

Syllabus
University of Colorado Boulder
Speech, Language, and Hearing Sciences/M.A. SLP Program/Speech, Language, and Hearing Clinic
SLHS 5898: Clinical Practicum 1
Academic Year 2023-2024

This syllabus contains the policies for clinical education in the CU Boulder M.A. SLP program during the semesters you are enrolled in Clinical Practicum 1. For most students, these are the following semesters: 1st year fall and spring semesters, summer semester, and 2nd year fall semester. A separate Syllabus is used for the 6918: Clinical Practicum 2-Medical/Clinical and 6928: Clinical Practicum 2-Public Schools internship registrations. ASHA Accreditation Standards addressed in this syllabus include 3-1B, 3-2B, 3-3B, 3-4B, 3-6B, 3-7B, 3-8B, 3-9B, 310-B.

SLHS/SLHC SLP Clinical Educators:

Name	Office	Email (preferred method of contact)	Phone (use for emergent situations)
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Director of Child Learning Center (CLC)

L.J. Werner, ECSE	C128	LJ.Werner@Colorado.edu	ask instructor
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Meetings and Office Hours: by arrangement with each Clinical Educator – students should ask their clinic assignment clinical educators how they should be contacted in case of an emergent situation.

Course Website: canvas.colorado.edu

Course Description: SLHS: 5898: Clinical Practicum 1 provides students with the opportunity to obtain communication disorders prevention, evaluation/assessment, and intervention experiences in the SLHC and at other sites. Students obtain diagnostic and treatment experiences within the speech-language pathology Scope of Practice, with clients and their family members/significant others across the life span

and disorder or difference types, as specified by ASHA CAA and CFCC standards. Assignments in the SLHC are supervised by SLP clinical educators with specialized knowledge and experience in the assignment area. Opportunities are available for assignments across the nine KASA disorder types encompassed by the SLP Scope of Practice:

- Speech sound production
- Fluency
- Voice/resonance
- Receptive and expressive language
- Hearing, including related speech-language aspects
- Feeding/swallowing
- Cognitive aspects of communication
- Social aspects of communication
- Augmentative-alternative communication (AAC)

ASHA CAA and CFCC Standards require that students acquire knowledge and clinical experiences across the KASA areas, with adults and children, and in several different settings. They also require that students wait until they are taking academic courses concurrently or have taken academic courses before being assigned to corresponding clinical experiences within a KASA and disorder area. Students who are interested in adult acquired communication disorders are offered community observation opportunities during their first, second, and summer semesters of the program so that they may have introductory experiences to various medical work settings prior to being assigned to certain cases in the clinic and prior to internship experiences in medical settings.

Course Requirements: Unless granted an exception, students are enrolled in 2 credits of Clinical Practicum 1 during the Fall Semester of their 1st year, and 3 credits during the remaining 3 semesters of clinical practicum in the SLHC. Students will participate in clinical assignments that are appropriate for their progression through the academic course curriculum. Students are not allowed to participate in assignments to cases for which they have failed the relevant academic course, until that course has been passed. Students are expected to earn at least 180 clinical clock hours towards the 400 clock hours required for program graduation and for meeting qualifications for the ASHA Certificate of Clinical Competence through the 5898: Clinical Practicum 1 registration. 25 required guided observation hours may be included in the 180 hours. Students may earn up to 75 hours through clinical simulation activities completed as part of the 5898: Clinical Practicum 1 registration. Students must earn a minimum of 125 of the required 400 clock hours through on-site, in-person clinical services.

Assignments in the SLHC: Specific clinic assignments within the SLHS: 5898: Clinical Practicum 1 registration are made by the Director of Clinical Education (DCE). When making SLHC assignments for each semester, the CDE considers:

- The student's progression through the program
- The student's needs for specific age and disorder experiences to allow a range of experiences
- The student's identified interest areas

- The student's need for clinical experiences that allow them to develop specific competencies that have not been met in prior clinical experiences, as identified in final evaluations for prior assignments
- The needs of the SLHC and its clients. Students are expected to accept assignments that allow SLHC clients and families to be served

Learning Formats: Generally, students are assigned to cases in the SLHC that are aligned with academic courses that are currently being taken or have been taken by the student. During the first semester, students are generally assigned to the areas of early intervention/CLC preschool or toddlers and the Headstart assignment, adult acquired speech and language/Chat group for aphasia, speech/language/hearing screenings, fluency/fluency Dx, and child speech-language and literacy up to school-age. Aural rehabilitation may be assigned once a student has completed undergraduate and graduate pre-requisite coursework in audiological assessment and aural rehabilitation. In later semesters, additional available assignments include cognitive-communication disorders/CAART, voice diagnostics and intervention, swallowing/dysphagia and related disorders, accent modification, and various diagnostics including AAC, Speech-Language, Language and Learning, and Language-Auditory Processing. Exceptions may be made by the Director of SLP Clinical Education with the agreement of the supervising clinical faculty member with expertise in the area being considered.

Clinical education and supervision for clinical assignments is provided by ASHA- certified Speech-Language Pathologists (SLPs) with experience and clinical expertise in assignment disorder areas. Supervision in accordance with ASHA standards is provided for a minimum of 25% of direct client/family contact time across the timeframe of the assignment, according to the needs of the student being supervised and the client, to provide the highest quality of services delivered in an ethical manner. A clinical educator must be immediately available in the building for in-person sessions and available by electronic communication and 100% in line-of-sight for tele practice sessions.

