreeable.
- If the client fails to come for therapy 3 times, report this *in writing* to the Director of Clinical Services or the Center Secretary. The client may be discharged for non-attendance at the discretion of the supervisor or Director of Clinical Services. A final discharge/progress note (one page) must be written and submitted to your supervisor who will then pass it on to the Center Secretary for mailing.

Center Records

- Client Information Update Form: During your initial session with your client, have your client fill out a Client Information Update Form. Ensure that the following information is completed: ***last and first name of client, their current phone numbers including work and cell, address, and billing information.*** Also add: ***your name, your contact phone number, your supervisor’s name, therapy room number, day and time of session, date of first session.***
- Daily attendance sign-in – Client’s must sign in prior to each session in Room 110. GC’s must verify that their client signed in BEFORE beginning a session and escort the client to the front office prior to beginning the therapy session if the client has not signed in.
- Weekly therapy plans and results (“logs”), results of therapy and anecdotal reports must be reviewed by your supervisor and filed WEEKLY in the client’s file.
- Client Contacts Form: GC completes an entry on the Client Contacts Form each time there a “contact” with or about the client. This includes an evaluation or treatment session was conducted, a session was cancelled, a client did not show up, a phone call was made to the client or to a family member, or a phone call was made to another provider (email, fax, phone call). This form is the first document in the client file. If it is full, the GC is responsible for adding a new blank form. The form is filled out as follows:
 - Ink: Document in charts in blue or black pen only.
 - Legibility: Document notations and signature must be legible.
 - Date of documentation: This date is the date you filled out that contact line on the form. It is not the date you had the session or contact. Left column: Full date (Month/Day/Year); Middle column: nature of the contact (Tx provided; Evaluation conducted; Client Cancelled; Client No-Show; Called and spoke to client to confirm appointment; left voicemail message for client’s parent to confirm appointment, etc). Example:

03/29/20201	TX Provided	Sam Student, Grad Student Clinician
04/05/20201	Client Cancelled	Sam Student, Grad Student Clinician

- If you inadvertently forgot to document an entry and must document at a later date, you will write the date you are filling out the form on the left column. In the middle column, write the date of contact and the nature of the contact. If you write an earlier date than the one in which you are actually documenting, this would be considered fraudulent documentation since you are writing

down a date earlier than you are signing it. Example:

03/29/20201	TX Provided on 3/2/2023	Sarah Student, Grad Student Clinician
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- GC may not disclose information to persons who request information about a client (other professionals, place of employment, doctor's offices etc.) without permission with clinical supervisor AND written consent from the client. Refer these requests to your supervisor or the Director of Clinical Education.
- It is the responsibility of the GC to make sure that all client records are current so that other professionals may review the file for information pertinent to IEP's, placements, progress notes etc.

Therapy Plans and Session Notes

- Weekly therapy plans should be written for each client, reviewed and approved prior to the day of therapy by the block supervisor.
- If a session is missed, this must be recorded on top of the plan, along with the reason for cancellation, whether due notice was given and the reason for cancellation.
- All phone calls to and from clients (including "no answer"), their physicians, parents, caregiver or other professionals involved in the case must be recorded on the Contact log located on the inside page of the file.
- Therapy results ("Logs") and anecdotal reports must be written promptly and submitted to your supervisor for approval and signature. They are then to be filed promptly in the client's file. There is a hole puncher located in Room 109 which can be set to punch two holes. Consult a second year clinician or your clinical instructor if you are unsure how to do this.

Progress Reports

- Progress reports must be written at the end of each semester. They are to be reviewed and approved by your supervisor two weeks prior to the last session and should be finished and available for review with your client during the last session.
- Long term recommendations and specific therapy goals with measurable short term objectives must be included under Summary and Recommendations of the report.
- Prognostic statements may be included at the discretion of your supervisor.

Initial Evaluation Procedure Conducted over time in Therapy Practicum

- If your client is new to the center and has had no evaluation, a preliminary intake summary form will be in the client's white envelope. The graduate clinician should write the client's last name and first name in pencil in the upper left corner along with date of birth.
- All interview notes, case history, testing results and impressions should be placed in the folder at the end of the session and returned to the Client Files cabinet. These notes may not be taken out of the Center. Ms. Melvin will make up a current file after the evaluation report has been completed.
- This file, like all other client information, is protected under HIPAA and must not leave the building. Results, impressions and reports are to be written in the student computer lab in Rm. 109. *Students*

may request permission from their supervisor to work on personal computers if time requirements do not allow working in the Center. Files are to be saved only on your **encrypted flash drives**; no files are to be saved to hard drives of desktops or laptops. All data on flash drives must be deleted each semester.

Termination of Therapy

- Graduate clinicians may not terminate therapy or discharge a client without prior discussion with the clinical supervisor.
- Clients must be notified in writing of intent to discharge.
- Final progress notes/discharge report should be written and presented to client at last session.
- No graduate clinician may terminate on-campus or therapy in an external practicum with a client or terminate a practicum because they have met their ASHA or CSD Department hours requirements.

Maintenance of Materials Cabinets

- The Center maintains a children's library, a host of toys and arts and crafts supplies, therapy resources and materials and many other useful therapeutic props and contexts. These are found in rooms 142B and 140, and in the cabinets in the back hallways.
- Graduate Clinicians may use these materials and are responsible for the maintenance and tidiness of the cabinets.
- DO NOT LEAVE MATERIALS IN THERAPY ROOMS; return all materials to the correct locations (Materials Room, Back Hall Cabinets, Rm 140).
- Do not remove therapy materials from the building.
- Each TX practicum section is assigned at least one week to straighten up the Materials Cabinets each semester. See the checklist in the materials room and on the MA-SLH Canvas site for suggestions for your team's tasks.
- Tablets are available for use in TUSLHC Clinical Practicum. You may sign out an iPad before a session with Ms. Melvin in Rm 110. Return the tablet immediately after the session and plug it in to the cart. Shut down the tablet completely ("power off") before returning it.

Diagnostic Practicum

Assessment Materials

- Most standardized diagnostic materials are located in room 109. Tests should be reviewed and practiced carefully at least twice before administered to a client.
- Tests must be signed out (and signed back in). The sign-out book is located on the file cabinet above the Test Materials.
- **NO TEST MAY LEAVE THE BUILDING** without specific permission from the Director of Clinical Education. As an aid to learning how to administer and score the tests they are permitted to go home with graduate clinicians between 4:30 pm Friday and 8:30 am Monday with prior permission from Director. It is very important that a record card be left in place until the test is returned.

Diagnostic Procedures

- Students are required to be at diagnostic practicum 30 minutes before the scheduled test time unless otherwise noted by your supervisor.
- Planning sessions usually take place the week before the Dx is to be conducted. The supervisor will meet with students and plan the events of the session.
- Each Dx includes assessment of articulation, expressive and receptive language, voice, fluency, oral peripheral examination and a hearing screening. Often an impression recording behavioral components is added if relevant.
- Your supervisors will guide you through test selection. It is up to the Graduate Clinician to review the test manual, learn the administration and scoring protocol, and transform raw scores into standardized scores, percentiles and age equivalencies. Tests should be administered in practice first at least twice before being administered to a client.
- On the day of the evaluation, GC's should present themselves in professional attire.
- Your supervisor will walk you through the procedure of opening up the Dx suites, preparing the cameras and Video room.
- The following forms must be presented FIRST to the client: consent to video and audio tape, consent to obtain information, and consent to disclose information, HIPAA Privacy and Confidentiality booklet and signature forms. These forms are located in Room 109.
- The order of testing procedures will be determined with your supervisor in the planning session.
- Reports must be completed in rough draft by the next week's planning session. Reports should be edited, copied in triplicate, and ready to be mailed to clients no later than one month after the evaluation has been completed. Reports will be mailed out ONLY by the Department Secretary.

