



*Department of Communication Sciences and Disorders*

*Communication Disorders Clinic*

CLINIC HANDBOOK

Revised  
08/08

Welcome to the Communication Disorders Clinic! From the time you initially step into the Communication Disorder Clinic (CDC) we hope that you embrace the opportunities before you. You'll grow towards achieving your goals, building your strengths, and transforming your weaknesses into assets while at the CDC. When you finish your journey here you'll belong to a community of lifelong learners practicing for the betterment of the lives of individuals with communication disorders.

We hope that this edition of the manual serves your needs as you engage in clinical education.

## I Student Information

### Getting Prepared

#### Mandatory Meetings

During the first week of the semester mandatory graduate clinician meetings are held to present the requirements for the clinical semester for all clinicians registering to participate in clinical education in the on-campus Clinic. All graduate clinicians are expected to attend the mandatory Clinic meetings. The time and location is announced via email notices, postings of the meetings in the Clinic and in the Department's main office. Other clinician meetings may be called during the semester.

Orange County Public School practicum sites require meetings prior to beginning the assignment. If a student misses the required meetings, then it is at the discretion of the clinical educator to allow the student into the practicum. Student clinicians are responsible for attending meetings as part of their clinical education.

All clinicians assigned clients during any semester are expected to meet with their assigned clinical educator prior to the provision of speech-language and hearing services.

#### Background Checks

Departmental policy requires background checks to be obtained by all entering graduate student into the Department of Communication Sciences and Disorders program, beginning Fall 2007. Once the newly admitted graduate student indicates he/she is attending the University of Central Florida Graduate Program in Communication Sciences and Disorders, the process for obtaining background checks begins.

The student is required to follow procedures for:

- Florida Department of Law Enforcement fingerprinting to obtain national database information;
- **Background.com to** obtain local database information.

Cleared background checks are required before the student may engage in clinical practice in the Clinic. The new graduate student must complete this process before their second semester in the Graduate Program when they are assigned clients in the on-campus Clinic.

## **Communication Competence**

The procedures described below, adopted by the Department of Communication Sciences and Disorders faculty, assure that graduates exhibit speech and language skills adequate for satisfactory performance as professionals working with individuals with communication disorders.

All graduate students enrolled in the Communication Sciences and Disorders Program will be screened for hearing acuity and oral speech and language skills during their first semester. Screening is performed by graduate student clinicians enrolled in practicum. Students identified by this screening process or by individual faculty members as having potentially disordered speech or language will be requested to have a complete speech and language evaluation. Students may elect to receive the evaluation, at no cost, through the Communication Disorders Clinic. If speech/language therapy is recommended, the student may elect to receive these services, at no cost, through the Communication Disorders Clinic.

All graduate students must have oral language skills that will allow them to model, demonstrate, and describe the oral language targets needed by clients. Oral and written language skills must be sufficient to allow graduate students to effectively explain, describe, and interpret evaluation results, treatment plans, and therapy activities to clients. If a student is identified by the screening or a faculty member as having oral or written language abilities that could interfere with the clinical aspects of training, a conference will be scheduled with the student and the faculty member or advisor and the Director of Clinical education. The purpose of the conference will be to develop a plan to assist the student to acquire the oral or written language skills needed. Graduate students who are working toward acquiring effective oral and written language skills may only enroll in clinical practicum upon the approval of the Director of Clinical Education. Graduate students who working toward acquiring effective oral and written language skills and are allowed to enroll in clinical practicum may have their clients selected or limited to those for whom the graduate student clinician has the oral and written language skills to work effectively with them.

## **Knowledge and Skill Assessment for Treatment Sessions**

The Clinic uses the Knowledge and Skills Acquisition (KASA) form for assessment of the clinician's interpersonal, written, oral, and evaluative skills observed during therapy sessions. The student completes the KASA during the first three weeks of the semester as the entry point for formative assessment. Clinicians receive feedback following each therapy session in written and oral forms, addressing strengths and weaknesses observed.

At the midterm point of the semester, the clinical educator provides formal assessment, using the KASA form, and completes the first part of the formal cycle of formative and summative assessment. Feedback to strengthen or improve observed areas of weakness is provided by the clinical educator, as is feedback about the clinician's strengths. Both are expected to sign and date the midterm KASA in the area designated on the form. A copy of the KASA is provided to the student.

At the close of the semester, the clinical educator provides summative assessment information, again using this KASA form, and completes the second part of the formal cycle of formative and summative assessment. Feedback to strengthen or improve observed areas of weakness is again provided by the clinical educator, as is feedback about the clinician's strengths. This exchange occurs during the final conference between the clinician and the clinical educator. A grade is assigned for the clinician's work during the semester. Both sign and date the KASA in the area designated on the form.

The original KASA form becomes part of the clinician's permanent clinical record; a copy of the KASA form is provided to the clinician at mid term and final points of the semester. The Clinical Educator enters midterm and final grade assessments in the clinician's KASA electronic portfolio.

### **Knowledge and Skills Assessment for Diagnostics**

The Clinic uses the Knowledge and Skills Acquisition (KASA) form for assessment of the clinician's interpersonal, written, oral, and evaluative skills observed during diagnostic sessions. The KASA is provided by the student during the initial meeting with the clinical educator and serves as the entry point for formative assessment. Clinicians receive feedback following each diagnostic session supervised by the clinical educator in written and oral forms, addressing strengths and weaknesses observed. The clinician grades the KASA before it is given to the clinical educator; the clinical educator enters grading for the clinician's diagnostic following completion of all report requirements, thus completing the summative portion of this process. Both are expected to sign and date the diagnostic KASA in the area designated on the form.

The original diagnostic KASA form becomes part of the clinician's permanent clinical record; a copy of the KASA form is provided to the clinician following entry of the assessments in the clinician's KASA electronic portfolio.

## Confidentiality Procedures

### CONFIDENTIALITY

1. Client files and information ***must*** be kept ***confidential***. **At no time, should the file or any part of the file be removed from the Clinic.** You may use the file in the Clinic only in the designated work area.
2. Client files (reports, lesson plans, etc.) ***may not be copied*** for any reason. You may take notes on any part of the client's file, but use only the client's initials.
3. When emailing reports use client's initials only.
4. At the end of the semester, **DELETE** all notes and reports from your electronic records. Non-compliance with this procedure could result in failure of this practicum.

In accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the ASHA Code of Ethics, all information concerning past and present clients is strictly confidential. The following information is not to be divulged to anyone without express and written permission:

- Name of client
- Nature of the problem
- Family information
- Tape recordings of the client's speech
- Lesson plans
- Test results
- Observation reports
- Any draft of clinical reports

Students should avoid the following circumstances that may lead to violations of confidentiality:

- Conversations with other professionals not involved with the client
- Taking materials pertinent to a client out of the Clinic
- Reports, lesson plans, or other material left in a notebook or on a table where others may read them
- Conversations in the Clinic which may be overheard by other people, including other clinicians

## Resources and Materials

### Therapy and Diagnostic Materials

1. Materials (books, therapy aids, tests, etc.) are kept in the Resource Room in Suite 155. There is an exact labeled location for all of these items.
2. All materials stored in the Resource Room must be checked out. There is a clipboard located on the front desk counter. When checking out an item list the item(s), your name and the date/time checked out. When you have finished with the item(s) go the clipboard and enter the date/time returned.
  - a. Do not give the test or materials to another student without changing the name on the clipboard. You will be held responsible if it is not returned.
3. Tests may be checked out at the end of the day for overnight use. Check with the Front Desk staff to make sure what you are checking out has not been reserved. The same procedure for checkout as noted above is used.
4. Test protocols are kept on file in the Clinic Front Office. Do not enter the Clinic Front Office area to obtain protocols. The Front Office staff will assist you.
5. Materials may be used in the planning and execution of therapy. Therapy materials are not to be taken out of the Clinic, as other clinicians may need them.
6. Picture cards must be put back in the box in the proper order and category.
7. Toys, games, etc. are kept in Suite 155 Resource Room, and Suite 200 toy area. Care should be taken to return them in the same condition, and to the same place they were found. Clean items prior to returning them.
8. Books, worksheets and therapy aids should be returned to, and in the same condition they were found. Do not mark on the materials or allow your client to color or mark in them. Do not use original worksheets. Make copies to use in therapy.

If a student is late returning a test or program on two occasions or returns material with items missing, the Clinical educator will be notified and a conference with the Director of Clinical Education may be scheduled. Further infractions may result in the suspension of checkout privileges and a possible reduction in the student's practicum grade. The person who checked them a test or program that is lost or has missing items will be assessed for replacement.

Therapy materials and tests may not be taken to off-campus placements on a regular basis. An off-campus clinical educator may request to preview an item. To do this a letter or email requesting the item is sent to the Director of Clinical Education. The letter or email must be written on the appropriate agency letterhead. The materials may be checked out for a period of two nights. An item can be checked out only once during a semester.

### **Audiological Equipment**

All audiometric equipment is calibrated according to ANSI specifications and time guidelines. Annual calibration is obtained through a certified equipment technician. Daily listening checks are conducted and documented. Clinicians should conduct listening checks on the portable audiometers as they are used. The listening check should be documented on the form located in the audiometer case.

### **Other Equipment**

Clinical and teaching equipment of various kinds is stored in appropriate areas of the Clinic and is maintained according to manufacturer instructions. Certain items may be checked out overnight through the Front Office staff. The equipment is returned to its appropriate place when the session in which it is used is completed. All equipment is maintained according to the manufacturers' specifications.

### **Computers**

Students are expected to be computer literate and to use computers extensively in their clinical training. If students do not have adequate computer skills, it is their responsibility to acquire these skills during the first semester of their graduate program. Students can enroll in classes and workshops offered by the University to assist in the development of computer skills.

In addition to the computers in the Student Workroom, computers are available in many locations on the UCF campus. Client documentation **may not be worked on** in other campus lab locations.