Clinical education focuses on the development of clinical knowledge and skills particular to specific ages, disorders, and/or differences. Student progression towards increased independence within assignments and across the program is expected, as outlined in the Clinical Skills Progression document. This is available as an addendum to this Syllabus. Clinical education best practices are implemented to meet student learning needs, including orientations to assignments; regular meetings; instruction, modeling, and coaching; verbal and written feedback; recording and review of sessions; opportunities for self-reflection and self-evaluation; and formative and summative assessment. Students are expected to participate in end of semester Faculty Course Questionnaire (FCQ) evaluations of Clinical Faculty members who they have been assigned to during the semester.

Required Textbooks, Readings, and other Training Materials: Clinical Educators may require students to read and review materials relevant to their clinical assignments, for example evidence-based practice articles, evaluation/assessment and therapy protocols, test manuals, and training videos.

Clinical Clock Hours Requirements: 400 clinical clock hours are required for graduation from the CU Boulder M.A. SLP program, and to qualify for the ASHA Certificate of Clinical Competence in SLP (CCC-SLP). Of these 400 hours, 25 guided observation hours are required. The remaining 375 hours are earned

through direct involvement in prevention, diagnosis/assessment, and treatment activities that are within the ASHA SLP Scope of Practice. Up to 75 hours of clinical simulation activities are permissible. A minimum of 125 hours of in-person, on-site clinical experience must be earned. Telepractice is allowed, as long as the in-person, on-site requirement is met and the supervision requirement for 100% in line of sight supervision is met. As many as 50 hours may be earned as an undergraduate, conditional upon approval of the CU Boulder graduate program. The CU Boulder M.A. SLP program expectation is that a minimum of 180 clock hours will be earned within the SLHS: 5898: Clinical Practicum 1 registration, prior to the time the student is placed in internship assignments. The remaining clock hours are completed during internship placements within the SLHS 6918: Medical/Clinical Internship and SLHS 6928: Public School Internship registrations.

Recording Clock Hours: Students will enter all earned clock hours into the Calipso system following instructions for use of the platform, and submit them to the clinical educator who supervised the hours for approval. Clock hours should be submitted to Calipso on a regular basis. When there is a substitute clinical educator for a session due to the absence of the usual supervisor, clock hours should be submitted to the substitute.

Clock hours for participation in clinical research: Students may also have the opportunity during their program to earn clock hours for participation in clinical research studies, if the requirements for awarding clock hours for this type of activity are met. Students should ask the DCE or Department Chair for the policy and procedures for earning clock hours within a research study prior to undertaking the activity.

Student role in monitoring clock hour acquisition: Students are strongly encouraged to actively monitor the acquisition and recording of their clock hours within the Calipso system and to work with the Director of Clinical Education to ensure acquisition of clock hours across a variety of clinical experiences, disorder types, and ages during their time in the program.

Counting Clinical Clock Hours:

Clinical Clock hours must be counted according to requirements set by the ASHA Council for Clinical Certification (CFCC). The CFCC defines one (1) clinical practicum hour as equal to 60 minutes. When counting clinical practicum hours for purposes of ASHA certification, experiences/sessions that total less than 60 minutes (e.g., 45 minutes or 50 minutes) cannot be rounded up to count as 1 hour (Example: If a student clinician spends 52 minutes engaged in direct service delivery, 52 minutes should be logged into the Calipso system).

Clinical clock hours are earned within the 9 KASA disorder areas outlined in the course description. Students are encouraged to carefully allot clock hours across the KASA areas both within and across their various clinical assignments to accurately record earned time.

The following direct-service clinical activities may be counted as clinical clock hours: Face to face service (in-person or remote) delivery, within the ASHA SLP Scope of Practice, provided to a client, a group of clients, and/or the client's family/significant others. This can include:

- A. Screening/Information gathering
- B. Evaluation/Assessment
- C. Intervention
- D. Counseling and education of clients, family members/significant others, guardians, educators, and health care providers who are involved with the client

E. Remote (phone, teleconference, video conference) consultation/education/counseling with clients, family members, and/or guardians who are involved with the client, only when discussion involves service delivery within the ASHA Scope of Practice (history or information gathering, screening, evaluation/assessment, intervention, counseling/education)

F. Consultation and/or collaboration with other service providers with the client, family members/significant others, or guardian present, only when discussion involves service delivery within the ASHA Scope of Practice (history or information gathering, screening, evaluation/assessment, intervention, counseling/education)

G. Per ASHA CFCC allowances during the COVID period of time, 2 or more students participating in a telepractice session may earn all hours/minutes for the session as long as the students have “active involvement” during the session. Active involvement may include administration of evaluation/assessment and treatment activities, data collection and analysis, family member counseling and education, and other active involvement as directed by the clinical educator who supervises the session. Clinical educators will determine which clients/patients are appropriate for telepractice, keeping quality care, safety, and optimal clinical education in mind.

H. Two students participating in an in-person session may earn all hours/minutes for the session as long as both students have “active involvement” during the session. Active involvement may include administration of evaluation/assessment and treatment activities, data collection and analysis, family member counseling and education, and other active involvement as directed by the clinical educator who supervises the session.

The following activities may not be counted as clinical clock hours:

A. In person or electronic communication with clients, family members, guardians, educators, and health care providers who are involved with the client when communication is about routine matters such as scheduling, when discussion is non-service delivery related, and/or when the communication was less than 8 minutes in duration

B. Email communications with clients, family members, guardians, educators, and health care providers who are involved with the client

C. Consultation and/or collaboration and/or team meetings with other service providers without the client, family members presence and involvement

D. Observation of screenings, evaluations/assessments or treatment (although these may be counted as observation hours if activities fall within the scope of speech-language pathology).