Student Conferences

- Weekly practical conferences are held either before or after Tx or the week before Dx depending on the preference of the supervisor. You will be informed of your conference time at the first meeting of the practica team. ALL TEAM MEMBERS ARE EXPECTED TO ATTEND CONFERENCES EVERY WEEK UNLESS OTHERWISE ARRANGED WITH YOUR SUPERVISOR. Please be prompt, come prepared to discuss your case and to present your ideas for the upcoming session.
- Semester review conferences are held at mid-term and end of term.
- Students may request individual conferences with their supervisors as needed.

Audio and Video Recordings

- All recordings made in Diagnostic and Therapeutic practica are the property of Temple University.
- They must be reviewed in the Center Video Observation lab.
- Students may not record audio or video on personal laptops, tablets, or phones.

ADVANCED EXTERNAL PRACTICUM

Students begin advanced external practicum in their second year after satisfactory completion (no grade lower than B-) of one to two Diagnostics Practica, two Treatment Practica, and approval from their academic advisor and the Director of Clinical Education. Before taking the practica, students must have completed relevant coursework. In some cases, this may occur concurrently.

External Placements

Students meet with their academic advisor in the fall and spring of each academic year to review academic and clinical progress. At this meeting, advisors complete an Advising Form notifying the Director of Clinical Education of the clinical placements for which a student has met the eligibility requirements. The student will also fill out a schedule (work, study, and other commitments) and transportation availability before submitting this to the Director of Clinical Education. A variety of factors are considered in determining a student's placement each semester including their schedule, prior coursework completed, clinical preparation, and semester in the program. While transportation mode (public versus car) is considered in placement, distance less than 90 minutes from a student's home is not a factor in student placement.

Advanced external practicum include schools, preschools, early intervention, pediatric hospitals, and early intervention (CSCD 9387/9388) or adult hospitals, rehabilitation facilities, home care, skilled nursing facilities, group residences, adult day programs (CSCD 9487/9488). External practicum may also include advanced, intensive clinical placements on Temple's main campus or Ambler campus. Typically, these occur in the summer and may include CASTLE Camp (an program for children with childhood apraxia of speech) and an aphasia intensive treatment program. Students interested in a placement outside of Southeastern PA or S Jersey for their final semester should discuss this early in their program with their advisor and the Director of Clinical Education. Additionally, students may apply for specialized placements in overnight summer camps during their first or second summer when available.

The Director of Clinical Education arranges all practicum placements with our external affiliates. Students **may not** arrange their own placement with an outside facility. This is the preference of the affiliates in the Greater Delaware Valley for *all* of the graduate programs in our area. A student may not be placed in an agency with whom they have had a previous relationship as an employee or volunteer or that employs a family member.

Students are notified of their external placement approximately 3-6 weeks prior to the start date via email. Students should acknowledge receipt of the assignment by email to the Director of Clinical Education. Students may not discuss their placements with their peers until all students have received their external practicum assignments just prior to the start of the semester; discussions of your assignment before this time may result in revocation of the external placement and require an additional semester delay to graduation. Once assigned, students should then contact their externship supervisor(s) or the site's student coordinator via phone or email to introduce themselves. Occasionally, acceptance at an affiliate site for a practicum requires a student interview prior to the start date sometimes as early as 6-9 months prior. Students should treat these as "real" interviews including preparing a professional student resume, bringing clearances to the interview, researching the site (type of facility, populations treated, etc.), and reviewing relevant course material.

All students in an external practicum in a state other than Pennsylvania should review the licensing requirements and scope of practice for their discipline in that state. Completion of an externship experience in another state does NOT assure that you will be eligible to be licensed in that particular state upon graduation. Students wishing to practice in other states after graduation should review the following link to assist them in understanding state licensure for Speech-Language Pathology: <http://www.asha.org/advocacy/state/>. As a student competing for an internship in a state other than Pennsylvania, you must be notified of your rights regarding grievances, your rights and responsibilities as a student, and our university's academic policies. Please review the information found at: <http://bulletin.temple.edu/graduate>

Clearances

Students are responsible for obtaining and uploading their annual clearances (medical and criminal background checks) to CastleBranch and Student Health Services, and for completing any additional site-specific clearances by an external affiliate prior to the start date of the practicum. Students should review and sign the Disclosure & Authorization Regarding Background Investigation (Appendix F), and upload it to the MA-Speech-Language-Hearing Canvas organization prior to the start of by August 25 in the first year.

Students should also review the Summary of Rights Under the Fair Credit Reporting Act (Appendix H).

Some affiliates may require drug or alcohol testing with the associated costs paid for by the student. Students who are rejected from an affiliate site based on those results will not be placed in an alternative practicum that semester and will be removed from any on-campus practicum for that semester as well.

Students whose external sites require the university to review and submit background checks and medical clearances directly from the university rather than from the student must complete the Authorization to Release Information to Placement Site (Appendix I) and submit this to the Director of Clinical Education prior to the start of the external practicum; failure to do so may delay the start of the student's external practicum.

Personal Safety

There are assumed risks associated with attending school in an urban environment. Our program requires that students travel to community sites for outside-of-classroom learning and for clinical education. The University does not assume responsibility for students' safety while traveling off-campus for academically related activities such as community service learning or external clinical education.

Events such as home visits and meetings in the community are a regular part of most placements. Agencies are expected to take appropriate measures to ensure student safety; minimally, students should receive the same consideration as staff. Additionally, students are expected to exercise common sense and follow the safety guidelines of their agencies. If concerns regarding safety arise, these should be discussed with the practicum liaison (clinical instructor of record) and if necessary, the Director of Clinical Education.

Travel

Students assume all risks when using personal vehicles for travel to and from and during external practicum

and other required curriculum activities. Personal auto insurance must cover the student and any other passengers. Students are NOT to transport clients/constituents they are serving during their practicum in their personal vehicle for any reason.

Students may be expected to commute up to 1 ½ hours (90 minutes) for some external practicum (driving or on public transportation).

Schedules

Students typically complete 3 rotations (one school, one pediatric non-school, and one adult setting). Students interested in medical speech-language pathology may indicate a preference for either medical adult or medical pediatrics; preferences will be taken into consideration in placement but cannot be guaranteed.

Each external practicum is one semester long (10 - 13 weeks). Students spend 4-5 full days a week at their practicum site; the exact schedule is determined by the type of site, supervisor schedule and preference, the student's academic schedule, and the Director of Clinical Education. For the school-based practicum, a minimum of 12-weeks on site, is required for all students. *Students are expected to be at practicum on all days and times their supervisor is on site with the exception of during academic classes or on-campus practicum (such as Fluency, Voice, or Hearing Screenings).* Students are expected to make-up missed days at their practicum if the site permits. Excessive absences interfere with a student's ability to gain the skills required to achieve mandated competencies, and may result in dismissal from the practicum by the affiliate resulting in a failing grade.