During clinical experiences, students are expected to use a variety of computer programs. These include: word processing and presentation programs (e.g., Word, Power Point), data base software (Excel), assessment and intervention programs, etc. The computers in the Student Workroom have these programs available for student access.

## **Insurance**

The University of Central Florida maintains a student practice liability insurance policy for all clinicians registered for clinical practica through the Department of Communication Sciences and Disorders. No student is allowed to accrue client contact hours in Clinic without being registered for the appropriate clinical practica. All clinicians complete a Student Liability Insurance form when they pick up their semester assignment on the first day of the new semester.

It is expected that clinicians maintain their own health insurance coverage either through a private healthcare plan or through the Student Health Services.

## **Audio and Video Equipment**

Clinical educators and the Front Office staff dispense videotapes to each student on an as-needed basis. All videotapes should be returned to the supervising clinical educator, as these recordings are confidential. After an evaluation report is completed the tape is labeled and given to the clinical educator. Since videotapes of intervention sessions or evaluations are confidential, they should be viewed in the Clinic. Students may check with the Clinic office to find a room for viewing the videotape. There are three television/VCR units available for review of videotapes in the Clinic.

The student obtains audiotapes from the Front Office. For recordings that will not remain in the client chart, these tapes are confidential and should be erased using the Clinic de Gausser once the student has used the information on tape. The de Gausser is located in the Student Workroom.

Clinicians may check out tape recorders, calculators, stop watches and penlights for therapy and evaluation use.

All therapy rooms in the Clinic are equipped with video cameras; analog cameras in Suite 155 and digital cameras in Suite 200.

For Suite 155 the remote recorders are located in the adjunct supervisory office; these recorders use VHS format tapes. The camera in each room is positioned to give the best possible view of the room. Please do not attempt to reposition the cameras. Notify the Front Office if there is a camera problem.

For Suite 200, the remote recorders are located in the Video Viewing Control Room. Instructions for operating the video recorders in each area are found in the respective video room. Please do not turn the VCRs off when finished recording, but label your tape with your name and your client's initials.

In Suite 200 cameras are remotely repositioned from the Video Viewing Control Room. Be sure and adjust the position of the camera for your treatment room before starting to record your session. If there are problems with the equipment, please request help from your supervising clinical educator or the Front Office staff. Headphones are available in all observing areas for private listening by parents and other observers.

Please do not turn the VCRs off when finished with them. Use the control panel to start and stop the recording of your session. Follow the posted instructions

## Clinician Responsibilities and Housekeeping

### GENERAL GUIDELINES

The Communication Disorders Clinic provides services to University faculty and staff and community members for reimbursement. Clinical staff and faculty, student clinicians, and student observers are expected to dress appropriately for a professional business environment. Your dress should be modest, professional and care should be taken that clothing is not potentially embarrassing for the client or clinician. Clothing which is patched, frayed, raveled, or otherwise excessively worn is not professional. Wearing distracting jewelry is not professional. Make-up is subtle and fingernails are kept at a reasonable, well-groomed length. You should not wear perfume or after-shave lotion, since many clients may be overly sensitive to the scent. The clinical educators in charge of the cases reserve the right to make final decisions concerning appropriate dress.

#### **Dress Code**

##### Guidelines to help you dress professionally:

- a. Be acutely aware of low riding pants/low cut tops. Avoid embarrassing displays that may be caught by observers or on videotape.
- b. Types of dress which are not acceptable:
  - Blue jeans/denim pants
  - Skin tight and/or low cut tops
  - Shorts of any type
  - Flip-flops
  - Athletic shoes
  - Bare or barely covered midriffs
  - Facial and oral piercings must not be displayed
  - Tattoos should be covered
  - Gauzy or see-through blouse/shirts
  - Floor length skirts or dresses
  - Hats, unless used for therapy purposes
- c. Types of dress that is acceptable:
  - Sleeveless tops allowed if shoulder coverage passes the four finger test
  - Ties with collared shirts for men
  - Dockers slack are acceptable
  - Sandals and low heeled shoes
  - Foundation wear

- Dresses
- Coordinated skirts and jackets
- Slacks
- Denim dresses

### **Phone use, including Clinic and Personal**

The Clinic telephone is for business use. The phone in the Student Workroom is used for local personal calls as long as the calls are brief. Other Clinic phones are used to call clients long distance. Long distance personal calls must be made collect, or be charged to the caller's home telephone number or credit card. In an emergency situation, permission may be granted to you to make personal long distance calls. The Clinic Staff makes these decisions on an individual basis.

### **Email Address and Use**

You have a University of Central Florida Pegasus email address since that is the official means through which the University communicates with students. Information regarding registration, Clinic and class communications, etc. are sent to this email address. It is your responsibility to check your email accounts on a frequent basis.

### **Rooms**

Each of the treatment rooms is furnished with a table, four chairs and a file cabinet. A list of furnishings for each room is posted on the back of each room's door. If furniture must be removed or substituted during a session, the clinician returns it to its proper place at the end of the session. Also, a number of treatment rooms have computers with Speech Viewer III and other software loaded onto them.

### **Copying**

Copier Procedures:

1. Copier may not be used to copy anything from your clients' file that is of a confidential nature.
2. Copies may be made for your client, if you are directed by your clinical educator to do this. This could include homework assignments, copies of reports, etc.
3. Overhead film may not be placed into the Clinic copier without clearance from Clinic Staff.
4. Materials for class assignments are not to be copied at the Clinic.
5. Materials for use in therapy may be copied.

## **Cleaning**

### **I. Work Practice and Engineering Controls**

Each clinician is responsible for cleaning toys and materials at the end of a session. Supplies for cleaning “mouthed” toys are located in each of the treatment rooms.

Therapy and evaluation rooms are equipped with a disinfectant since many of the rooms have no sinks. Alcohol-based wipes and antibacterial spray, examination gloves, and paper towels are kept in every therapy room. Tongue depressors and gauze pads are kept in the Resource Room. All gloves, tongue depressors, and gauze pads are to be thrown in regular waste containers located in each room. The waste in these containers is not to be touched.

Supplies for sterilization (cidex) are located in the Voice Lab (Suite 200, Room 114). When materials need sterilization, the clinical educator or student follows procedures outlined in the subsequent sections for sterilization. See “Nasometer, FEES and Videostroboscopy.”

### **II. Safety and Emergency Procedures**

Given the possibility of injury, no child should be left unattended, either in a therapy room, the hall, or in the waiting areas. The clinician should verify that an adult has assumed the responsibility for a child upon the completion of an appointment visit.

If a client has a known problem requiring specific medical intervention methodology or treatment, the parent or caregiver must be present during all interactions with the client. Clinic personnel cannot perform medical intervention procedures, which are not within the scope of practice of a speech-language pathologist or audiologist.

If you or client is involved in an accident, a Clinic Staff member calls 911. Under no circumstances will a student or client place themselves in a situation where contact with the blood of a client or student could occur. If blood is present Clinic Staff and/or faculty may provide assistance in emergency situations but only while wearing gloves.

### III. Infection Control Policies

#### Surface Disinfection

Surface disinfection is a two-step process. The general process is to first clean to remove gross contamination, and then disinfect to kill the germs. Antibacterial spray or disinfectant wipes are available in each therapy and evaluation room for disinfecting. Paper towels are available to wipe away gross contamination. This protocol will be used on:

1. Table tops and chairs between clients, as needed.
2. The reception counter in the morning, at noon, and at closing.
3. Telephones in the Clinic Office and the Student Work Room.
4. Any equipment routinely handled and manipulated by clients.
5. Therapy materials routinely handled by clients or manipulated by multiple clients will be laminated for easy cleaning.
6. Headphones used with tape recorders, delayed auditory feedback machines, and portable audiometers are disinfected after usage.

#### Observation Room Earphones

Headsets are available for use during supervision and other observation for therapy sessions in Suite 155 and Suite 200. Disinfectant wipes are placed in the observation rooms in these suites. Observers are expected to clean the headsets before and after usage.

#### Orofacial Examination

Gauze pads and tongue depressors are stored in the Resource Room. Examining gloves must be worn for intraoral palpation, and should be worn during the entire examination. These items are usually disposed of in a regular waste container after use.

#### Handling Hearing Aids and Earmolds

Hearing aids and ear molds are assumed to be contaminated and therefore should always be handled with gloved hands or with a disinfectant wipe. The following steps will be followed when receiving these items:

1. Receive the instrument in a disinfectant wipe or gloved hand.
2. Use a disinfectant towelette to wipe the instrument over all surfaces.
3. A hearing aid stethoscope may be used on an instrument that has been disinfected properly. Disinfect the stethoscope prior to attaching it to another instrument. The person using the stethoscope should disinfect it after use.

### Audiologic Equipment

Earphones and bone oscillators are disinfected at the end of each day or as needed between clients by the clinician. Materials are maintained in the Audiologic Suite for this purpose. Specula, cures, probe tips, and any other equipment that are used with clients are either thrown away or sterilized following a chemical sterilization procedure as outlined in the Standard Precautions for Audiology.

### Nasometer, FEES, and Videostroboscopy

Supplies are maintained with this equipment to assure sanitary condition. The Nasometer faceplate is disinfected after each use by the clinician. Procedures that require sterilization of instruments are limited to invasive procedures that require laryngeal mirrors, videostroboscopy, etc. Cold sterilization fluid (with cidex) is practiced. The following steps are completed:

1. The solution is used in a container approved for use with the sterilization fluid. Gloves, goggles, and a protective gown will be worn when handling the solution.
2. Instruments are cleaned with a disinfectant towelette, followed by submersion in the sterilization fluid, following the manufacturer's recommendations (for the stroboscope a 45 minute soak is required).
3. Instruments must be thoroughly rinsed with water then rinsed with an alcohol wipe to facilitate drying.
4. The solution will be changed every 14 days or sooner if the solution becomes visibly soiled or viscous.
5. A dated label is attached to the container with the date that the solution was prepared and the 14-day expiration date.
6. The solution is properly disposed of as directed on the label.