E. Time spent in planning and preparation (didactic activities, or material gathering) for sessions

F. Time spent on documentation (record keeping, and writing reports)

G. Other administrative duties related to service delivery completed without the client, family members, and/or guardians present

Attendance and Participation Policy:

- Availability for SLHC sessions during the hours that SLHC sessions are scheduled is expected. It is essential for students’ clinical education experiences that they be able to participate in clinic sessions at scheduled times. This ensures that each student will be able to participate in experiences that fulfill ASHA CAA requirements for experiences across ages, disorder/difference types, diagnostics, and treatment.
- Attendance at all scheduled clinic sessions and meetings is expected. Students in the M.A. SLP program are responsible for being available to provide scheduled services with the same level of professionalism that would be expected in a workplace.

- Students are expected to participate in session-related clinic activities with the same level of professionalism that would be expected in a workplace. Timely communication with clients, clinical faculty members, peers, and SLHC staff is expected. Timely completion of planning, documentation, and billing activities is also expected. Students should communicate with the clinical educators to whom they are assigned to determine timelines and deadlines for activities. Students should communicate directly with their clinical educators to request reasonable allowances for deadline extensions when these are needed.
- Students who work part-time are expected to schedule work around clinic assignments and meetings. CU Boulder Teaching Assistant (TA) positions are an exception, and TA positions should be communicated to the DCE as soon as they are awarded so they can be accommodated.
- Requests to be excused for a planned absence should be submitted by email to all assigned clinical educators and the Director of Clinical Education (DCE). Such requests should be submitted for extenuating circumstances only.
- Students wishing to request an exception from attending in-person clinic activities because of a physical or mental health condition should contact the CU Boulder Disability Services office to complete the process for requesting an accommodation. The contact information for this site is included in the Required Syllabus Statements at the end of this syllabus.
- Attendance at the SLHS 5898 Weekly Clinic Meeting is also required, and attendance may be taken. Students should inform the DCE if they will need to miss a meeting. Students should refrain from completing work on their computers and using their personal devices during the meeting, especially when guest speakers are present. Excess absences and/or inattention during the Wednesday Clinic Meeting may impact a student's ratings in their final Calipso evaluation at the end of a semester.
- In the event of illness or other unexpected occurrence that prevents attendance, students should contact the clinical educator(s) for the assignment(s) they expect to miss as soon as possible so that arrangements can be made. Students who are ill should not come to the SLHC if there is a risk that they may transmit illness to others. In the event of an illness requiring absence from the SLHC for more than one week, the DCE should also be informed. During the COVID-19 time period, all policies and procedures related to infection control in the SLHC must be followed.
- Special requests for exceptions to all attendance expectations should be communicated to the DCE in person or by electronic communication.

SLHC Attire and Personal Care Guidelines for Student Clinicians:

In most instances, attire and personal care that is appropriate for the SLHC clinical setting is as follows:

- The SLHC student name badge should be worn at all times
- Shirts, sweaters, and tops: Students should avoid low-cut, spaghetti straps, or midriff exposure. Tops that go over leggings should be past the mid-thigh
- Pants, skirts, and dresses: Avoid blue jeans, clothing with rips or holes, shorts, low waistlines, and midriff/undergarment exposure. Dresses and skirts should extend to the top of the knee
- Shoes: avoid open-toe sandals and flip-flops
- Clothes should be neat, clean, wrinkle-free, odor-free, and in good condition. Consider clothing needs for moving, sitting on the floor, leaning over clients, etc.
- Maintain personal cleanliness including neat, well-groomed hair, facial hair, and clean/trimmed fingernails.

- Avoid jewelry and visible body piercings that could create a safety hazard, heavily scented body products, and tattoos that may diminish representation of the clinician’s professionalism to their clients; such tattoos can be covered.
- In the Child Learning Center (CLC), less formal attire is usually acceptable. Neat jeans with no holes and shorts of a respectable length and style (no gym shorts) are allowed. Neat, plain T-shirts without statements and with sleeves (no tank tops) are acceptable. Sturdy sandals in warm weather are allowed (no flip-flops). Clothes and footwear should allow the clinician to move around with children, including running, squatting, dancing, climbing, bending, and lifting. Students should select clothing that they do not mind getting spills on, and that can be worn outdoors in a variety of weather conditions.
- Dress that is different from the usual attire as described above may be appropriate for some in-clinic and out of the building clinical activities. Exceptions to the SLHC guidelines should be discussed with the clinical educator who supervises the activity.
- The policy for wearing “scrubs” in the SLHC is as follows: It is up to the CLiF for each assignment to decide if scrubs may be worn in that particular assignment. Students must ask their CLiF for permission to wear scrubs for the assignment. If worn, scrubs must be a solid color. They also must be clean and without stains or rips.
- Clinical faculty, academic faculty, administrators, and clinic staff who are in the clinic are also expected to follow SLHC attire and personal care guidelines, and wear their SLHC name badge.
- Students experiencing difficulties acquiring clothing that is appropriate for the clinical setting are encouraged to contact the CU Boulder Student Support and Case Management office to inquire about local resources. The link to make this contact is listed in this syllabus under CU Boulder Resources.