At off campus sites, students follow the schedule of the affiliate not the Temple University calendar. For example, if a student is completing a rotation that is open during Thanksgiving week or on Thanksgiving Day, the student follows the site's schedule even though Temple does not hold classes that week. Students are expected to be at their placements during Temple's Fall (Thanksgiving week) Break and Spring Break (usually in March). Students may not withdraw from the internship once the semester has begun. Students must notify their Temple University instructor for each and every absence at their externship.

Some affiliates may require additional training sessions prior to the start date of the practicum. These may include, but are not limited to, CPR, restraint training, and digital documentation. Sites may require additional clearances include drug testing , a health physical, or additional background checks and fingerprinting.

Student Right to Privacy

Under the Family Educational Rights and Privacy Act (FERPA) faculty are not permitted to share information related to academic performance with an affiliate site unless given written permission by the student. Students may provide site with academic performance history. Students seeking accommodations at an affiliate must be registered with Temple University's office of Disability Resources and Services (DRS). It is recommended that students requiring accommodations communicate this to their DRS coordinator and to the Director of Clinical Education at the start of their academic program. Prior to the start of a practicum, it is the responsibility of the student to disclose any request for accommodations to the affiliate and/or externship supervisor or to request in writing/email that the Temple instructor disclose the request for

accommodations to the externship supervisor.

Harassment and Discrimination Policy

Temple University is committed to providing a learning and working environment that emphasizes the dignity and worth of every member of its community, free from harassment and discriminatory conduct. Harassment is unwelcome conduct that is based on race, color, sex, religion, national origin, disability, and/or age. Discrimination and harassment in any form or context is contrary to this commitment and will not be tolerated. Harassment subverts the mission and the work of the university, and can threaten the career, educational experience, and well-being of students.

During your internship, you are encouraged to report to your internship site supervisor or other site official any concerns you have about safety, harassment/discrimination, or other issues. You should also report your concerns the Director of Clinical Education and/or your faculty instructor so that they can assist the site with a prompt resolution for your concerns. If you are uncomfortable reporting your concerns to the site directly, you should notify the Temple faculty member supervising your external practicum experience to request assistance with resolving your concerns.

Documentation

On initial meeting with the externship supervisor (whether prior to the start date or on the first day of the practicum, students should present the externship supervisor with Temple's required paperwork. This information is updated in the External Practicum Orientation Training Session each semester and can also be found in the External Practicum Orientation PowerPoint on the Clinical Education section of the department MA-SLH CANVAS course.

Assessment of Performance

Students should set personal development goals each semester in conjunction with their externship supervisor and their TU instructor. Students should also proactively seek feedback on their clinical performance from their supervisor.

The external practicum supervisor will use Temple University's Training Experience Evaluation (TEEF) on CALIPSO to evaluate the progress of the student's performance at mid-term and at the end of the semester. They will also provide feedback both informally and formally throughout the semester. Students struggling with maintaining a "B" or above will participate in remediation with the external practicum supervisor and the TU instructor to help provide the student with tools to improve. Final grade below a "B-" does not accrue clinical clock hours. Continued unsatisfactory performance which interferes with the supervisor's ability to provide quality services to their clients, or unsatisfactory professional behavior at any time, will result in termination of the practicum.

This manual is intended as an introduction to Clinical Practice and is not a comprehensive document. Please feel free to discuss anything with your clinical supervisors, instructors, and professors.

Sign the TUSLHC Manual – Acknowledgement Form (Appendix K) and upload to your cohorts Incoming Student Canvas Course by September 1st.

Appendix A

Grading in Clinical Course

The guidelines below are meant to provide consistency in grading clinical performance. In deciding which descriptors are most appropriate, careful consideration is given to the student's academic coursework, clinical training, and prior experience with the population seen in the practicum. A particular grade is earned when the performance descriptors in a grade category apply.

A and A minus indicate work of superior quality

A: exceeds all mandated requirements; majority of clinical competencies exceed the quality and expectations for students at this level of training; shows minimal need for direct or prescriptive instruction; shows excellent ability applying previous or ongoing coursework and experiences, and/or is able to hypothesize and appropriately apply conceptual and/or theoretical constructs to treatment, even when specific content has not been taught; shows the ability to recognize, analyze, and revise relevant aspects of treatment; shows insightful observational and interpretive skills; shows excellent awareness of client's perspective and needs.

A- : exceeds most and satisfies all mandated requirements; majority of clinical competencies surpass the quality and expectations for students at this level of training; requires occasional direct or perspective instruction but generally extrapolates and applies generatively very quickly; shows ability to create own procedures; shows very good ability applying previous or ongoing coursework and experiences, conceptual or theoretical constructs to treatment given general, non-prescriptive information; shows good ability to recognize, analyze, and revise relevant aspects of treatment given occasional feedback; shows good observational and interpretive skills; shows good awareness of client's perspective and needs.

B+, B and B minus indicate work of satisfactory quality

B+: exceeds some and satisfies all mandated requirements; clinical competencies show steady growth; shows ability to abstract and generatively apply outlined principles of treatment given examples; integrates and utilizes the information provided; learns quickly from past mistakes in attempting to explain behavior conceptually/theoretically; showing steady growth in observational and interpretive skills; is developing good ability to recognize and revise relevant aspects of treatment given feedback.

B: has satisfied all mandated requirements; shows steady growth in a specified set of clinical competencies; requires frequent direct or respective information, but can integrate and utilize information provided given intermittent review; understands and attempts to apply information given regarding: conceptual, theoretical constructs; is beginning to show growth in observational and interpretive skills; now recognizes some aspects of treatment which need revision given feedback; shows emerging awareness of client's perspective and needs.

B-: has satisfied most, but not all, mandated requirements; is beginning to show growth in a specified set of clinical competencies; requires direct or prescriptive information; requires assistance integrating and utilizing the information provided; requires direct assistance applying information conceptually/theoretically; requires 27 assistance in observational and interpretive skills, and in assessing client's perspective and needs; incorporates suggested revisions; continues to need help recognizing the necessity and rationale for revisions.

C+, C and C- indicate work of marginal quality

(Clinical practicum hours are not accrued to either department or ASHA required hours for any practicum experience given grades below a B-.)

C+: has satisfied only a few of the mandated requirements; is showing minimum growth only in very few clinical competencies; requires a great deal of direct and prescriptive information; needs much assistance integrating and utilizing the information provided; requires much time and attention in applying information conceptually/theoretically; requires a great deal of assistance in observational and interpretive skills in assessing client's perspective and needs; appears to benefit only from such assistance; in the main, does not appropriately incorporate suggested revisions; interprets suggestions with only a minimal understanding of why revisions are necessary relative to this client; shows only occasional instances of ability to independently recognize need or rationale for revisions.

C: has inadequately attempted to meet most mandated requirements; is not yet showing growth in a specified set of clinical competencies; requires repeated direct or prescriptive information; needs repeated assistance integrating and utilizing information provided; shows little evidence of abstracting underlying principles of treatment; requires repeated direct assistance applying information conceptually/theoretically; requires repeated assistance in observational and interpretive skills, and in assessing client's perspective and needs; does not appear to benefit from such assistance.