### Toys

1. Nonporous, easily cleaned toys are provided.
2. The clinician in charge of the therapy session should wash any toy coming in contact with bodily fluids in a 1:10 bleach solution. The toys are then air dried and put away. Gloves, goggles, and a protective gown will be worn when handling the bleach and the bleach solution. The bleach solution is flushed down the sink drain after using. All other toys may be cleaned with a disinfectant applied and wiped with a paper towel.
3. Gloves are worn when routinely cleaning toys and when handling toys known to have been exposed to bodily substances. The gloves are to be thrown in waste container.
4. Laminated therapy materials are disinfected by the person using the materials

5. Handwashing is completed after cleaning and disinfecting toys. (See Handwashing Section for specific procedures).

### Handwashing

Hands are always washed before and after contact with clients. Hands are washed even when gloves have been used. If hands come in contact with blood or body fluids, they are immediately washed with soap and water. Hands are also washed after sneezing, coughing, or wiping a nose.

#### Follow the basic Handwashing technique:

1. Remove all rings and put them in a safe place while washing hands.
2. Using a liquid antibacterial soap, lather your hands.
3. Scrub the palms, backs of the hands, wrists and forearms under running water, using vigorous mechanical action. Also clean under the fingernails and between the fingers.
4. Thoroughly rinse the hands under running water.
5. Use a duration of 30 seconds between clients, if not grossly contaminated, and in handling client devices.
6. Use a duration for 60 seconds when in contact with clients, devices, or equipment with gross contamination.
7. Thoroughly dry the hands by blotting with a paper or a disposable towel to help eliminate germs.
8. Since faucets are considered contaminated, turn faucets off with the paper towel used for drying hands.
9. In the event that the clinician cannot access soap and water, a waterless hand disinfectant is available in each therapy room for cleaning hands.
10. Waterless hand disinfectants can be used if the hands are not visibly soiled, before direct client contact, after contact with client's intact skin, after removing gloves, and after contact with objects (including equipment) located in the client's environment.
11. Choose alcohol hand cleaners containing 60-95% isopropyl, ethanol, or n-propanol and 1-3% glycerol or other emollients. The waterless hand disinfectants are flammable liquids, so they should be handled with reasonable care.

When using the waterless hand disinfectants, the clinician should use the following guidelines:

- a. Apply approximately 3cc of product to palm of one hand.
- b. Rub hands together, cover all surfaces of hands and fingers.
- c. Rub until hands are dry.

12. Gloves should be worn when contact with blood, body fluids containing visible blood, mucous membranes, or non-intact skin of clients is anticipated.
13. Gloves should be worn on the hand(s) that come in contact with the blood or body fluid containing visible blood, or for handling items or surfaces soiled with blood or body fluids.
14. The clinician should change gloves after contact with each client.
15. Care should be taken so that the clinician does not touch the contaminated portion of the glove.
16. To remove gloves safely use the following procedure:
  - a. Peel off one glove from the wrist to the fingertip.
  - b. Grasp it in the gloved hand.
  - c. Using the bare hand, peel off the second glove from the inside, tucking the first glove inside the second glove as it is removed.
  - d. Wash hands after gloves are removed.
  - e. Contaminated gloves are usually thrown away in a regular waste container.

#### IV. Work Area Restrictions

Students do not eat, drink, apply cosmetics or lip balm, or handle contact lenses in treatment areas, or in the waiting room areas. All clients, students, faculty and staff are expected to observe a smoke-free environment policy.

Any student with a draining lesion, an acute lower respiratory tract infection, and/or febrile diarrhea should not attend the diagnostic or therapy session. The student must contact their clinical educator if he or she cannot attend. For students with a slight cold or other illness, masks are available in the Clinic Front Office. Students are encouraged to use a mask to avoid passing the illness to a patient or clinical educator.

#### **Cell Phones**

Cell phones are not permitted in session in the Clinic. Turn cell phones off when seeing clients.

Cell phone usage in the Waiting Room, common hallways, Video Viewing Rooms or Observation Rooms of the Clinic is also not permitted. Avoid “cell yell” and use your phones in the Student Workroom or in the Atrium area of the Research Pavilion building.

## Reflective Clinical Practice

### Supervisory Conferences

Initial clinical educator/clinician conferences are used to define responsibilities for lesson plans, evaluations, videotaping, observations, reports and other clinical matters. Generally, each clinical educator and clinician will schedule a weekly conference. These meetings allow for the evaluation of past therapy sessions to identify areas of strengths and weaknesses, to discuss proposed plans, to communicate upcoming responsibilities or jointly work on personal goals established by you.

### Supervisory Approaches

Clinical educators may use one or more of these supervisory approaches with you during your education at the Clinic.

Samples: The clinical educator may provide examples of lesson plans, session analysis, SOAP notes or reports.

Joint Planning: You and the clinical educator may write a lesson plan and/or objectives together. You may formulate step-by-step strategies for conducting the therapy activities.

Role Playing: You and the clinical educator may role play therapy procedures as each one assumes the client or clinician stance.

Demonstration Therapy: The clinical educator models a part of, or entire therapy sessions while you observe and analyze specific intervention techniques.

Structured Observations: You may arrange to observe another clinician who demonstrates strong clinical skills in specific areas, particularly those in which you are experiencing some difficulty. During the observation, you should gather ideas and strategies that could be implemented in your therapy sessions. Data collection may be practiced as well.

Videotape and/or Audiotape: Reviewing of video and audio taped sessions may be completed by you and/or the clinical educator in order to identify the strengths and weaknesses of the session. In addition, you and the clinical educator can view tapes together. Together, you jointly find concrete solutions and strategies for the identified areas of weakness.

Script Taping: You and/or the clinical educator may transcribe your directions and models given during the therapy session to be further analyzed and evaluated. The clinical educator should provide specific feedback regarding alternatives to your choices or implementation of strategies.

Observation By Other Clinical Educators: Other clinical educator may be asked to observe you in order to provide additional specific feedback based on the data collected during observation.

Joint Evaluation: You and the clinical educator may evaluate your session through written analysis. These evaluations would be shared and compared to obtain clinical educator-clinician accuracy and agreement.

The relationship between a graduate student clinician and a clinical educator is a complex one. The clinical educator has many roles: teacher, mentor, supervisor. It is the clinical educators responsibility to integrate these roles in a way to helps a graduate student clinician develop into an effective professional. The clinical educator is also ultimately responsible as the professional responsible to the client. Therefore, it is important for graduate student clinicians to strive to implement changes in the clinical practice when recommended by the clinical educator. It is also important for the graduate student clinician to take responsibility of his/her own clinical development. This requires frank and open discussion with the clinical educator about additional support or explanation that may be needed for success.

#### Lines of Communication

In the event that you have a concern regarding the clinical education support of your practicum experience, including supervision, formative or summative evaluation, follow the steps below:

Step 1: You should directly discuss the concern with the supervising clinical educator. A discussion with the clinical educator should include information about individual learning styles and suggestions about the most beneficial supervisory style for the individual student clinician.

If the concern is not resolved:

Step 2: You contact the Director of Clinical Education who will, in turn, hold a meeting with the clinical educator and you. The Director of Clinical Education acts as a facilitator during the meeting.

If the concern is not resolved:

Step 3: You contact the Chair of the Department of Communication Sciences and Disorders. Additional meetings with the supervising clinical educator, the Director of Clinical Education, and you takes place

If the concern is not resolved:

Step 4: You follow formal university grievance or appeals procedures.

## **Self-evaluation of practica**

You are encouraged to critique sessions using the items listed below. This list is not complete, but constitutes a beginning point from which you learn to better analyze therapy sessions. You should include other aspects that you think are important. Indicate specific examples of clinician and client's behaviors that illustrate comments. Be sure to include concrete suggestions for improving future sessions, as well as indicating effective behaviors within each session. You should also explain the rationale for your comments and suggestions.

### Client and Clinician Evaluation

1. What aspects of this session were productive? Why?
2. What aspects of this session were not productive, why not, and what specific suggestions do you have for improvement?
3. What suggestions do you have for more effective management of this client?

### Session Organization

2. Did you incorporate supervisory suggestions and information from your own analysis of previous sessions in your plans?
3. Were the session objectives appropriate based on client needs, previous progress, and diagnostic information?
4. Were the activities goal-directed? Appropriately sequenced? Age and ability appropriate? Appropriate in number?
5. Did you plan effective reinforcement and feedback?
6. Were you familiar enough with diagnostic and other materials to handle them efficiently?
7. Were discussion, consultations, and conferences organized effectively?

### Session Execution

1. Did you conduct the session to facilitate optimum performance and progress by:
  - a. structuring the teaching environment and pacing the session for maximum correct responses?
  - b. providing clear and appropriate instructions and feedback; including multisensory models, effective reinforcement, and minimal extraneous interaction?
  - c. managing client behavior; including attention, motivation, and self-monitoring skills?
  - d. modifying your own behavior in response to client performance?
2. Was record-keeping accurate and consistent during this session?
3. Did you conduct consultations/conferences and discussions effectively?
4. Did your interpersonal skill enhance the effectiveness of the session and consultation?

### Further Thoughts: Moving from Average to Excellent

Ask yourself the following questions about your therapy sessions. There are other items which might be included by you or your clinical educator, but these questions can serve as a guide in your observations, your planning, in analyzing your videotapes and, later, in working situations where you will need to depend on self-supervision. The majority of these questions are general enough to apply to any type of therapy.