Ethical Conduct and Conflicts of Interest: Clinical Educators are responsible for professional conduct as outlined in the ASHA Code of Ethics. Student clinicians are introduced to the Code of Ethics prior to participation in SLHC activities, and are expected to conduct themselves in accordance with the Code of Ethics under the guidance of their clinical educators. A link to the Code is found in the Policies and Resources section at the end of this syllabus. With regard to conflicts of interest, student clinicians should avoid employment by clients and families of clients to whom they are providing or have provided services. This includes situations where there is a reasonable expectation that the student may be required to provide services to the SLHC client and/or family during the course of their program. In addition, they should not perform work for other agencies that includes working with clients or families of clients served in the SLHC. Questions about potential conflicts of interest should be directed to the Director of Clinical Education, and to the Director of the CLC if a CLC child and/or family is involved.

Formative and Summative Student Assessments:

- Students will complete a midterm self-evaluation and receive midterm evaluative feedback with discussion about strengths and areas for improvement from each clinical educator they are assigned to, and for each assignment. The midterm brief assessment form is included in the addendum to this syllabus.
- At the end of each semester, students will complete a final self-assessment using the evaluation protocol contained in the Calipso platform. They will also receive an evaluation and grade using this same protocol from each clinical educator they were assigned to during the semester, and for each separate assignment. The Calipso evaluation protocol contains ASHA CAA Standards-based

indicators for rating clinical performance competency in the areas of Diagnosis/Assessment, Intervention, and Professionalism. Final evaluations take place within a Periodic Evaluation of Professional Skills (PEPS) meeting scheduled for the end of each semester. During the PEPS meeting, clinical educators review the student's self-evaluation, and discuss their own evaluation and grade with the student. Strengths, areas for clinical growth, and recommendations for goals for clinical growth across assignments are identified and documented in the Calipso form.

- In addition to the PEPS meeting, students meet with one clinical educator at two scheduled times across the course of their program for a Professional Growth Plan (PGP) meeting. This meeting allows students the opportunity to reflect upon their clinical strengths and areas for growth across semesters, and to set goals for professional growth across semesters of the program through feedback and guidance from the clinical educator. Goals are developed to promote competency with all required standards as measured by the Calipso protocol, and to address the student's desired areas for personal professional development. At the beginning of the second year fall semester, the PGP meeting includes review and discussion related to the student's Professional Growth reflection paper for their Comprehensive Examination Portfolio. The PGP meeting is also an opportunity for discussion and advice regarding professional goals and career directions.
- The Calipso evaluation protocol, the Calipso rating scale, and the protocol for the PEPS and PGP meetings are included in the addendum to this syllabus.

Grading and Grade Scale for SLHS 5898: Clinical Practicum 1: Semester grades are calculated in the Calipso system by an averaging of grades submitted for each clinical assignment, weighted according to the number of clock hours completed for each assignment. Grades may be appealed using the grievance procedure in the SLHS Graduate Student Handbook. The grade scale is as follows:

Calipso Grade Range	Letter Grade
3.5 - 4.0	A
3.3 - 3.49	A-
3.1 - 3.29	B+
2.9 - 3.09	B
2.7 - 2.89	B- in need of remediation
2.69 & below	C in need of remediation

Tiered System of Supports for Clinical Performance Improvement and Probation/Remediation:

The SLHS 5898: Clinical Practicum 1 course uses a tiered system of supports for students who are not meeting CAA Standards-based indicators of clinical performance as measured by program evaluation protocols, and/or who are at risk for failure in SLHS 5898: Clinical Practicum 1. Tiered support addresses a student's identified areas for growth using individualized supports.

- **Tier 0:** The Tier 0 student is successful (passes) at midterm and at the end of the semester in and across clinical assignments. Performance issues that put a student at risk for not meeting Standards-based indicators of clinical performance and/or for failing are

addressed as they arise, at midterm, and at the end of the semester as needed. Concerns are brought to the attention of the Director of Clinical Education (DCE) if the clinical educator determines the need for consultation. The DCE provides consultation with clinical educators as requested, and coordinates responses to concerns that are identified across multiple assignments.

- **Tier 1:** The Tier 1 student performs below expectations in one or more areas and/or on ASHA CAA Standards-related evaluation indicators on the midterm or final evaluation form, but passes their assignments and the Clinical Practicum 1 registration at the end of the semester. The specific performance issues resulting in the student being unable to meet Standards-based competency indicators of clinical performance at midterm and/or at the end of the semester are reported by the clinical educator to the DCE. The student meets one or more times with the DCE during the current and/or subsequent semester to discuss concerns and develop performance improvement goals. The DCE coordinates supports for concerns that are identified across multiple assignments, including communicating performance improvement goals to clinical faculty for the student's assignments.

- **Tier 2:** The Tier 2 student fails one or more clinical assignments for the semester, but passes the SLHS 5989: Clinical Practicum 1 registration. The failure and specific performance issues resulting in the student being unable to meet Standards-based evaluation indicators of clinical performance are documented on the semester evaluation form. The student does not get approval for clock hours accumulated during the failed assignment(s). The DCE assigns the student to assignments in the next semester that include opportunities to remediate Standards-based aspects of practice that were identified as being problematic in the evaluation(s) for the failed assignment(s). The student meets regularly with the DCE during the following semester (including PGP meetings) to discuss concerns, performance improvement goals, and progress toward goals. The DCE coordinates supports for concerns that are identified across multiple assignments, including communicating performance improvement goals to clinical faculty for all assignments.