C-: has not met most mandated requirements; shows little growth in any area of case management; despite repeated prescriptive information, shows complete dependence on supervisor to determine goals, rationales, procedures and techniques appropriate for this client's treatment; relies totally on supervisor to collect and analyze data; shows no independent ability to recognize or understand need or rationale for revisions.

F indicates Failure

F: does not meet all essential functions of the program, or displays repeated professional conduct concerns, or mandated requirements have not been met despite intensive corrective feedback and supervisor support including but not limited to: records and reports are incomplete; shows minimal ability to change irresponsible behavior or to grow clinically; should be discouraged from continuing in a clinical discipline.

Appendix B

Temple University – Department of Communication Sciences and Disorders Guided Observation Hours Policies

Students have the opportunity to accrue guided observations during their undergraduate program. Twenty-five guided observation hours are a requirement for the Temple University Master of Arts in Speech-Language-Hearing (MA-SLH) program in accordance with Standard V-C of the American Speech-Language-Hearing Association (ASHA). Guided observations are not required for the BA in Speech, Language, and Hearing Sciences; however, it is strongly recommended that students interested in pursuing graduate work complete the majority of the ASHA required hours prior to start of a graduate program.

Guided observation of clinical services can occur during the observation or following the observation by means of classroom assignment, discussion, and/or approval of a student's written responses to questions. Observation of live or video sessions is permissible. Students are required to observe only individuals who are ASHA certified or under the supervision of an ASHA certified clinician. Students are encouraged to observe individuals across the lifespan with varying disorders.

ASHA "Big 9" Areas for SLP: Articulation (A); Fluency (F); Voice (V); Language (L); Audiology (H); Dysphagia (D); Cognitive Communication (CC); Social Communication (SC); Communication Modalities (CM).

Student and Clinician should complete the form **on the reverse side of this page** and indicate the following: Date, Setting, Age (Adult or Child), Disorder Area, Minutes Observed, and Method of Guidance (see chart below). All observations must include the supervisor's name, signature, and ASHA number.

Definitions of Guided Observation Activities

	Guided Observation Activity	Definition
1	Professional Observation	The student observed a professional diagnostic or treatment session of a client on my caseload and the session was discussed during or following the observation.
2	Course assignment	The student observed a live or video diagnostic or treatment session and I reviewed and approved the student's accompanying written summary or question responses.
3	Course Discussion	The student observed a video of a diagnostic or treatment session and participated in an in-class discussion of the observation.
4	Question Prompts or Written Summary	The student completed an observation(s) (live or video) and completed written responses following the session or video. I reviewed and approved responses to questions

Appendix C

STUDENT SUCCESS PLAN: CONTRACT FOR STUDENT ACADEMIC AND CLINICAL COURSES

Student: _____ Semester: _____ Date of Referral _____

Instructor: _____ Advisor: _____

Committee: Full Faculty or Subcommittee: _____

Indicate course, progress, concerns, reason for remediation:

Course #/Course Name _____

Academic or Clinical issue(s):

Plan of Action (include measurable performance and specific recommendations)

Evaluation Procedures (include interval for evaluation, follow-up procedures, and responsible faculty members):

Other Comments:

Were there previous referrals? _____ No _Yes; When? _____

Signatures

Student

Date Signed

Referral Faculty Member

Date Signed

Faculty Witness

Date Signed

cc: Program Director, Chair, Director Clinical Education, Advisor (if not referring)

FOLLOW-UP FOR STUDENT ACADEMIC AND CLINICAL SUCCESS PLAN

Date: _____ Evaluator: _____

Observation (Include date and initials of the observer):

Needs Improvement Improvement Noted Satisfactory Exceeds

Comments:

Include additional recommendations if needed:

Signatures

Student

Date Signed

Referring Faculty Member

Date Signed

Faculty Witness

Date Signed

cc: Program Director, Chair, Director Clinical Education, Advisor (if not referring)

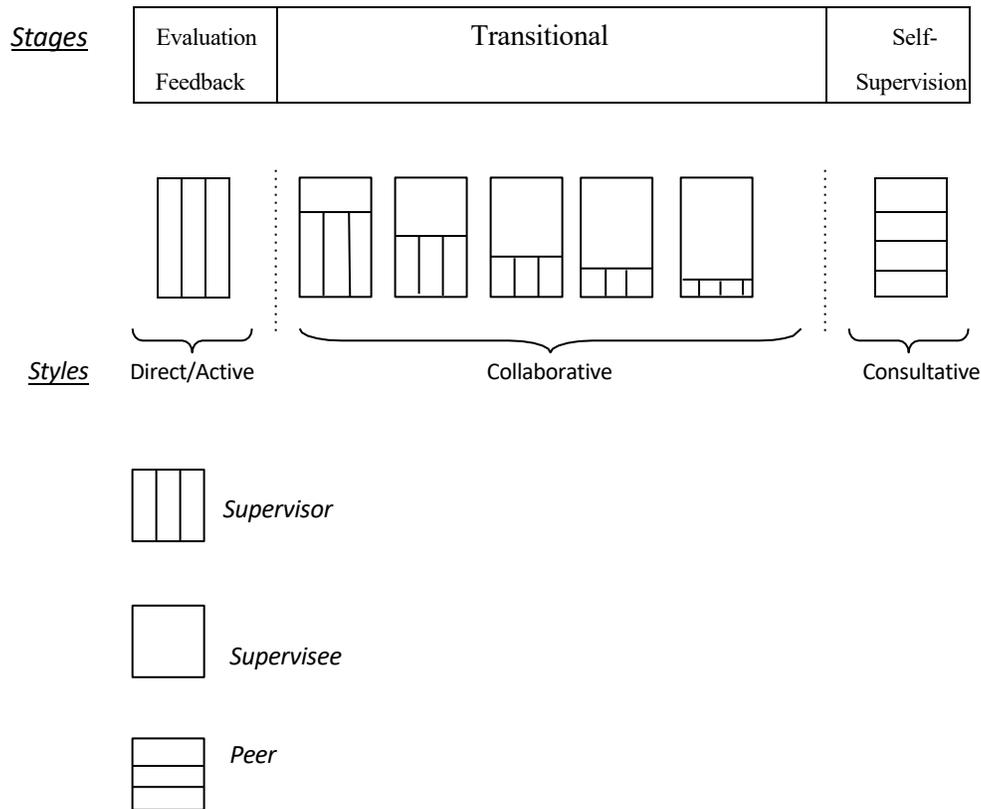
Appendix D

THE SUPERVISOR–SUPERVISEE DYAD: SHARING EXPECTATIONS

CHECK ONE: SUPERVISOR _____ SUPERVISEE _____

It has been shown that when supervisor and supervisee hold similar expectations, the clinical experience is more profitable and pleasant for both supervisor and supervisee. This experimental procedure has been found to help the supervisor and supervisee understand each other's expectations. The supervisor and supervisee are each to complete this form independently. They are then expected to share responses with each other in a conference time set aside for this purpose. Where expectations differ, discussion should follow and hopefully some consensus be reached. It is most profitable if this experience in understanding each other's expectations more explicitly is completed before completing the Training Experience Contract which will specify the goals and the supervisory style for this practicum.

Part I. Composite of stages of Supervision and the Appropriate Styles for Each Stage. (Taken from Anderson, J. The Supervisory Process in Speech Language Pathology and Audiology. Boston, MA: College Hill Press, 1988, page 62).