Use the following categories to rate yourself:

- 1 – yes
- 2 – yes, but needs improvement
- 3 – not really
- 4 – not at all
- 5 – inappropriate to this client

| <b>DIAGNOSTICS</b>   | <b>1</b> | <b>2</b> | <b>3</b> | <b>4</b> | <b>5</b> |
|--|----------|----------|----------|----------|----------|
| Have I adequately assessed my client's strengths and weaknesses?   |          |          |          |          |          |
| Do I know what my client can do as well as what he cannot do?  |          |          |          |          |          |
| Do I add to the diagnostic information as a result of my therapy, i.e. am I doing "diagnostic therapy"?                                      |          |          |          |          |          |
| Do I evaluate my client's progress periodically and use the information in planning therapy?   |          |          |          |          |          |
| Do I utilize my client's conversational output in evaluating change in his communication behavior?   |          |          |          |          |          |
| Do I involve others (spouses, parents, etc.) in assessing change in my client's communication behavior?                                      |          |          |          |          |          |
| <b>PLANNING, ORGANIZATION AND MANAGEMENT OF THERAPY</b>  |          |          |          |          |          |
| Was my therapy session well organized, i.e., did the order of tasks seem logical?  |          |          |          |          |          |
| Was it well planned in advance?  |          |          |          |          |          |
| Did I introduce the therapy in such a way that the client had an opportunity to review accomplishments or activities from previous sessions? |          |          |          |          |          |
| Were my objectives specific, attainable and  |          |          |          |          |          |

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| measurable?   |  |  |  |  |  |
| Did I communicate the objectives to the client?<br>Did he understand?   |  |  |  |  |  |
| Was the level of therapy appropriate?   |  |  |  |  |  |
| Did I give directions clearly, concisely and in language that was meaningful to the client?   |  |  |  |  |  |
| Was I flexible enough to alter therapy activities when my plans were not appropriate?   |  |  |  |  |  |
| Did I encourage a maximum amount of participation from the client with a minimum amount of talking by myself?                         |  |  |  |  |  |
| Did I give attention to the physical arrangement to the room in an attempt to alter situations which were undesirable?                |  |  |  |  |  |
| Did I vary my activities in the therapy sessions?   |  |  |  |  |  |
| Did I use a variety of methods to elicit responses?   |  |  |  |  |  |
| Did I probe for advanced levels of performance when appropriate?  |  |  |  |  |  |
| Was pacing high enough to complete goals planned?   |  |  |  |  |  |
| Were my discrimination skills adequate?   |  |  |  |  |  |
| Did I appropriately reinforce my client's productions?  |  |  |  |  |  |
| Did I use shaping techniques to bring the client closer to his/her goal?  |  |  |  |  |  |
| Was I honest in my reinforcement, i.e. positive statements for acceptable production, including negative statements for unacceptable? |  |  |  |  |  |
| Did I encourage self-listening and self-evaluation?   |  |  |  |  |  |
| Did I give the client sufficient models for the task?   |  |  |  |  |  |
| Did I use the appropriate language in my reinforcement procedures?  |  |  |  |  |  |
| Did I listen for cues in the client's performance that would enable me to teach, strengthen or reinforce a certain skill or task?     |  |  |  |  |  |
| Did I utilize all appropriate modalities?   |  |  |  |  |  |
| Did I utilize information about the client's school/home activities in my therapy session?  |  |  |  |  |  |
| Were cues and prompts effective in prompting change?  |  |  |  |  |  |
| Did I encourage the client to use his/her new skills in communication outside of the therapy session?                                 |  |  |  |  |  |

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| In making home assignments, did I make certain that the client understood their purpose and could monitor them and/or that his/her parents/caregivers could assist him/her competently? |  |  |  |  |  |
| Did I help the client assume responsibility for changing his own behavior?  |  |  |  |  |  |
| Did I utilize activities that have a high transfer value into normal communication situations?  |  |  |  |  |  |
| Did I employ any distracting mannerisms or verbalizations?  |  |  |  |  |  |
| Did I close the therapy session with a review of the learning that took place in the therapy session?   |  |  |  |  |  |
| Did I, in closing the session, set a new goal for the client, e.g. to report a new skill to his/her parent/caregiver, a work assignment for the next session, etc?                      |  |  |  |  |  |
| <b>MATERIALS AND EQUIPMENT</b>  |  |  |  |  |  |
| Did I use materials and equipment that were appropriate to the client's age, needs, interests and tasks?  |  |  |  |  |  |
| Was I overly dependent upon materials?  |  |  |  |  |  |
| Were my materials uncomplicated and directly related to the task?   |  |  |  |  |  |
| Did my materials encourage verbal output?   |  |  |  |  |  |
| Was record keeping efficient?   |  |  |  |  |  |
| Could I manipulate the equipment with ease and efficiency?  |  |  |  |  |  |
| <b>INTERPERSONAL</b>  |  |  |  |  |  |
| Did I show enthusiasm throughout the session?   |  |  |  |  |  |
| Was I able to address the client's behavior in order to accomplish goals?   |  |  |  |  |  |
| Did I demonstrate self-confidence?  |  |  |  |  |  |
| Was I patient with the client?  |  |  |  |  |  |

## DESCRIPTORS FOR DIAGNOSTIC SESSIONS

### Preparation:

1. Reads client folder thoroughly.  
You extract and summarize pertinent and accurate information from available background information for clinical educator/team members.  
You can answer specific questions regarding client information.
2. Suggests appropriate evaluation procedures based on client information and knowledge of the communication problem.  
You list and enumerate possible evaluation procedures specific to the problem.
3. Explains rationale for tests and procedures suggested.  
You explain why one assessment procedure is preferable over another, taking into account the following factors:
  - a. evaluation procedure(s) specific to problem(s)
  - b. validity/reliability of standardized tests
  - c. developmental age appropriateness
  - d. interest level of materials
  - e. formal vs. informal procedures
  - f. test is suitable in view of other handicapping conditions
  - g. knows when alternate form of test should be given
4. Contributes equally to diagnostic team effort during pre-staffing.  
Your verbal input is comparable to other team members' input.  
You evaluate and question other team members' input.  
You prepare a flexible outline for order of test administration.
5. Prepares diagnostic setting to meet client and observer needs.  
The environment is pleasant to the eye, (clutter free) with distractible objects removed.  
The informant is made physically comfortable.  
You prepare diagnostic setting to meet observer needs.  
Materials/tests are readily available and organized.  
Audio-video taping equipment set up.

## Diagnostic

6. Establishes professional test atmosphere with client.
  - You introduce himself/herself.
  - You engage in social conversation to reduce test anxiety if applicable.
  - You briefly outline the diagnostic format when appropriate.
  - You demonstrate warmth, appropriate eye contact, ease and sensitivity to the client's feelings.
7. Explains rationale for assessment to client/family.
  - You initiate an explanation of why a particular test is being given.
  - You are able to answer client/family questions as to why a test is being given.
8. Explains rationale for assessment to client/family in language appropriate to their level of understanding.
  - You defines terms, provides examples to facilitate parent/family understanding of diagnostic procedure(s).
9. Administers test according to standardized procedures.
  - You give appropriate directions.
  - You use basal and ceiling levels.
  - You adhere to time limitations.
10. Administers tests in critically important order for client and problem.
  - You administer tests most critical to assessing presenting problem and recognizes when client is fatigued, disinterested, distractible, or physically limited, e.g., you administers auditory perception or discrimination tests after the client's auditory acuity has been assessed.
  - When appropriate, you adjust or changes pre-staffing diagnostic outline.
11. Adaptability.
  - Makes modifications in assessment based on client performance or parent/caregiver information.
  - You introduce or modifies type of schedule of reinforcement to increase client on-task behavior.
  - You change from using formal to using less formal assessment when client's off-task behavior increases.
  - You discuss client's hobbies, skills, social interests to informally assess articulation, syntactic structure, language comprehension, fluency, voice etc.
  - You spontaneously introduces new procedures.

12. Administers appropriate feedback or reinforcement consistent with test procedures.  
You give social approval (“good, that’s a good answer”), smiles, nods, encourages (“try, just do your best”, “you’re doing well”).  
You reinforces on a variable schedule without patterning or cueing the client (e.g., nodding for only correct responses, allowing delay after incorrect client response for client to change answer).  
You may tally and show correct responses to client to reinforce on-task test performance.  
You know when to use and change and/or eliminate token/food rein -forcers when inappropriate to client’s interest or developmental level.  
You are familiar with instructions for reinforcement when these are specified in the test manual.
13. Increases/decreases rate of time for test administration.  
Speeds up or slows down the “pace” of the session.  
When no time limit is specified for test/subtest administration, you modifies rate of test item presentation when appropriate.  
You allow reasonable time for client to respond after stimulus is presented.
14. Removes distracting items during testing.  
No descriptors.
15. Scores tests/records responses unobtrusively, accurately, quickly.  
You fill in pertinent identification information on test form.  
You accurately scores tests according to test manual instructions.  
You scores both correct and incorrect responses to avoid cueing client.  
You relate information/data obtained to some standardized/developmental age reference norm.
16. Handles and manipulates test equipment efficiently.  
Materials are organized sequentially for ease of test administration.  
You know how to operate test equipment (tape recorder, videotape, pitch meter, spectrogram, accelerometer, audiometer, etc.).  
You coordinates test material presentation and scoring.
17. Uses language and intonation appropriate to age and functioning level of the client.  
No descriptors.

18. Assessment of performance during testing.

You are able to informally assess (nonstandard measures) skills comparably assessed on formal measures.

You are familiar with source for developmental norms, e.g., phonological or language development norms.

You records observations of client behaviors that are not being directly assessed.

19. Teaching within diagnostic framework.

a. Demonstrates trial teaching techniques within the diagnostic setting.

b. You attempt to recommend management strategies/techniques based on observed test performance.

c. You use several methods/approaches to stimulate sound production.

d. You models language structures to determine client's ability to acquire and retain skills on a short-term basis.

e. You presents same concept(s) through various modalities (auditory, visual combined) for suggestions for possible therapeutic approaches.

Interviewing

20. Begins and ends the interview gracefully.

a. Beginning the interview: The interviewer establishes a professional/supportive atmosphere during the initial greeting (introduction). The purpose of the interview is stated.

b. Ending the interview: The interviewer expresses appreciation for informant's cooperation. The interviewer asks for further information/questions in relation to the problem.