- **Tier 3:** The Tier 3 student fails the SLHS 5898: Clinical Practicum 1 registration. This results in the student being put on program probation as outlined in the SLHS Graduate Student Handbook. Failure of SLHS 5898: Clinical Practicum 1 or any other course in any subsequent semester of the program results in dismissal from the program. The student does not get approval for clock hours accumulated during any failed assignments. The DCE assigns the student to assignments in subsequent semesters that include opportunities to remediate Standards-based aspects of practice that were identified as being problematic in the evaluation(s) for the failed assignment(s). The student meets regularly with the DCE during all subsequent semesters of the program to discuss concerns and performance improvement goals, including PGP meetings. The DCE coordinates supports for concerns that are identified across multiple assignments, including communicating performance improvement goals to clinical faculty for all assignments.

Family Educational Rights and Privacy Act (FERPA) to grading and evaluation within 5898: Clinical Practicum: FERPA 1.) protects personally identifiable information in student education records (name, DOB, address, Social Security number, student number, and other forms of personal identification, and 2.) requires privacy and confidentiality with regard to student evaluations, grades, and other student records. Clinical faculty guidelines for application of FERPA within 5898: Clinical Practicum include:

- Sharing information for reasons that are in the best interests of the student (i.e., performance improvement) is appropriate. Clinical faculty are co-instructors within the 5898: Clinical Practicum registration.
- Sharing information about behavioral aspects (i.e., a student causing a disturbance) is appropriate.
- Discussion of clinical assignment grades between clinical faculty members is not permissible.
- Communication and coordination of information occurs through the Director of Clinical Education, and the Chair as appropriate. Information is coordinated with those clinical faculty members who have a need to know.

SOURCES AND RESOURCES:

CU Boulder Policies and Resources: Required Syllabus Statements:

Classroom Behavior

Both students and faculty are responsible for maintaining an appropriate learning environment in all instructional settings, whether in person, remote or online. Those who fail to adhere to such behavioral standards may be subject to discipline. Professional courtesy and sensitivity are especially important with respect to individuals and topics dealing with race, color, national origin, sex, pregnancy, age, disability, creed, religion, sexual orientation, gender identity, gender expression, veteran status, political affiliation or political philosophy. For more information, see the [classroom behavior](#) policy, the [Student Code of Conduct](#), and the [Office of Institutional Equity and Compliance](#).

Requirements for COVID-19

As a matter of public health and safety, all members of the CU Boulder community and all visitors to campus must follow university, department and building requirements and all public health orders in place to reduce the risk of spreading infectious disease. CU Boulder currently requires COVID-19 vaccination and boosters for all faculty, staff and students. Students, faculty and staff must upload proof of vaccination and boosters or file for an exemption based on medical, ethical or moral grounds through the MyCUHealth portal.

The CU Boulder campus is currently mask-optional. However, if public health conditions change and masks are again required in classrooms, students who fail to adhere to masking requirements will be asked to leave class, and students who do not leave class when asked or who refuse to comply with these requirements will be referred to Student Conduct and Conflict Resolution. For more information, see the policy on classroom behavior and the Student Code of Conduct. If you require accommodation because a disability prevents you from fulfilling these safety measures, please follow the steps in the "Accommodation for Disabilities" statement on this syllabus.

If you feel ill and think you might have COVID-19, if you have tested positive for COVID-19, or if you are unvaccinated or partially vaccinated and have been in close contact with someone who has COVID-19, you should stay home and follow the further guidance of the Public Health Office (contacttracing@colorado.edu). If you are fully vaccinated and have been in close contact with someone who has COVID-19, you do not need to stay home; rather, you should self-monitor for symptoms and follow the further guidance of the Public Health Office (contacttracing@colorado.edu). Because of FERPA student privacy laws, students are not required to state the nature of their illness when alerting you. Instructors should not require "doctor's notes" for classes missed due to illness; campus health services no longer provides such notes. If you need to miss SLHS 5282, you should notify the instructor as soon as possible to arrange for alternate assignments and/or make-up work.

Accommodation for Disabilities

If you qualify for accommodations because of a disability, please submit your accommodation letter from Disability Services to your faculty member in a timely manner so that your needs can be addressed. Disability Services determines accommodations based on documented disabilities in the academic environment. Information on requesting accommodations is located on the [Disability Services website](#). Contact Disability Services at 303-492-8671 or dsinfo@colorado.edu for further assistance. If you have a temporary medical condition, see [Temporary Medical Conditions](#) on the Disability Services website.

PREFERRED STUDENT NAMES AND PRONOUNS

CU BOULDER RECOGNIZES THAT STUDENTS' LEGAL INFORMATION DOESN'T ALWAYS ALIGN WITH HOW THEY IDENTIFY. STUDENTS MAY UPDATE THEIR PREFERRED NAMES AND PRONOUNS VIA THE STUDENT PORTAL; THOSE PREFERRED NAMES AND PRONOUNS ARE LISTED ON INSTRUCTORS' CLASS ROSTERS. IN THE ABSENCE OF SUCH UPDATES, THE NAME THAT APPEARS ON THE CLASS ROSTER IS THE STUDENT'S LEGAL NAME.

HONOR CODE

All students enrolled in a University of Colorado Boulder course are responsible for knowing and adhering to the [Honor Code](#). Violations of the Honor Code may include, but are not limited to: plagiarism, cheating, fabrication, lying, bribery, threat, unauthorized access to academic materials, clicker fraud, submitting the same or similar work in more than one course without permission from all course instructors involved, and aiding academic dishonesty. All incidents of academic misconduct will be reported to Student Conduct & Conflict Resolution (honor@colorado.edu); 303-492-5550). Students found responsible for violating the [Honor Code](#) will be assigned resolution outcomes from the Student Conduct & Conflict Resolution as well as be subject to academic sanctions from the faculty member. Additional information regarding the Honor Code academic integrity policy can be found on the [Honor Code website](#).