Please draw a line through this model at the point which you feel best represents where you and the supervisee/or you and the supervisor are currently functioning. You may also find it beneficial to refer to this model to determine changes in independence and supervisory style needed over time, with differing clients, et cetera.

Part II. SUPERVISORY EXPECTATIONS RATING SCALE (Developed from Lerson, L. Perceived Supervisory Needs and Expectations of Experienced Vs. Inexperienced Student Clinicians. Doctoral Dissertation, Indiana University, 1981.)

Please give your assessment of what you expect will happen during your future individual supervisory conferences. Circle the number that best represents the expected level of occurrence of the behaviors suggested by each item. The numbers correspond to the following categories:

1-To a very little extent; 2-To a little extent; 3-To some extent; 4-To a great extent; 5- To a very great extent;

- | | | | | | |
|-----------------------------------------------------------------------------------------------------------------|---|---|---|---|---|
| 1. Supervisors should help set goals for clients. | 1 | 2 | 3 | 4 | 5 |
| 2. Supervisors should use conference time to discuss ways to improve materials. | 1 | 2 | 3 | 4 | 5 |
| 3. Supervisors should motivate supervisees to perform at their highest potential. | 1 | 2 | 3 | 4 | 5 |
| 4. Supervisees should expect to state the objectives of supervisory conferences. | 1 | 2 | 3 | 4 | 5 |
| 5. Supervisees should expect supervisors to pay attention to what they are saying whenever they talk with them. | 1 | 2 | 3 | 4 | 5 |
| 6. Supervisors should expect supervisees to ask many questions during conferences. | 1 | 2 | 3 | 4 | 5 |
| 7. Supervisees should expect their supervisors to use their ideas in discussion during conferences. | 1 | 2 | 3 | 4 | 5 |
| 8. Supervisors should expect to function as a teacher who is instructing the supervisee. | 1 | 2 | 3 | 4 | 5 |
| 9. Supervisees should inform supervisors of their needs. | 1 | 2 | 3 | 4 | 5 |
| 10. Supervisors should be willing to tell supervisees of the weaknesses in their clinical work. | 1 | 2 | 3 | 4 | 5 |
| 11. Supervisees should use conference time to provide information about clinical sessions to supervisors. | 1 | 2 | 3 | 4 | 5 |
| 12. Supervisors should be willing to listen to supervisees professional problems. | 1 | 2 | 3 | 4 | 5 |
| 13. Supervisors should be available to talk to supervisees immediately after their clinical sessions. | 1 | 2 | 3 | 4 | 5 |
| 14. Supervisors should be the superiors and supervisees subordinates in the supervisory relationship. | 1 | 2 | 3 | 4 | 5 |
| 15. Supervisees should give value judgements about their clinical work. | 1 | 2 | 3 | 4 | 5 |

1-To a very little extent; 2-To a little extent; 3-To some extent; 4-To a great extent; 5- To a very great extent;

16. Supervisors should give suggestions on therapy techniques to be used in subsequent sessions.	1	2	3	4	5
17. Supervisors should be supportive of supervisees.	1	2	3	4	5
18. Supervisors should focus discussion on clients' behaviors rather than on supervisees' behaviors.	1	2	3	4	5
19. Supervisors should give rationales for their statements or suggestions.	1	2	3	4	5
20. Supervisors should demonstrate how to improve performance to supervisees.	1	2	3	4	5
21. Supervisors should give supervisees the opportunity to express their opinion.	1	2	3	4	5
22. Supervisors should ask supervisees to think about strategies that might have been done differently or that may be done in the future.	1	2	3	4	5
23. Supervisors should be willing to listen to supervisees' personal problems	1	2	3	4	5

Describe how often and in what circumstances you think the supervisor and supervisee should meet for individual conferences.

Circle the number that best describes the sources which have influenced your response to questions during this experience.

1 (least)	2	3	4	5 (most)	peer group
1 (least)	2	3	4	5 (most)	graduate student clinician
1 (least)	2	3	4	5 (most)	clinical supervisors
1 (least)	2	3	4	5 (most)	academic courses
1 (least)	2	3	4	5 (most)	training policies
1 (least)	2	3	4	5 (most)	other: specify_____

Do you have any expectations about supervision which have not been covered in the previous? If so, please specify in the space below.

Appendix E

Instructions for CastleBranch Order Placement: Temple University Communication Sciences and Disorders

Students are required to set up a CastleBranch Profile with clearances (background checks and medical clearances) completed prior to the start of classes in the fall of the first year. CastleBranch has been approved by Temple University as an outside vendor to obtain, review, and securely store background checks and medical clearances for students in the College of Public Health. This provides students with a private and secure method for obtaining and storing clearances. Authorized users at your school will have access to view your compliance. That is, authorized users can see if students have completed their background checks and other requirements; they do not review the results of background checks. The Director of Clinical Education in the Department of Communication Sciences and Disorders is the only authorized user who will see the results of your background checks to determine eligibility of student clinicians to provide services in the on-campus Speech-Language clinic (Temple University Speech-Language-Hearing Center).

To place your order, go to <https://portal.castlebranch.com/td37>. Select "Place Order". Then select the "+" button. Next, select "*Communication Sciences and Disorders*". Finally, select package TF39 Fall 2023 - Background Check and Compliance Tracker.

During order placement, you will be asked for personal identifying information needed for security or compliance purposes. Supplying accurate, comprehensive information is important to the speed in which your order is completed.

The email address you use when placing your order will become your username for your CastleBranch (CB) Profile and will be the primary form of communication for alerts and messages. Payment methods include: MasterCard, Visa, debit card, electronic check, money order, and installment payment.

From within your CB Profile, you will be able to:

- View your order results
- Manage the requirements specific to your program
- Complete tasks as directed to meet deadlines
- Upload and store important documents and records
- Place additional orders as needed

You can respond to any active alerts or To-Do List items now, or return later by logging into your CB Profile. You will receive alerts if information is needed to process your order. Access your CB Profile anytime to view order status.

INCOMING STUDENTS

TF39 – \$120.75 payable to CastleBranch. Initial Background Check and Compliance Tracker

Includes completion, vetting and storage of records:

- Background Check and Compliance Tracker
- Pennsylvania Statewide Police Request for Criminal Records Check (PATCH) / ACT 34
- Pennsylvania Department of Human Services - Child Abuse History Clearance/ACT 151 (applicant pays additional \$13 to PA Dept of Human Services)
- Fingerprint for PA Dept of Education – Federal Criminal History Record (CHRI)/ACT 141 (applicant pays additional \$23.89 to IDEMIA)
- Residency History
- County Criminal Searches (previous 7 years) Outside PA
- National Record Indicator w/ Sex Offender Index
- Nationwide Healthcare Fraud and Abuse Search (OFAC, OIG, GSA)
- Medical Document Manager / Compliance Tracker with Quality Assurance and Multi Year Renewals

Note: For Fingerprinting: applicants will receive a copy of their report via email from IDEMIA. The link is available/valid for ONE-TIME access only; once accessed, the link will no longer be valid. Student should only open the link when on a laptop/desktop computer that can allow you to download, print, and save the as a PDF. You will need to upload the results to CastleBranch as soon as you receive them. When you register, you will receive a UEID number. Save that number!