21. Interpersonal skills.

Uses interpersonal skills/professional demeanor appropriate for informant.

Interviewer uses adequate eye contact.

Listens carefully and talks with the client, not at or down to the client.

Reacts appropriately during client expressions of emotion (responds to the emotion expressed rather than to the answer to the question).

22. Interview preparation.

Prepares the clinical setting for the interview.

The environment is pleasant to the eye (clutter free).

The informant(s) is made physically comfortable.

Audio and video-recording equipment are properly assembled.

Question guideline is prepared.

23. Question format.

Questions are formed clearly and are productive in terms of the quality/quantity of informant's response.

Double or multiple questions are avoided.

Appropriate vocabulary is used; terms are defined when necessary.

Questions are not "leading" or "loaded" i.e., wording that would suggest what would be an acceptable answer.

An appropriate variety of questions are used, preferably open-ended ones.

You understand the rationale for questions asked.

24. Extracts pertinent/accurate information from the interview.

Probing questions are appropriately used to obtain information about a relevant topic.

Appropriate amount of time is spent for questions in important and less important areas.

The informant's interpretation of events is obtained.

Details are "pinned down" by relating events to significant family milestones.

Causal relationships are defined in terms of time and space.

Checking of inconsistent responses is unobtrusive.

Gets the informant "back on the track" without discouraging free expression.

Post diagnostic

25. Is able to interpret test findings.

You scores tests before post diagnostic meeting.

You correctly scores individual test and procedures according to test standards.

You takes into consideration additional factors (i.e., client's fatigue, attention to task, understanding of instructions).

26. Offers information or comments to team members based on own observations of client performance.

You suggest management approaches, recommendations or referral services based on client behavior that was observed or reported.

You are able to make general summary statements about the client/family based on specific examples of client/family behavior.

You can suggest if therapy or subsequent services are recommended based on client-demonstrated performance.

27. Qualifies assumptions with observed behaviors in report.

Utilizes information obtained through interview.

28. Is able to integrate informational observations from team members.  
You display skills in integrating the information (informal/formal tests, case history, observations, previous evaluations) gathered to determine nature and severity of the client's problem
29. Makes appropriate recommendations and suggestions based on diagnostic team findings.  
You display skills in generating appropriate recommendations and possible referrals based on information gathered and on the needs of the client.  
You know when to initiate these contacts with appropriate referrals.
30. Is able to relate interpreted test findings to family/client.  
You relates information using appropriate vocabulary, clear and concise language.  
You display skills in relating relevant and organized facts while counseling parents and/or clients.  
You display skills in sequencing positive aspects of client behavior before negative.  
You appropriately respond to questions asked by the parent/client/care-giver in relation to his/her problem/prognosis.
31. Reports information in written form that is accurate and inclusive.  
Your first draft includes information that is well organized, chronologically appropriate and grammatically correct, concise, and clear.  
You summarize all aspects of the diagnostic and integrate information given by additional team members.  
You research the problem and reads sample reports before writing and handing it in.
32. Reports pertinent information in written form.  
Includes only the information relevant to problem/diagnosis.
33. Incorporates recommended treatment/management suggestions in report.  
You include information concerning the types of tests (informal vs. formal) administered, purpose of the test, results, possible therapy plans and recommendations.  
You exhibit adequate theoretical background in the particular disorder.  
You suggest and specify objective criteria for achievement of goals.  
You suggest appropriate type and variety of materials/programs.
34. You self evaluate strengths and weaknesses.  
You are able to indicate assets of his/her diagnostic performance.  
You perceive areas for modification and suggest alternate ways of improving future performance.

## **II. Program**

### **Communication Sciences and Disorders Program Requirements**

- Degree requirements, Academic Plan of Study information, and course listings are all available in the Graduate Student Handbook.

### **Clinical Requirements**

#### **CLINICAL EDUCATION EXPERIENCES**

##### Philosophy and Goals

Supervised clinical practice is an integral part of the graduate program in communication sciences and disorders. It provides you with an opportunity to apply classroom knowledge to the evaluation and management of individuals with a wide variety of communication disorders. The primary goal of clinical education is to prepare speech-language pathologists who demonstrate general competence across the scope of practice in nine communication disorders areas from infancy to the elderly. The nine disorders areas are: articulation, voice, fluency, receptive and expressive language, communication modalities, social communication, cognitive communication, swallowing, and hearing. Through sequenced clinical experiences and assignments, you will learn to:

- Analyze, synthesize and evaluate an extensive body of knowledge in communication sciences and disorders;
- Develop evidence-based practices in the selection of evaluation and treatment protocols;
- Achieve high levels of competency in prevention, screening, diagnosis, and treatment of clients with varied communication disorders;
- Communicate effectively and professionally;
- Employ self-evaluation strategies that lead to development of new and improved skills; and,
- Demonstrate ethical and responsible professional conduct.

The ultimate goal of clinical education is to provide you with the knowledge and skills to practice as speech-language pathologists in diverse educational, healthcare, and rehabilitation settings.

(Adapted from: University of Pittsburgh Clinical Practicum Manual  
(August, 2005))

## Clinical Practicum and Externship Experiences

You will complete three clinical practica and a diagnostic practicum in the UCF Communication Disorders Clinic and other affiliated facilities, as well as externships in schools, hospitals, rehabilitation centers, skilled nursing facilities, long-term care facilities, community clinics, and private practices. Through the practica and externships, you will obtain a minimum of 400 clock hours of supervised clinical experience in accordance with the guidelines outlined by the American Speech-Language-Hearing Association (ASHA). Clinical practica and externships vary in length and do not always coincide with the academic calendar. Upon completion of the master's level clinical education program, you will meet all of the requirements for certification by the ASHA and the Florida Department of Education, and Licensure by the State of Florida. The following is a list of clinical courses:

- SPA 6503 Entry-Level Clinical Practicum (3 credit hours)
- SPA 6942C Intermediate Clinical Practicum (3 credit hours)
- SPA 6943C Advanced Clinical Practicum (3 credit hours)
- SPA 6553L Differential Diagnosis in Speech and Language Laboratory (1 credit hour)
- SPA 6946 Externship (6 credit hours)
- SPA 6946 Externship (12 credit hours)

## UCF Communication Disorders Clinic

The UCF Communication Disorders Clinic (CDC) is the clinical centerpiece of the undergraduate and graduate programs in the Department of Communication Sciences and Disorders (DCSD). The CDC has a threefold purpose:

(a) to provide a quality clinical education for undergraduate and graduate students in the Communication Sciences and Disorders program;

(b) to serve the needs of children and adults with communication and other associated disorders in the greater Orlando area and the region; and,

(c) to provide a laboratory for student and faculty research in communication and related disorders.

To this end, the CDC offers a full range of services that address pressing community needs. One of the clinic goals is to provide low cost services for individuals who are underinsured, uninsured or who have exhausted their insurance benefits. Therefore, it is the Clinic's policy to serve all individuals regardless of their ability to pay. Thus, no clients are ever turned away because of an inability to pay.

At the UCF CDC, graduate students evaluate and treat clients with various communication disorders under the direct supervision of certified, master's and doctoral level speech-language pathologists and audiologists. Each semester, the Clinic provides speech, language, and hearing services to over 335 children and adults from the Greater Orlando area, including Orange, Seminole, and Brevard, Osceola, Volusia and Lake counties. In addition, student clinicians and faculty participate in numerous community outreach activities, such as annual pre-school screenings for approximately 850 children at 40 daycare and preschool facilities.

Currently, the CDC provides cross disability services in the following areas:

- 1 comprehensive speech, language and hearing evaluations for children and adults;
- 2 hearing aid evaluations and fittings;
- 3 auditory processing evaluations and treatment;
- 4 individual and group treatment for children and adults with a variety of communication disorders resulting from autism, Down syndrome, pervasive developmental disabilities, traumatic brain injury, stroke, Parkinson's disease, amyotrophic lateral sclerosis (ALS) and other degenerative diseases;
- 5 assistive technology evaluations and treatment, with particular emphasis on augmentative and alternative communication;
- 6 bilingual assessments and treatment, with particular emphasis for individuals speaking Spanish and English;
- 7 accent reduction programming;
- 8 voice care;
- 9 severe reading and writing disabilities evaluations and treatment; and,
- 10 memory-related interventions for individuals with dementia.

### Other Affiliated Settings

Other settings serve as extensions of the UCF CDC. University faculty may serve as the clinical educators in these setting. In others the Department employs the clinical staff as adjunct faculty or provides compensation for clinical education duties. In all of the setings, these individuals guide your professional development following the same standards as those embraced at the UCF CDC. The settings may vary by semester, but may include:

FAAST: demonstration, evaluation, and management of assistive technology for individuals of all ages, with a focus on augmentative and alternative communication systems for children and adults with complex communication needs

Orlando Day Nursery: evaluation and treatment of infants, toddlers and preschoolers with developmental delays

Quest, Inc.: evaluation and management of adults with developmental disabilities, including an emphasis on speech, language and swallowing disorders

Orange County Public Schools: screening, evaluation, and treatment of school-aged children who exhibit articulation/phonological and language disorders

### Practicum Requirements

Your clinic assignments provide you with opportunities to apply the knowledge and skills you have learned in the classroom to the evaluation and management of individuals with a wide variety of communication disorders. Thus, you are assigned to clients in disorder areas in which you have already taken coursework. You may be assigned clients in disorder areas for which you are concurrently enrolled in coursework, upon approval of the Director of Clinical Education. In UCF's program, we assign your first practicum experience during your second semester in the program. In this way, you will already have taken or currently be enrolled in the following courses:

SPA 6204 Articulation/Phonological Disorders,

SPA 6402 Preschool Language Disorders,

SPA 6211C Voice Disorders,

SPA 6410 Aphasia and Related Disorders,

SPA 6403 School-Aged Language Disorders,

SPA 6225C Fluency Disorders, and

SPA 6236 Motor Speech Disorders.