SEXUAL MISCONDUCT, DISCRIMINATION, HARASSMENT AND/OR RELATED RETALIATION

CU Boulder is committed to fostering an inclusive and welcoming learning, working, and living environment. University policy prohibits sexual misconduct (harassment, exploitation, and assault), intimate partner violence (dating or domestic violence), stalking, protected-class discrimination and harassment, and related retaliation by or against members of our community on- and off-campus. These behaviors harm individuals and our community. The Office of Institutional Equity and Compliance (OIEC) addresses these concerns, and individuals who believe they have been subjected to misconduct can contact OIEC at 303-492-2127 or email cureport@colorado.edu. Information about university policies, [reporting options](#), and support resources can be found on the [OIEC website](#).

Please know that faculty and graduate instructors have a responsibility to inform OIEC when they are made aware of any issues related to these policies regardless of when or where they occurred to ensure that individuals impacted receive information about their rights, support resources, and resolution options. To learn more about reporting and support options for a variety of concerns, visit [Don't Ignore It](#).

Religious Holidays

Campus policy regarding religious observances requires that faculty make every effort to deal reasonably and fairly with all students who, because of religious obligations, have conflicts with scheduled exams, assignments or required attendance. In this class. For SLHS 5282, please inform the instructor as soon as possible if you will have to miss class for a religious holiday or observance so that arrangements for an alternate assignment or make-up work can be made. See the [campus policy regarding religious observances](#) for full details.

CU Boulder Resources for personal assistance:

CU Boulder Support and Case Management office: <https://colorado.edu/studentaffairs/students-concern/student-support-and-case-management> The CU Boulder Basic Needs Center also offers resources for students: [Basic Needs Center | University of Colorado Boulder](#)

CU Boulder Counseling and Psychiatric Services (CAPS): <https://colorado.edu/counseling>

CU Boulder SLHS Policies and Resources:

SLHS Website: <https://colorado.edu/slhs/>

SLHS Graduate Student Handbook by cohort year: <https://colorado.edu/slhs/graduate-coursework>, then scroll to find handbook links.

SLHS Policies on Appeals, Complaints, Equitable Treatment, and Grievances:

<https://colorado.edu/slhs/contact-us>, then scroll to bottom for link

SLHC Operations Policies and Procedures Manual: SLHC Shared Drive -> Clinical Faculty -> Clinical Tools for CLiFs -> SLHC Operations Policies and Procedures Manual. **Contact Person:** Shelley Sheppeck, Director of SLP Clinic Operations. The SLP Clinic Operations manual contains policies and procedures related to operations of the clinic, including HIPAA and FERPA compliance, Infection Control/Universal Precautions, as well as many other operations policies.

American Speech Language Hearing Association (ASHA) Resources:

ASHA Council on Academic Accreditation (CAA) Standards for Audiology and Speech Language Pathology Graduate Programs: Student concerns about program adherence to CAA Standards should be reported to the program Chair. If unresolved, concerns may be brought to the attention of the CAA through a link at the bottom of this site: <https://caa.asha.org/>

ASHA Council for Clinical Certification (CFCC) SLP Certification Standards:

<https://asha.org/certification/2020-slp-certification-standards/>

The ASHA Code of Ethics: <https://asha.org/Code-of-Ethics>

ASHA Guide to the Clinical Fellowship Experience: <https://asha.org/certification/Clinical-Fellowship>

Addendums: Calipso Evaluation Rating Scale, PEPS/PGP protocol and schedule, Clinical Skills Progression document, Mid-term evaluation form, SLHS Essential Functions document.

Calipso Evaluation Rating Scale:

Performance Rating Scale

Ratings to be used in conjunction with defined program levels (see clinical progression sheet)

- 4.00: Student meets performance expectations for program level; good to exceptional performance
- 3.50: Student meets performance expectations for program level with some inconsistency; generally good performance
- 3.00: Student's performance is acceptable although not strong for program level; adequate performance
- 2.00: Student's performance needs improvement to meet expectations for program level; some progress noted
- 1.00: Student's performance is unacceptable and has not progressed; does not meet expectations for program level; may not meet technical standards requirements

PEPS/PGP Schedule:

PGP plan, timeline, rev. 08/2022

	Beginning Fall Semester	Midterm	End Fall Semester	Beginning Spring Semester	Midterm	End Spring Semester	Summer Semester
1 st year cohort	Students complete self-reflection about pre-service abilities/strengths/challenges in Wednesday Clinic Meeting (start fall 2020)	Midterm eval/check-in w/each assigned CLIF <ul style="list-style-type: none"> • CLIFs communicate students of concern to Dir. Clinical Ed. (DCE) 	PEPS with each assigned CLIF (no PGP) <ul style="list-style-type: none"> • Calipso Eval • Discussion of strengths/challenges 	Sign up with a PGP CLIF to do PGP meeting early in semester. Students may choose any CLIF with opening on PGP schedule <ul style="list-style-type: none"> • Review PEPS • Do goals for clinical growth box in Calipso • Professional mentoring DCE does PGPs w/ any students on probation and students failing clinic assignments; communicates concerns and goals to assigned CLIFs.	Midterm eval/check-in w/ each assigned CLIF <ul style="list-style-type: none"> • CLIFs communicate students of concern to DCE. 	PEPS with each assigned CLIF (no PGP) <ul style="list-style-type: none"> • Calipso Eval • Discussion of strengths/challenges • Discuss progress on clinical growth goals 	PEPS with each assigned CLIF as assignments end during the summer <p>DCE will facilitate students' completion of a summer reflection related to their progress in the program and towards their PGP goals.</p> <p>DCE will meet with any students on probation and students failing clinic assignments; communicates concerns and goals to assigned CLIFs.</p>
2 nd year cohort	Choose a CLIF (new or a previous one) to do PGP meeting with early in semester <ul style="list-style-type: none"> • Review PEPS from spring and summer • Do goals for clinical growth in last semester • Professional mentoring DCE does PGPs w/ any students on probation and students failing clinic assignments; communicates	Midterm eval/check-in with each assigned CLIF <ul style="list-style-type: none"> • CLIFs communicate students of concern to DCE. 	PEPS with each assigned CLIF <ul style="list-style-type: none"> • Calipso Eval • Discussion of strengths/challenges Final meeting: 2 nd year students may meet with a chosen CLIF to discuss progress on their own clinical growth goals; final mentoring	Internships	Internships	Internships	Internships

concerns and goals to assigned CUEs						
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CU Boulder SLHC

M.A. SLP Clinical Skills Progression

Expected Progression of Skills: It is expected that students will progress in development of skills within assignments, and across semesters during their program. It is also recognized that a continuum of skill progression exists; students may move up and down the continuum based on their knowledge and experience with each clinic assignment and client types/profiles.

Calibrated Terminology:

Absent: Student rarely demonstrates knowledge base; Student rarely demonstrates skill; Student does not recognize strengths and challenges; Student requires high level of supervision; Modeling and repeated direction/coaching does not improve skill.

Taught/Marginal: Student infrequently demonstrates knowledge base; Student infrequently demonstrates skill; Student does not recognize strengths and challenges; Student requires high level of supervision; Modeling and repeated direction/coaching results in some change.

Emerging: Student is beginning to demonstrate skill; Student demonstrates understanding and is beginning to apply knowledge; Student does not recognize strengths and challenges but can identify these if pointed out by clinical educator after the session; Student requires high level of supervision; Modeling and direction/coaching results in growth and generalization of skills.

Developing: Student applies knowledge and demonstrates skill about one-half of the time; Student recognizes strengths and challenges after the session and with the clinical educator’s help can generate ideas for change; Student analyzes and evaluates the case with supervisory support; Supervision is provided much of the time; Direction/coaching results in change.

Refining: Student demonstrates independence, but minimal supervision is needed, in accordance with ASHA guidelines; Student recognizes strengths and challenges although cannot always make online changes; Student analyzes and evaluates the case with some re-direction from clinical educator; Direction/coaching results in change.

Independent: Student displays competency and takes initiative for most aspects of the case; Student analyzes and evaluates the case, and generates ideas for change. Student clearly recognizes clinical strengths and challenges; Student engages clinical educator when s/he has questions/concerns; Student requires minimal level of supervision, in accordance with ASHA guidelines.

*Extended program: student’s program timeline is expected to be 1 or more semesters longer than typical for cohort.
 C= commensurate with “adjusted level” of assignments and clock hours as determined by clinical educators in consultation with Director of SLP Clinical Education.

Skill level by end of grading period:	1 st Semester-Fall	2 nd Semester-Spring	3 rd Semester-Summer	4 th Semester-Fall	Extended Program*
Evaluation/Assessment/Diagnosis:	E	D	D/R	R/I	C
Therapy/Intervention/Education/Counseling:	E/D	D	R	R/I	C
Interactions/Communication with Clients:	D/R	R	R/I	I	C
Documentation/Clinical Writing	E/D	D/R	R/I	R/I	C
Responsiveness to Clinical Education:	D	R	I	I	C
Collaboration/Teamwork	R	R/I	I	I	C
Professionalism/Professional work	D	R	I	I	C
Self-Evaluation	D	R	R/I	I	C

**Speech, Language, and Hearing Clinic
University of Colorado – Boulder
Mid-Term Clinic Performance Evaluation-student reflection form**

Student: _____
Date: _____

Clinical Educator: _____
Assignment: _____

Student Organization and Preparedness:

The student participates in assignments as scheduled, and assumes a professional level of responsibility and initiative in completing all requirements related to the assignment.

___ Meets Expectations ___ Improving/Needs Improvement ___ Below Expectations*

Clinical Writing:

The student demonstrates effective written communication skills in clinical documentation and completes documentation in a timely manner.

___ Meets Expectations ___ Improving/Needs Improvement ___ Below Expectations*

Student Responsibilities – Evaluation:

The student demonstrates evaluation skills relevant to the clinical assignment.

___ Meets Expectations ___ Improving/Needs Improvement ___ Below Expectations*

Student Responsibilities – Treatment:

The student demonstrates treatment skills relevant to the clinical assignment.

___ Meets Expectations ___ Improving/Needs Improvement ___ Below Expectations*

Interaction and Professional Qualities:

The student demonstrates effective professional behavior and oral communication with clients, families, and other professionals.