RETURNING STUDENTS

TF39r – \$35 payable to CastleBranch; Annual Recheck Package with Background Check Renewal. Students must renew their clearances each year.

Includes completion, vetting, and review of the following:

- Pennsylvania Statewide Criminal Search (PATCH)
- Pennsylvania Child Abuse Clearance (applicant pays additional \$10 to PA Dept of Welfare)
- Medical Document Manager and Review
- Compliance Tracker with Quality Assurance

ADDITIONAL ITEMS

The following items are required for some field placements in the second year. Order these only if notified by your External Practicum Field Affiliate or the CSD Director of Clinical Education that these are required for your external practicum.

Drug Testing

TF39dt – 10 panel urine drug screen – Quest Diagnostics. If you are required to obtain a 10 panel drug test and would like to visit a Quest Diagnostics location, please order this package. (Cost \$40)

TX05dt: 12 panel urine drug screen – Quest Diagnostics. If you are required to obtain a 12 panel drug test and would like to visit a Quest Diagnostics location, please order this package. (Cost \$68)

TF39tdt – 10 panel or 12 panel urine drug screen – Temple Employee Health Services. If you are required to obtain a drug test and would like to visit Temple's Employee Health Services, please order this package. (Cost: \$10; An additional \$20 fee will be payable directly to Temple Employee Health for a 10-panel screen; there is an additional fee if a 12 panel screen is required.

CPR

TF39cpr – If you have been notified by Clinic Director that CPR Course is required, please order this package. (Cost \$5 for tracker. Student will also pay cost of the course directly to the course provider – Cost of course varies by provider but is typically between \$80-109.)

Fingerprinting (repeat)

TF39doe – If you are requirement to obtain a new fingerprinting from the **Department of Education**, please order this package. (Cost \$9; An additional fee of \$25.25 will be payable directly to IDEMIA.) First order this package from CB, then go to <http://www.dhs.pa.gov/citizens/clearancesbackgroundchecks/index.htm> and select fingerprinting service code 1KG6XN.

TF39dhsv – If you are a required to obtain fingerprinting from the **Department of Human Services**, please order this package. (Cost \$9; An additional fee of \$25.25 will be payable directly to IDEMIA.). First order this package from CB, then go to <http://www.dhs.pa.gov/citizens/clearancesbackgroundchecks/index.htm> and select fingerprinting service code 1KG738.

Social Security Alert

TF39soc: \$1.00

Employment Verification

TF39empverif: \$10.00 per employer

Education Verification

TF39eduverif: \$10.00* (*additional outsourcing fee may be required)

Appendix F

DISCLOSURE & AUTHORIZATION REGARDING BACKGROUND INVESTIGATION

DISCLOSURE:

Temple University – Of The Commonwealth System of Higher Education (the “School”) may obtain information about you from a third party consumer reporting agency for purposes of evaluating your application for participation in clinical, experiential, residency, externship, or other education or degree requirements at a health care facility or clinical program, which may be deemed to be “employment purposes” under the Fair Credit Reporting Act (“FCRA”). Thus, you may be the subject of a “consumer report” which may include information about your character, general reputation, personal characteristics, and/or mode of living.

These reports may contain information regarding your criminal history, social security verification, motor vehicle records (“driving records”), verification of your education or employment history, drug testing, or other background checks. These reports may include a drug test and the results of that test. These reports will also include immunization records and other medical information to be used for the above stated permissible purposes, specifically verifying your compliance with program or health care facility requirements for accessing the facility and participating in clinical, experiential, residency, or other education or degree requirements at the facility.

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you and to request a copy of your report. These searches will be conducted by CastleBranch Corporation, 1844 Sir Tyler Drive, Wilmington, NC 28405, 888-723-4263, www.castlebranch.com. The scope of this disclosure is all-encompassing, however, allowing the School to obtain from any outside organization all manner of consumer reports throughout the course of your participation in the educational program or clinical, experiential, residency, or other education or degree requirements to the extent permitted by law.

AUTHORIZATION:

I hereby authorize the obtaining of “consumer reports” by the School at any time after receipt of this authorization and throughout my participation in the educational program or clinical, experiential, residency, or other education or degree requirements, if applicable. I further authorize and consent to the obtaining by the School of my immunization records and other medical information to be used for verifying my compliance with program or health care facility requirements for accessing the facility and participating in clinical, experiential, residency, or other education or degree requirements at the facility. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by CastleBranch Corporation, 1844 Sir Tyler Drive, Wilmington, NC 28405, 888-723-4263, www.castlebranch.com, and/or the School. I agree that a facsimile (“fax”), electronic or photographic copy of this Authorization shall be as valid as the original.

Signature: _____

Print Name: _____

Date: _____

Appendix G

SUMMARY OF RIGHTS UNDER FCRA

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1- 888-567-8688).
- The following FCRA right applies with respect to nationwide consumer reporting agencies: **CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE**

- **You have a right to place a “security freeze” on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization.** The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.
- As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is placed on a consumer’s credit file. Upon seeing a fraud alert display on a consumer’s credit file, a business is required to take steps to verify the consumer’s identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.
- A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

Identity theft victims and active duty military personnel have additional rights. For more information, visit www.consumerfinance.gov/learnmore.

Appendix H

Therapy Session Checklist

Note: DO NOT TAKE ANY **PHI** INFORMATION OUT OF THE CLINIC!

Before session		✓
1	Call client to confirm appointment	
2	Check mailbox for last minute cancellations	
3	Print logs (prior week) and plans (this week)	
4	Place last week's logs in client's file	
5	Provide this week's plan to supervisor	
6	Collect and arrange therapy materials	
7	Check that tx room is open, clean, video/audio is working, and client is visible to camera	
8	Turn on video recording system	
9	Confirm that client signed in Room 109 and escort the client from the waiting room (room 110) to therapy room	
10	**If it is the first session, have client read/sign/fill out HIPAA authorization, audio/video consent and client information update forms	
During Session		
1	Unlock door to therapy room and keep door closed	
2	Unlock door to observation room and keep door closed	
After Session		
1	Wipe clean any surfaces used during therapy	
2	Move all tables and chairs back to original place	
3	Replace all outlet covers that were removed for session	
4	Turn off lights	
5	Last client of the day? If so, lock tx and observation room doors (push bottom button in)	
6	Return any therapy materials to tx cabinets (neatly)	
7	Receive supervisor feedback and signature for tx hours	
8	Document therapy session (tx provided; client cancelled; no show) in client contact sheet	

Appendix I

AUTHORIZATION FOR TEMPLE UNIVERSITY TO RELEASE INFORMATION TO PLACEMENT SITE

I, the undersigned, acknowledge that Temple University may be requested by a external affiliate training placement site (the "SITE") to provide information about my health status and criminal background check and child abuse clearances. I hereby authorize Temple University to provide such information to the SITE, including copies of my health and vaccination records as well as the results of my criminal background check and child abuse clearances. I acknowledge that the SITE may share such information with departments within the SITE that the SITE may deem necessary in the SITE's sole discretion. I acknowledge that this is a requirement of my participation in the program at the SITE and not a requirement of my degree program at Temple, and that if I do not wish to share such information, Temple will attempt to find an alternative placement. I hereby release and hold harmless Temple University from any liability, claims, losses, or demands that I may now or later have as a result of Temple's sharing the foregoing information with the SITE.