By front loading your coursework, we are attempting to provide you with maximum knowledge and skill before your first clinical experience.

In as much as possible, your clinic assignments across the practica will be as follows:

- SPA 6503 Entry Level Clinic Practicum Preschool speech, language and hearing screenings Up to four hours of treatment at the UCF CDC (or affiliated setting) with disorders of hearing, articulation/phonology and/or language
- SPA 6942C Intermediate Clinic Practicum Hearing screenings, hearing aid orientation, hearing aid troubleshooting, etc. Up to five hours of treatment at the UCF CDC (or affiliated setting) with disorders of hearing, articulation/phonology, language, motor speech, cognitive communication, voice, or fluency
- SPA 6943C Advanced Clinic Practicum Up to six hours of treatment at the UCF CDC (or affiliated setting) with disorders of adult language, motor speech, cognitive communication, voice, fluency, communication modalities, or feeding and swallowing
- SPA 6553L Differential Diagnostic Speech and Language Laboratory Completion of four to six evaluations at the UCF CDC or affiliated settings. Treatment of up to four hours with a client at the UCF CDC in a specialty area such as voice, fluency, communication modalities, social communication, cognitive communication, severe reading and writing disabilities, feeding and swallowing

As you can see, you begin your clinical experiences at the UCF Communication Disorders Clinic or affiliated settings. At the affiliated setting you will be guided by clinical faculty employed by the Department to mentor your professional development and growth. They are all part of our clinical team and, they follow all CDC policies and procedures relative to supervision and evaluation of your clinical performance.

### Clinic Expectations

Enrollment in clinic practicum and externships will place significant time demands on you during the week. For each 3 credit hour assignment, you should be prepared to devote approximately 6 to 10 hours per week to planning, implementing, and evaluating your clinical experiences. Over the course of Fall and Spring practica, you will obtain between 60 and 72 direct clinical contact hours and during the Summer, between 48 and 60.

In preparing for clinic, you must hold paramount the welfare of the clients you serve. Thus, you must always be prepared, provide your services competently, and act professionally. While in clinic, you are expected to abide by the ASHA Code of Ethics (<http://www.asha.org/default.htm>). Ethical violations may result in permanent dismissal from practicum placement opportunities and may also subject you to dismissal from the academic program. Additionally, strict adherence to HIPAA guidelines (<http://www.hhs.gov/ocr/hipaa/privacy.html>) is essential to protect the confidentiality of clients served at the CDC and other affiliated facilities. It is important to remember that the welfare of our clients is just as important as your clinical education needs. Participation in clinic should be viewed as a privilege rather than a right. When in Clinic, you are expected to maintain professional attire and demeanor at all times. Unprofessional conduct, or conduct which compromises the quality of services to clients, may result in dismissal from clinical practicum placements and from the academic program.

## **Clinical Information**

- Faculty

Refer to Communication Sciences and Disorders website for current faculty assignments.

All professional faculty members hold professional credentials appropriate to the area of their clinical contact. All persons serving as clinical educators in Speech-Language Pathology and/or Audiology maintain a current Certificate of Clinical Competence in the appropriate area granted by the Clinical Certification Board of the ASHA Council on Professional Standards, and a license in the appropriate area granted by the State of Florida. Current copies of these credentials are maintained in a notebook in the Communication Disorders Clinic Front Office.

- **Facility**

The Communication Disorders Clinic is the clinical extension of the Department of Communication Sciences and Disorders within the College of Health and Public Affairs. Faculty offices for the Communication Disorders Clinic are located in the Research Pavilion building, Suites 155, 115 and 200. The Communication Disorders Clinic is located in Suites 155 and 200 within the Research Pavilion Building. The Department of Communication Sciences and Disorders is located on campus in the Health and Public Affairs II building, Room 101 where academic faculty maintain their offices. Classrooms are found throughout the campus and are assigned each semester by the University. Room assignments are found in the online semester class schedule. Additional facilities are described below.

**Clinic Front Office.** The Clinic Front Office contains the case files, forms, records, and other information necessary for client intake, scheduling and billing. Questions concerning Clinic office operation are directed to Clinic Staff. The Clinic Front Office is located in Suite 155 of the Research Pavilion building.

**Resource Room.** Diagnostic and therapy materials are stored in the Resource Room. Tests and materials are checked out by students prior to their scheduled session using a sign out sheet. This sheet is located on the counter at the Clinic Front Office. Students reserve diagnostic materials in a “Reservation Calendar” located on the counter in the Clinic Front Office. The Resource Room is located in Suite 155.

**Audiology Suite.** This room contains a fully equipped audiology test suite that is used for student audiological experience. Audiometers, books and other materials related to hearing, aural rehabilitation and anatomy are stored in this area. The Audiology Suite is located in Suite 155.

**Toy Room.** Books, toys, kits, and materials for both evaluations and therapy are kept in the Toy Room. Materials are marked and are returned to the proper shelf or bin after use. If you have difficulty finding a specific material, locate Clinic staff or a graduate assistant for help. The Toy Room is located in Suite 200

**Speech Viewer III Resources.** The computerized Speech Viewer III software may be found on computers throughout the Clinic. These systems are used for evaluation and therapy purposes. These computers are located in Rooms A, B, and E in Suite 155 and Room 107 in Suite 200.

**Video Observation Areas.** Two types of video observation formats are found in the Communication Disorders Clinic. Three observation areas are located in Suite 155 utilizing two way glass and headphone systems. Two common observation areas are located in Suite 200 with each treatment room assigned a small video monitor with headphones in one of the common observation areas. The monitors are identified with the number of the corresponding treatment room.

**Video Taping Centers.** Two types of video taping centers are found in the Communication Disorders Clinic with one center in Suite 155 and a second center in Suite 200. Both rooms contain monitors and video cassette recorders used by clinical educators for observation of diagnostic and therapy sessions. The recording center in Suite 200 also contains DVD equipment for recording of sessions.

**Student Work Room.** This room is set aside for students to use when preparing for therapy and diagnostics or when developing lesson plans and reports. Announcements regarding clinical activities are posted in this room. Students have the responsibility for maintaining the files, forms and records of evaluations and therapy under the direction of their supervising clinical educator. There are ten lab style computers in the main Student Work Room in Suite 155, one lab style computer in the Clinic Conference Room in Suite 155 and one lab style computer in the Voice Lab in Suite 200, Room 120.

**Student Mailboxes.** Mailboxes for all clinical students registered for Clinic in a particular semester are located in the Clinic. Announcements regarding clinical activities are posted on a bulletin board opposite the mailboxes. Mailboxes are located in the hallway of the student entrance to Suite 155.

**FAAST Center.** The Florida Alliance for Assistive Services and Technology Grant supports a service and resource center within the Communication Disorders Clinic. Augmentative and alternative communication devices as well as assistive technology resources are housed within the FAAST Center. These resources are available for trialing with Communication Disorders Clinic clients, members of the community and students in the Department of Communication Sciences and Disorders. Materials are loaned out by following prescribed protocols, accessible in the FAAST Center. The FAAST Center is located in Suite 200, Room 105.

**David B. Ingram Voice Care Center.** The David B. Ingram Voice Care Center is located within the Communication Disorders Clinic. The Center contains videolaryngoscopy, nasometry and fiber-optic endoscopic evaluation systems. Monthly Voice Care Clinics are scheduled, usually on the third Friday of the month. The David B. Ingram Voice Care Center provides this service to community members, students, staff and faculty requesting voice and swallowing evaluations. The David B. Ingram Voice Care Center is located in Suite 200, Room 114.

- Graduate Assistantships in Communication Sciences and Disorders

A limited number of graduate assistantships are available in the Department of Communication Sciences and Disorders. An assistantship is awarded for one or two semesters and may be re-awarded in subsequent semesters if a student wishes to reapply. Graduate assistants are directly responsible to the faculty member to whom they are assigned. Duties for the assistantships may be related to the operation of the Communication Disorders Clinic (e.g., scheduling, maintaining Clinic forms and supplies, typing, copying, answering the phone, contacting clients, etc.) and to the Department of Communication Sciences and Disorders or to faculty research. An application for financial assistance is filed with the Coordinator of Administrative Services, whose office is located in HPA II, Room 101.

Currently, an assignment of an assistantship includes a tuition stipend and a salary and requires 10 hours of work per week. Students are responsible for all fees (e.g., Student Activity Fee, Athletic Fee, etc.). Applications are kept on file for one (1) year after the date of submission. Completion of this application is not a guarantee that you will receive an assistantship. Awards are made on a competitive basis.

- Fees

To ensure that the Communication Disorders Clinic has adequate financial resources, fees are charged for all services provided by the Communication Disorders Clinic.

Preschool screenings are provided to children in community settings. A nominal charge is assessed for the speech, language and hearing services. Arrangements are made with each preschool location for payment of fees prior to the screening date.

Fees are subject to a sliding fee scale, upon request of the client. Clients may be considered for fee reductions under the Communication Disorders Clinic's Sliding Fee Scale following a financial interview with the Clinic Secretary or the Director of Clinical Education. A financial form is completed, typically before the diagnostic or the first therapy visit, and placed in the client's financial record. This form documents the basis on which a fee reduction was approved or denied.

For clients up to age 21 years who fit Medicaid eligibility standards or those Audiology clients who fit Medicare eligibility standards, request for services and arrangements for billing are made through the Clinic Front Office. The Communication Disorders Clinic accepts Cigna insurance for speech and language services and bills Cigna directly with these charges. The client files other third party payment requests. Payment of fees is expected at the time of service. No one will be denied service because of inability to pay for the service.

The policies and the schedule of fees are given to each client in writing at the time of initial intake and explained as needed at the first contact with the client.

The Department of Communication Sciences and Disorders provides an annual budget. The Director of Clinical Education conducts periodic review of expenses and revenue. Reviews of expenses and revenues are conducted with the Chair of the Department of Communication Sciences and Disorders to verify that budget is consistent with program goals and scope of services. The Clinic Secretary routinely updates the budget.