___ Meets Expectations ___ Improving/Needs Improvement ___ Below Expectations*

****Below expectations rating in 1 or more areas triggers completion of full Calipso ratings.***

Student Reflection: clinical Strengths and Areas/Goals for Growth in this assignment: *(Reflect on and summarize your thoughts about your clinical strengths and areas you have grown in, areas in which you need growth in skills, and specific goals you have been working on or that you want to work on in this clinical assignment.)*

CU Boulder SLHS Essential Functions document:

The University of Colorado Boulder (CU-Boulder) is committed to maintaining a positive learning, working, and living environment. The University of Colorado does not discriminate on the basis of race, color, national origin, sex, age, disability, creed, religion, sexual orientation, gender identity, gender expression, veteran status, political affiliation, or political philosophy in admission and access to, and treatment and employment in, its educational programs and activities. (Regent Law, Article 10, amended 9/17/13). CU- Boulder will not tolerate acts of discrimination or

harassment based upon Protected Classes, or related retaliation against or by any employee or student. For purposes of this CU-Boulder policy, "Protected Classes" refers to race, color, national origin, sex, pregnancy, age, disability, creed, religion, sexual orientation, gender identity, gender expression, veteran status, political affiliation, or political philosophy. See <http://www.colorado.edu/policies/discrimination-and-harassment-policy-and-procedures>.

In order to acquire the knowledge and skills requisite to the practice of speech-language pathology and audiology, to function in a broad variety of clinical situations, and to render a wide spectrum of patient care, individuals must possess skills and attributes in five areas: communication, motor, intellectual-cognitive sensory-observational, and behavioral-social. These skills enable a student to meet graduate and professional requirements as measured by state licensure and national certification. Many of these skills can be further developed during the course of the graduate program through coursework and clinical experience.

The graduate programs in audiology and speech-language pathology require the acquisition of professional attitudes, skills, and behaviors as well as the accumulation of scientific knowledge. Candidates for the MA-SLP and AuD degrees must have abilities and skills in the five areas outlined below. The starred items (*), however, are skills that are more inherent and should be present when a student begins the program. All students enrolled in the graduate programs must demonstrate that they can meet the essential functions or requirements of the program with reasonable accommodations when necessary.

COMMUNICATION SKILLS: A student must possess adequate communication skills to:

- Communicate proficiently in both oral and written English language.*
- Possess reading and writing skills sufficient to meet curricular and clinical demands.*
- Perceive and demonstrate appropriate non-verbal communication for culture and context.*
- Modify communication style to meet the communication needs of clients, caregivers, and other persons served.*
- Communicate professionally and intelligibly with patients, colleagues, other healthcare professionals, and community or professional groups.
- Communicate professionally, effectively, and legibly on patient documentation, reports, and scholarly papers required as a part of course work and professional practice.
- Convey information accurately with relevance and cultural sensitivity.

MOTOR SKILLS: A student must possess adequate motor skills to:

- Sustain necessary physical activity level in required classroom and clinical activities.*
 - Respond quickly to provide a safe environment for clients in emergency situations including fire, choking, etc.*
 - Access transportation to clinical and academic placements.*
 - Participate in classroom and clinical activities for the defined workday.*
 - Efficiently manipulate testing and treatment environment and materials without violation of testing protocol and with best therapeutic practice.
 - Manipulate patient-utilized equipment (e.g., durable medical equipment to include AAC devices, hearing aids, etc.) in a safe manner.
 - Access technology for clinical management (i.e., billing, charting, therapy programs, etc.).
- **INTELLECTUAL/COGNITIVE SKILLS:** A student must possess adequate intellectual and cognitive skills to: Comprehend, retain, integrate, synthesize, infer, evaluate and apply written and verbal information sufficient to meet curricular and clinical demands.*
- Identify significant findings from history, evaluation, and data to formulate a diagnosis and

develop a treatment plan.

- Solve problems, reason, and make sound clinical judgments in patient assessment, diagnostic and therapeutic plan and implementation.
- Self evaluate, identify, and communicate limits of one's own knowledge and skill to appropriate professional level and be able to identify and utilize resources in order to increase knowledge.
- Utilize detailed written and verbal instruction in order to make unique and independent decisions.

SENSORY/OBSERVATIONAL SKILLS: A student must possess adequate sensory skills of vision, hearing, tactile, and smell to:

- Visually and auditorily identify normal and disordered (fluency, articulation, voice, resonance, respiration characteristics, oral and written language in the areas of semantics, pragmatics, syntax, morphology and phonology, hearing and balance disorders, swallowing, cognition, social interaction related to communication).
- Identify the need for alternative modalities of communication.
- Visualize and identify anatomic structures.
- Visualize and discriminate imaging findings.
- Identify and discriminate findings on imaging studies.
- Discriminate text, numbers, tables, and graphs associated with diagnostic instruments and tests.
- Recognize when a client's family does or does not understand the clinician's written and or verbal communication.

BEHAVIORAL/SOCIAL SKILLS: A student must possess adequate behavioral and social attributes to:

- Display mature empathetic and effective professional relationships by exhibiting compassion, integrity, and concern for others.*
- Recognize and show respect for individuals with disabilities and for individuals of different ages, genders, race, religions, sexual orientation, and cultural and socioeconomic backgrounds.*
- Conduct oneself in an ethical and legal manner, upholding the ASHA Code of Ethics and university and federal privacy policies.*
- Maintain general good physical and mental health and self-care in order not to jeopardize the health and safety of self and others in the academic and clinical setting.*
- Adapt to changing and demanding environments (which includes maintaining both professional demeanor and emotional health).
- Manage the use of time effectively to complete professional and technical tasks within realistic time constraints.
- Accept appropriate suggestions and constructive criticism and respond by modification of behaviors.
- Dress appropriately and professionally.