SITE Name: _____

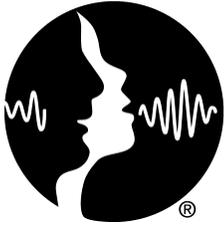
Student Signature:

Signed: _____

Date: _____

Print Name: _____

Appendix J



AMERICAN
SPEECH-LANGUAGE-
HEARING
ASSOCIATION

CODE OF ETHICS

Reference this material as: American Speech-Language-Hearing Association. (2023). Code of Ethics [Ethics]. Available from www.asha.org/policy/.

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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 to reflect the current state of practice and to address evolving issues within the professions.

The ASHA Code of Ethics reflects professional values and expectations for scientific and clinical practice. It is based on principles of duty, accountability, fairness, and responsibility and is intended to ensure the welfare of the consumer and to protect the reputation and integrity of the professions. The Code of Ethics is a framework and a guide for professionals in support of day-to-day decision making related to professional conduct.

The Code of Ethics is obligatory and disciplinary as well as aspirational and descriptive in that it defines the professional’s role. It is an integral educational resource regarding ethical principles and standards that are expected of audiologists, speech-language pathologists, and speech, language, and hearing scientists.

The preservation of the highest standards of integrity and ethical principles is vital to the responsible discharge of obligations by audiologists, speech-language pathologists, and speech, language, and

hearing scientists who serve as clinicians, educators, mentors, researchers, supervisors, and administrators. This Code of Ethics sets forth the fundamental principles and rules considered essential to this purpose and is [applicable to the following individuals:](#)

- a member of ASHA holding the Certificate of Clinical Competence
- a member of ASHA not holding the Certificate of Clinical Competence
- a nonmember of ASHA holding the Certificate of Clinical Competence
- an applicant for ASHA certification or for ASHA membership and certification

ASHA members who provide clinical services must hold the Certificate of Clinical Competence and must abide by the Code of Ethics. By holding ASHA certification and/or membership, or through application for such, all individuals are [subject to the jurisdiction](#) of the ASHA Board of Ethics for ethics complaint adjudication.

The fundamentals of ethical conduct are described by Principles of Ethics and by Rules of Ethics. The four Principles of Ethics form the underlying philosophical basis for the Code of Ethics and are reflected in the following areas: (I) responsibility to persons served professionally and to research participants; (II) responsibility for one's professional competence; (III) responsibility to the public; and (IV) responsibility for professional relationships. Individuals shall honor and abide by these Principles as affirmative obligations under all conditions of applicable professional activity. Rules of Ethics are specific statements of minimally acceptable as well as unacceptable professional conduct.

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

PRINCIPLE OF ETHICS I

Individuals shall honor their responsibility to hold paramount the welfare of persons they serve professionally or who are participants in research and scholarly activities.

RULES OF ETHICS

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

professionally of the name, role, and professional credentials of persons providing services.

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

- N. Individuals who hold the Certificate of Clinical Competence may provide services via telepractice consistent with professional standards and state and federal regulations, but they shall not provide clinical services solely by written communication.
- O. Individuals shall protect the confidentiality and security of records of professional services provided, research and scholarly activities conducted, and products dispensed. Access to these records shall be allowed only when doing so is legally authorized or required by law.
- P. Individuals shall protect the confidentiality of information about persons served professionally or participants involved in research and scholarly activities. Disclosure of confidential information shall be allowed only when doing so is legally authorized or required by law.
- Q. Individuals shall maintain timely records; shall accurately record and bill for services provided and products dispensed; and shall not misrepresent services provided, products dispensed, or research and scholarly activities conducted.
- R. Individuals shall not allow personal hardships, psychosocial distress, substance use/misuse, or physical or mental health conditions to interfere with their duty to provide professional services with reasonable skill and safety. Individuals whose professional practice is adversely affected by any of the above-listed factors should seek professional assistance regarding whether their professional responsibilities should be limited or suspended.
- S. Individuals who have knowledge that a colleague is unable to provide professional services with reasonable skill and safety shall report this information to the appropriate authority, internally if such a mechanism exists and, when appropriate, externally to the applicable professional licensing authority or board, other professional regulatory body, or professional association.
- T. Individuals shall give reasonable notice to ensure continuity of care and shall provide information about alternatives for care in the event that they can no longer provide professional services.

PRINCIPLE OF ETHICS II

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

RULES OF ETHICS

- A. Individuals who hold the Certificate of Clinical Competence shall engage in only those aspects of the professions that are within the scope of their professional practice and competence, considering their certification status, education, training, and experience.
- B. ASHA members who do not hold the Certificate of Clinical Competence may not engage in the provision of clinical services; however, individuals who are in the certification application process may provide clinical services consistent with current local and state laws and regulations and with ASHA certification requirements.

- C. Individuals shall enhance and refine their professional competence and expertise through engagement in lifelong learning applicable to their professional activities and skills.
- D. Individuals who engage in research shall comply with all institutional, state, and federal regulations that address any aspects of research.
- E. Individuals in administrative or supervisory roles shall not require or permit their professional staff to provide services or conduct research activities that exceed the staff member's certification status, competence, education, training, and experience.
- F. Individuals in administrative or supervisory roles shall not require or permit their professional staff to provide services or conduct clinical activities that compromise the staff member's independent and objective professional judgment.
- G. Individuals shall use technology and instrumentation consistent with accepted professional guidelines in their areas of practice. When such technology is warranted but not available, an appropriate referral should be made.
- H. Individuals shall ensure that all technology and instrumentation used to provide services or to conduct research and scholarly activities are in proper working order and are properly calibrated.

PRINCIPLE OF ETHICS III

In their professional role, individuals shall act with honesty and integrity when engaging with the public and shall provide accurate information involving any aspect of the professions.

RULES OF ETHICS

- A. Individuals shall not misrepresent their credentials, competence, education, training, experience, or scholarly contributions.
- B. Individuals shall avoid engaging in conflicts of interest whereby a personal, professional, financial, or other interest or relationship could influence their objectivity, competence, or effectiveness in performing professional responsibilities. If such conflicts of interest cannot be avoided, proper disclosure and management is required.
- C. Individuals shall not misrepresent diagnostic information, services provided, results of services provided, products dispensed, effects of products dispensed, or research and scholarly activities.
- D. Individuals shall not defraud, scheme to defraud, or engage in any illegal or negligent conduct related to obtaining payment or reimbursement for services, products, research, or grants.
- E. Individuals' statements to the public shall provide accurate information regarding the professions, professional services and products, and research and scholarly activities.
- F. Individuals' statements to the public shall adhere to prevailing professional standards and shall not contain misrepresentations when advertising, announcing, or promoting their professional services, products, or research.
- G. Individuals shall not knowingly make false financial or nonfinancial statements and shall complete all materials honestly and without omission.