- Clinical Billing Policies

Clients pay for services at the time service is rendered for audiological testing and speech and language evaluations. The Clinic Secretary bills clients twice a month for speech, language and hearing treatment services. Billing forms, with current transaction codes, are completed any time fees are charged. Failure to pay these charges can result in denial of further service.

The Director of Clinical Education will work with clients if payment of established fees (per initial interview) becomes difficult for the client. Every reasonable effort will be made to remedy the situation.

A fee schedule form is mailed to each client at the time of initial contact for scheduling of all evaluation services and explained as needed at the time of initial contact.

- Collection and Deposit of Fees

The Clinic Secretary collects, records, and deposits all fees. All Clinic accounts are maintained at the Clinic and are monitored through the University's Finance and Accounting Department. These accounts are subject to State and University audits.

## ASHA Accreditation

- ASHA Standards for Clinical Competency (in PDF format)
- ASHA Code of Ethics (in PDF format)
- ASHA Scope of Practice (In PDF format)

Professional resources

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## ASHA

### 1. ASHA membership:

Membership and Certification Handbook of the American-Speech-Language-Hearing Association

### For Speech-Language Pathology

#### II. Membership

The American Speech-Language-Hearing Association (ASHA) represents more than 123,000 members and affiliates who are speech-language pathologists; audiologists; and speech, language, and hearing scientists. ASHA is recognized nationally as an organization that maintains high standards of ethical conduct and professionalism, produces quality journals and continuing education programs, monitors and participates in the development and implementation of health care reform proposals and programs at the federal and state levels, and offers its members benefits and services that cannot be obtained elsewhere. Members of the Association must abide by ASHA's Code of Ethics.

There are several categories of membership in ASHA. The applicant should review the description of membership categories given below before completing the membership application form and submitting the appropriate dues and fees (see Form A and Form B in this Handbook).

#### Membership and Certification Categories

**Membership with certification.** An individual who wishes to provide or supervise clinical services and resides in the United States or its territories must apply for this category of membership. To be eligible for this membership category the individual must have successfully completed all requirements for the Certificates of Clinical Competence in speech-language pathology (CCC-SLP). The requirements include holding a graduate

degree. Applicants for this category of membership typically are granted membership in ASHA while they are in the certification process. Until the CCC-SLP is awarded, the applicant may not provide clinical services except under the supervision of an individual who holds the CCC-SLP. While in the certification process a candidate for certification must pay the annual dues and the annual certification-in-process fee. As a member who has been awarded the CCC-SLP, an individual may provide independent clinical services and supervise students involved in clinical practicum, clinical fellows, and support personnel. **Maintaining certification status and enjoying the benefits of membership are contingent upon the timely payment of annual dues and fees and, beginning January 1, 2005, mandatory participation in continuing professional development activities**

Members: (800) 498-2071  
Non-Member: (800) 638-8255  
Fax: (240) 333-4705  
Available 8:30 a.m. - 5:00 p.m.  
Monday - Friday EST.  
E-mail: [actioncenter@asha.org](mailto:actioncenter@asha.org)

**Mailing Address:**

**2200 Research Boulevard  
Rockville, Maryland 20850-3289**

[http://asha.org/about/membership-certification/handbooks/slp/slp\\_membership.htm](http://asha.org/about/membership-certification/handbooks/slp/slp_membership.htm)

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NSSLHA

2. NSSLHA Membership:

Join NSSLHA

National NSSLHA membership provides benefits that help students stay current on advancements in the field, enhance their academic knowledge, find internships and employment, network with other students with similar interests, and save money on products and services.

**NSSLHA dues are increasing in 2007!** Read the [FAQs about the NSSLHA Dues Increase](#) to learn more!

**JOIN NOW! Download a national membership brochure and application**

- To download the Membership Application, your computer needs the free Adobe Acrobat reader (version 5.0 or later). If you don't have this, visit [Adobe.com](http://adobe.com)! Also, due to Internet traffic, we recommend downloading the document to your computer before trying to open it (on a PC, right click and choose "Save As"; on a

Mac, click-hold and choose "Save As").

**Where can you find the university code for your school?**

- View a list of [Institution \(or University\) Codes \(PDF format\)](#)

**Here's everything that you need to know to become a member of NSSLHA:**

- [Who can join NSSLHA?](#)
- [What are the benefits of national membership?](#)
- [What is the difference between local membership vs. national membership?](#)
- [How do I start accessing my national membership benefits?](#)
- I'm already a member (or I've let my membership lapse). [How do I renew my national membership?](#)

Contact Information

NSSLHA National Office contact:

Dawn D. Dickerson, Director of Operations  
**2200 Research Boulevard**  
**Rockville, Maryland 20850-3289**

e-mail: [nsslha@asha.org](mailto:nsslha@asha.org)

[www.nsslha.org/nsslha/join](http://www.nsslha.org/nsslha/join)

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**FLASHA**

**Mail:** 222 South Westmonte Drive #101  
Altamonte Springs, FL 32715-0127

**Phone:** 800-243-3574

**Website:** [www.flasha.org](http://www.flasha.org)

**Email:** [tkautter@kmgnet.com](mailto:tkautter@kmgnet.com)

## **FLASHA is for you!**

FLASHA provides Education, Representation and Information for all professionals. Read on to find out what FLASHA can do for you!

### Continuing Education

FLASHA's Continuing Education and Convention Committees work throughout the year to provide you with a challenging variety of seminars and workshops to maintain your Florida state license and your ASHA CCC's.

- Spring Convention features an average of over 20 possible CEUs, exhibits, poster sessions and networking opportunities.
- Fall Conference, held in late September or early October, usually offers 10 CEUs, plus additional hours through pre-conference opportunities.
- One-day conferences and mini-seminars are held across the state at various times of the year.
- Home study hours are available by reading the Florida Journal of Communication Disorders.

As a FLASHA member you will receive reduced registration at all educational events.

### Legislative Advocacy

FLASHA maintains a Legislative Consultant to monitor administrative and legislative issues that affect the professions. Recent key issues have included:

- Supporting legislation to establish funding for universal infant hearing screening.
- Maintaining the integrity of speech-language pathology in the schools by promoting the need for Masters-level clinicians and uniform licensure.

FLASHA also provides input at the national level via the Legislative Councilors that represent Florida in ASHA leadership.

As a FLASHA member, you can be assured that your profession has a voice.

### Publications

FLASHA's publications are recognized by peer associations nation-wide for their excellence.

- The **FLASHA Forum** is published 6 times annually and includes:

- Current state news
- Legislative updates
- Member news
- Guest columns
- Education calendars and events
- and much more!
- ***The Florida Journal of Communication Disorders*** is published annually and provides members with the opportunity to:
  - share research with colleagues
  - learn about the latest techniques and products
  - and gain CEU hours through the home study test

As a FLASHA member you will receive all of these publications at no charge.

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### **State of Florida Certification**

**Website:** [http://www.doh.state.fl.us/mqa/speech/sa\\_lic\\_req.html#Pathologist](http://www.doh.state.fl.us/mqa/speech/sa_lic_req.html#Pathologist)

**Email:** [MQA\\_SpeechLanguage@doh.state.fl.us](mailto:MQA_SpeechLanguage@doh.state.fl.us)

**Mail:** 4052 Bald Cypress Way, Bin#C06  
Tallahassee, FL 32399-3258

**Phone:** Telephone: 850/245-4161

### **Speech-Language Pathologist Requirements for licensure:**

- Masters degree or completion of the academic requirements of a doctoral program, with a major emphasis in speech-language pathology
- Applicants enrolled in an approved program prior to January 5, 2005, must complete a minimum of sixty (60) semester hours at least thirty-six (36) hours must be earned in graduate level courses.
- Applicants enrolled in an approved program after January 5, 2005, must complete a minimum of seventy-five (75) semester hours at least thirty-six (36) hours earned at the graduate level
- 300 clock hours supervised experience with at least 200 of the 300 hours in the area of speech-language pathology
- Nine (9) months of professional employment experience
- Passage of the Educational Testing Services Praxis Series Examination

- One (1) hour of HIV/AIDS
- Two (2) hours in Prevention of Medical Errors

There are no deadlines for processing applications; they are reviewed and processed on a daily bases. The applications and materials are available for you to download directly to your computer.

### **Application**

Applications are accepted on a continuous basis.

Fees and application with corresponding documentation must be mailed to:

Department of Health-MQA  
Board of Speech-Language Pathology and Audiology  
P.O. Box 6330  
Tallahassee, FL 32314-6330

Supporting correspondence not associated with any fees must be mailed to:

Department of Health-MQA  
Board of Speech-Language Pathology and Audiology  
4052 Bald Cypress Way, Bin C-06  
Tallahassee, FL 32399-3256

### **License Costs (Fees)**

Fees are subject to change. Refer to the website for current information.

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### **Florida Department of Education**

**Website:** <http://www.fldoe.org/>

**Mail:** Office of the Commissioner  
Turlington Building, Suite 1514  
325 West Gaines Street  
Tallahassee, Florida 32399

**Phone:** (850) 245-0505

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## **University of Central Florida Resources**

### **Student Disability Services**

**Website:** <http://www.sds.sdes.ucf.edu/default.htm>

**Email:** [sds@mail.ucf.edu](mailto:sds@mail.ucf.edu)

**Mail:** Student Disability Services  
Ferrell Common, FC Room 132  
University of Central Florida  
Orlando, FL 32816

**Phone:** 407-823-2371

### **University Writing Center**

**Website:** <http://www.uwc.ucf.edu/home.html>

**Email:** [webuwc@mail.ucf.edu](mailto:webuwc@mail.ucf.edu)

**Mail:** P.O. Box 161347  
Orlando, FL 32816-1347

**Phone:** (850) 245-0505

### **Student Academic Resource Center**

**Website:** <http://www.sarc.sdes.ucf.edu/>

**Email:** [sarc@mail.ucf.edu](mailto:sarc@mail.ucf.edu)

**Location:** Student Success Center - Howard Phillips Hall  
SARC Main Office - Room 113  
SARC Lab - Room 115

**Phone:** 407-823-5130

## II Client Information

- Bill of Rights

BILL OF RIGHTS for Persons Receiving Audiology or Speech-Language Pathology Services at the Communication Disorders Clinic

Clients as consumers receiving audiology or speech-language pathology services have:

1. THE RIGHT to be treated with dignity and respect;
2. THE RIGHT to services provided without regard to race or ethnicity, gender, age, religion, national origin, sexual orientation, or disability;
3. THE RIGHT to know the name and professional qualifications of the person or persons providing services;
4. THE RIGHT to personal privacy and confidentiality of information to the extent permitted by law;
5. THE RIGHT to know, in advance, the fees for services, regardless of the method of payment;
6. THE RIGHT to receive a clear explanation of evaluation results, to be informed of potential or lack of potential for improvement, and to express their choices of goals and methods of service delivery;
7. THE RIGHT to accept or reject services to the extent permitted by law;
8. THE RIGHT to services provided in a timely and competent manner, which includes referral to other appropriate professionals when necessary;
9. THE RIGHT to present concerns about services and to be informed of procedures for seeking their resolution;
10. THE RIGHT to accept or reject participation in teaching, research, or promotional activities;
11. THE RIGHT, to the extent permitted by law, to review information contained in their records, to receive explanation of record entries upon request, and to request correction of inaccurate records;
12. THE RIGHT to adequate notice of and reasons for discontinuation of services; an explanation of these reasons, in person, upon request; and referral to other providers if so requested.

- Non-Discrimination Statement

The University of Central Florida values diversity. Accordingly, discrimination on the basis of race, sex, national origin, religion, age, disability, marital status, parental status, or veteran's status is prohibited.

- **Confidentiality Policy**

The University of Central Florida's Communication Disorders Clinic is a covered entity under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the individually identifiable health information relevant to a client's record is considered protected health information. In accordance with HIPAA, use of client records is restricted to only those individuals directly involved with the client. Only those persons in the Communication Disorders Clinic needing access to protected health information to carry out their duties are allowed access to a client chart. The Director of Clinical Education determines whether the person requesting access to a client chart has the authorization to use the chart.

The Communication Disorders Clinic conducts HIPAA awareness training for all personnel including faculty, staff, graduate assistants, and work-study students. The Clinic provides training prior to clinician, faculty and staff members' initial assignments and thereafter on an annual basis or within a reasonable period of time following any material change in the Clinic's policies or procedures, whichever is earlier. The training sessions include all students in clinical practicum. Written documentation of training sessions for faculty and staff and other personnel is filed with the Director of Clinical Education.

All graduate clinicians receive HIPAA awareness training before their first semester in clinical practicum and thereafter on an annual basis or within a reasonable period of time following any material change in the Clinic's policies or procedures, whichever is earlier.

Student clinicians may NOT work on reports at home, unless standard de-identification procedures are followed. University approved de-identification procedures includes the use of client initials on Lesson Plans, SOAP Notes, Progress Reports, and other documents. Photocopying of information in client charts is not allowed.

- **Client Records**

Active client records are stored in the main Clinic office in a locking file cabinet. These records are for clients who are being served, whether in diagnostics or management areas, for speech, language and hearing services. The records are accessible by Communication Disorders Clinic clinicians, clinical educators or observation students involved with a given client.

No files are removed from the Clinic unless specific permission is obtained from the Director of Clinical Education.

Inactive charts are stored in locked storage room in the Clinic for a period of seven years. When there is no contact with a client for seven years, the chart is identified with the State of Florida Records Retention as being scheduled for shredding. Once the State of Florida Records Retention grants permission, the files are then shredded in a crosscut shredder in the Clinic by Clinic personnel.

- Scheduling and Attendance Policy

It is the policy of the Communication Disorders Clinic to schedule clients for services based on their waiting list order. This order is determined by the date on which the Intent to Participate form is returned to the Clinic and a Fee Schedule is completed.

Exemptions are occasionally made to this policy. Exemptions may take into consideration the nature and severity of certain communication disorders, research/grant needs and the clinical requirements of students as reflected by the accreditation policies of the American Speech-Language-Hearing Association.

If a client is being dismissed but the clinician and clinical educator feel a re-evaluation is appropriate in 3-6 months, the client completes the Intent for Evaluation form, specifies the service need and turns this form in to the Clinic Secretary for follow up at the time specified on the form.

If a client is absent for three treatment sessions without providing prior notification of the absence, the clinical educator supervising services contacts the client/family representative to discuss attendance. A history of non-attendance may place the continuance of services in jeopardy.

- Child services information including parent observation

The Clinic asks that parents/guardians escort their child into the building, unless the child drives himself or herself to the session or unless prior written arrangements are made with the clinical educator in charge of the case. The child sits in the waiting room with the parent or the parent delivers the child to the clinician for treatment. Parents are expected to pick up children immediately upon the completion of the therapy session. Children will not be allowed to wait for parents outside the building or to remain in the building

unattended. Failure to comply with these rules may result in dismissal from treatment.

- Faculty credential information

All professional faculty members hold professional credentials appropriate to the area of their clinical contact. All persons serving as clinical educators in Audiology or Speech- Language Pathology maintain a current Certificate of Clinical Competence in the appropriate area granted by ASHA's Council for Clinical Certification, and a license in the appropriate area granted by the State of Florida. Current copies of these credentials are maintained in a binder in the Front Office of the Communication Disorders Clinic.

The Clinic expects that all clinicians and clinical educators adhere to the American Speech-Language and Hearing Association Code of Ethics when involved in clinical observation and practice activities.

- Safety information and procedures

All clients certify that their health status allows them to visit the Clinic for services. Each client should have on file at the Clinic an emergency contact name and (cellular) telephone number for use in contacting a family member, guardian or caregiver in the unlikely event of an emergency. Minor children should not be left unattended in the Clinic or without prior arrangements being made for an alternate caregiver in the absence of the responsible parent or guardian.

- Client feedback procedures

At the end of each semester all clients or their families are provided with an opportunity to give feedback on the quality of services received in the Clinic that semester. The clinical educator in charge of supervising the case distributes the Consumer Satisfaction Survey to adult clients and to parents/guardians of child clients. The survey is anonymous and is returned to the locked box at the Front Desk of Suite 155 by the last day of therapy services. Your feedback is critical in maintaining the quality of the Clinic and its services and is important in determining if the Clinic is meeting your individual needs. Please complete the survey when it is provided to you.

## **FREQUENTLY ASKED QUESTIONS ABOUT DIAGNOSTIC EVALUATIONS**

**WHAT IS THE PURPOSE OF THE APPOINTMENT?**

The purpose of the appointment is to evaluate speech, language and hearing skills, to learn whether or not there is a problem, to study the nature of the problem, to determine whether or not therapy is indicated at this time, to make preliminary plans for therapy if it is recommended and to provide helpful suggestions.

#### HOW LONG WILL IT TAKE?

You can expect, on average, to spend approximately two to three hours at the clinic on the first visit. If a service takes a longer period of time you will be advised of this at the time the appointment is made.

#### HOW MUCH WILL IT COST?

You will be charged a fee for this service. The current fee schedule for evaluations and other services is attached to the Case History form that you received after requesting services at the Clinic. A reduced fee scale is available upon request; it is based on income and numbers of persons in the family. Medicaid coverage is available for speech and language diagnostics and treatment, and hearing diagnostics. Cigna Healthcare coverage is available for speech and language diagnostics, and possibly for hearing related services; Cigna subscribers should check their service contract to determine if hearing coverage is provided. Medicare coverage is only available for hearing evaluations in audiology.

#### WHAT WILL BE DONE DURING THE EVALUATION?

We will talk with you (and your child, if applicable), observe you (and your child, if applicable) in a variety of tasks, and discuss our findings with you.

#### WHAT WILL YOU TELL ME?

We will discuss the results of our evaluation with you and indicate whether or not a specific service is advisable at this time. If a specific service is recommended, we will discuss the alternatives available to you here and elsewhere. A written report documenting the findings is sent to you once the report is finalized.

#### WHAT DO I HAVE TO DO TO GET READY FOR THE APPOINTMENT?

The Clinic schedules appointments only after receiving the Case History questionnaire(s). If you are bringing your child, we need to have an accurate history of his/her development. This takes time, and sometimes it is difficult to search your memory for answers to some questions. You might find it helpful to consult other family members, baby books, etc. We realize that it is

often difficult to remember all of the specific information requested, but do your best.

Use the spaces marked COMMENT to explain anything you think we should know that was not specifically asked. Fill out the Case History questionnaire as completely as you can. All information is confidential, for use by the Communication Disorders Clinic faculty and staff only.

#### WHAT IS THE PURPOSE OF THE INFORMATION RELEASE FORM?

This authorizes us to obtain information, when appropriate, from other agencies or professionals who have seen you (or your child). When we receive these reports prior to the appointment, we have a broader range of information to consider in helping you or your child. If you have any other records pertinent to the diagnostic process, please provide them at the time of the return of the Case History questionnaire. This information is treated in a confidential manner.

#### WHAT IF I FIND THAT I CANNOT KEEP THE APPOINTMENT AFTER IT HAS BEEN MADE?

Remember, this time is reserved for you alone. If you find that you are unable to keep your appointment, call us at 407-882-0468 immediately. At that time you should also indicate whether or not you want us to make an appointment for you at a later date. If it is necessary for you to call, please ask to speak with the Clinic's scheduling secretary.

#### WHERE IS THE CLINIC LOCATED?

The Clinic is located at 12424 Research Parkway, Suite 155, Orlando, Florida 32826-2215 and is just south of the Main UCF campus.

#### WHERE MAY I PARK?

Parking is readily available in two areas at the Research Pavilion. The Clinic is accessible from either the East or West entrances.