PRINCIPLE OF ETHICS IV

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

RULES OF ETHICS

- A. Individuals shall work collaboratively with members of their own profession and/or members of other professions, when appropriate, to deliver the highest quality of care.
- B. Individuals shall exercise independent professional judgment in recommending and providing professional services when an administrative directive, referral source, or prescription prevents them from keeping the welfare of persons served paramount.
- C. Individuals' statements to colleagues about professional services, products, or research results shall adhere to prevailing professional standards and shall contain no misrepresentations.
- D. Individuals shall not engage in any form of conduct that adversely reflects on the professions or on the individual's fitness to serve persons professionally.
- E. Individuals shall not engage in dishonesty, negligence, deceit, or misrepresentation.
- F. Individuals who mentor Clinical Fellows, act as a preceptor to audiology externs, or supervise undergraduate or graduate students, assistants, or other staff shall provide appropriate supervision and shall comply—fully and in a timely manner—with all ASHA certification and supervisory requirements.
- G. Applicants for certification or membership, and individuals making disclosures, shall not make false statements and shall complete all application and disclosure materials honestly and without omission.
- H. Individuals shall not engage in any form of harassment or power abuse.
- I. Individuals shall not engage in sexual activities with persons over whom they exercise professional authority or power, including persons receiving services, other than those with whom an ongoing consensual relationship existed prior to the date on which the professional relationship began.
- J. Individuals shall not knowingly allow anyone under their supervision to engage in any practice that violates the Code of Ethics.
- K. Individuals shall assign credit only to those who have contributed to a publication, presentation, process, or product. Credit shall be assigned in proportion to the contribution and only with the contributor's consent.
- L. Individuals shall reference the source when using other persons' ideas, research, presentations, results, or products in written, oral, or any other media presentation or summary. To do otherwise constitutes plagiarism.
- M. Individuals shall not discriminate in their relationships with colleagues, members of other professions, or individuals under their supervision on the basis of age; citizenship; disability; ethnicity; gender; gender expression; gender identity; genetic information; national origin, including culture, language, dialect,
- N. and accent; race; religion; sex; sexual orientation; socioeconomic status; or veteran status.

- O. Individuals with evidence that the Code of Ethics may have been violated have the responsibility to either work collaboratively to resolve the situation where possible or to inform the Board of Ethics through its [established procedures](#).
- P. 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.
- Q. 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.
- R. 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.
- S. Individuals involved in ethics complaints shall not knowingly make false statements of fact or withhold relevant facts necessary to fairly adjudicate the complaints.
- T. Individuals shall comply with local, state, and federal laws and regulations applicable to professional practice and to the responsible conduct of research.
- U. Individuals who have been convicted of, been found guilty of, or entered a plea of guilty or nolo contendere to (1) any misdemeanor involving dishonesty, physical harm—or the threat of physical harm—to the person or property of another or (2) any felony shall self-report by notifying the ASHA Ethics Office in writing within 60 days of the conviction, plea, or finding of guilt. Individuals shall also provide a copy of the conviction, plea, or nolo contendere record with their self-report notification, and any other court documents as reasonably requested by the ASHA Ethics Office.
- V. Individuals who have (1) been publicly disciplined or denied a license or a professional credential by any professional association, professional licensing authority or board, or other professional regulatory body; or (2) voluntarily relinquished or surrendered their license, certification, or registration with any such body while under investigation for alleged unprofessional or improper conduct shall self-report by notifying the ASHA Ethics Office in writing within 60 days of the final action or disposition. Individuals shall also provide a copy of the final action, sanction, or disposition—with their self-report notification—to the ASHA Ethics Office.

TERMINOLOGY

The purpose of the following Terminology section is to provide additional clarification for terms not defined within the Principles of Ethics and Rules of Ethics sections.

ASHA Ethics Office

The ASHA Ethics Office assists the Board of Ethics with the confidential administration and processing of self-reports from and ethics complaints against individuals (as defined below). All complaints and self-reports should be sent to this office. The mailing address for the ASHA Ethics Office is American Speech-Language-Hearing Association, attn: Ethics Office, 2200 Research Blvd., #309, Rockville, MD 20850. The email address is ethics@asha.org.

advertising

Any form of communication with the public regarding services, therapies, research, products, or publications.

diminished decision-making ability

The inability to comprehend, retain, or apply information necessary to determine a reasonable course of action.

individuals

Within the Code of Ethics, this term refers to ASHA members and/or certificate holders and applicants for ASHA certification.

informed consent

An agreement by persons served, those with legal authority for persons served, or research participants that constitutes authorization of a proposed course of action after the communication of adequate information regarding expected outcomes and potential risks. Such an agreement may be verbal or written, as required by applicable law or policy.

may vs. shall

May denotes an allowance for discretion; *shall* denotes something that is required.

misrepresentation

Any statement by words or other conduct that, under the circumstances, amounts to an assertion that is false, erroneous, or misleading (i.e., not in accordance with the facts).

negligence

Failing to exercise a standard of care toward others that a reasonable or prudent person would use in the circumstances, or taking actions that a reasonable person would not.

nolo contendere

A plea made by a defendant stating that they will not contest a criminal charge.

plagiarism

Representation of another person’s idea, research, presentation, result, or product as one’s own through irresponsible citation, attribution, or paraphrasing.

publicly disciplined

A formal disciplinary action of public record.

reasonable or reasonably

Being 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 the ASHA Ethics Office in writing and (b) sending a copy of the required documentation to the ASHA Ethics Office (see definition of “written” below).

shall vs. may

Shall denotes something that is required; *may* denotes an allowance for discretion.

telepractice

Application of telecommunications technology to the delivery of audiology and speech- language pathology professional services at a distance by linking clinician to client/patient/student or by linking clinician to clinician for assessment, intervention, consultation, or supervision. The quality of the service should be equivalent to that of in-person service. For more information, [see Telepractice](#) on the ASHA Practice Portal.

written

Encompasses both electronic and hard-copy writings or communications.

Appendix K

Clinical Manual: Review and Acknowledgement

(Please initial)

Clinical Practicum	_____
Summary of Clinical Experience – ASHA	_____
CALIPSO	_____
Assessment of Clinical Skills	_____
Training Experience Evaluation Form: TEEF	_____
Clinical Remediation	_____
Re-entry to Clinical Practicum after Failing Grade	_____
Expectations of Students	_____
Sharing Expectations – The Dyad	_____
Clearances	_____
Liability and Health Insurance Coverage	_____
Accommodations for Students with Disabilities	_____
Temple University Speech-Language-Hearing Center (TUSLHC)	_____
TUSLHC Practicum and Sequence	_____
Center Regulations	_____
TUSLHC Safety, Medical Emergencies, and General Emergency Procedures	_____
TUSLHC Clinical Procedures	_____
Clients	_____
Privacy and Confidentiality	_____
Therapy Practicum	_____
Diagnostic Practicum	_____
Audio and Video Recording	_____
External Practicum	_____
Placements/Externships	_____
Clearances	_____
Personal Safety	_____
Travel	_____
Schedules	_____

APPENDICES

A. Grading of Clinical Course	_____
B. Record of Observation Hours	_____
C. Student Success Plan	_____
D. Supervisor-Supervisee Dyad	_____
E. CastleBranch – Clearances	_____
F. Disclosure & Authorization Regarding Background Investigation	_____
G. Summary of Rights under FCRA	_____
H. Therapy Session Checklist	_____
I. Authorization to Release Information to Placement Site	_____
J. ASHA Code of Ethics	_____

I acknowledge that I have received a copy of the TLC Clinical Manual dated August 2023. I have read and thoroughly reviewed the entire Clinical Education Manual including the above sections.

Student Signature _____

Today's Date: _____