



Department of Communication  
Sciences and Disorders  
College of Allied Health Sciences  
University of Cincinnati  
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Dear Supervisor,

The Faculty in Communication Sciences and Disorders appreciates your participation in the clinical education of our students. This Supervisor's Manual has been prepared to share off-campus clinical practicum policies and procedures with you. Students are informed of University expectations and review a Clinical Practicum Manual prior to beginning of practicum. Students understand; however, that additional requirements may be dictated by the policies and procedures at your facility and they are expected to follow your guidelines while at your site.

All students receive introductory HIPAA training, criminal background checks and yearly blood borne pathogen training. We maintain student records of required immunizations. A copy of their records can be given to you upon request as well as verification of Professional Liability Insurance.

The University of Cincinnati schedules practicum with each semester lasting approximately 15 weeks (August-December), (January-April), (May-Aug). Practicum assignments are based on the student's academic background, previous clinical experiences, and interests. These assignments may be either full time or part-time. Students assigned to off-campus placements must meet the specific requirements expected by the facility in regard to course work, time commitment, observation, and/or previous practicum experience.

Audiologists and Speech-Language Pathologists who supervise students in practicum must hold their ASHA Certificate of Clinical Competence and a state license to practice in the profession. We expect that students will have an opportunity to observe treatment/diagnostics during the first week of their assignment. Students must be supervised a minimum of 25% of client contact time for therapy and diagnostic evaluations.

Students have been instructed to call their supervisors prior to the beginning of the semester for an interview in order to inform you of their level of experience and knowledge base. At the beginning of the term, students will bring a Practicum Commitment for the two of you to discuss and sign. This should be returned to the University liaison within 2 weeks at the beginning of the practicum period.

We hope that students can participate in all of the activities that are offered in your agency, school, or medical setting including professional and family conferences, team meetings, report writing, record keeping, or whatever else your job entails. Although student can only obtain



practicum hours for direct contact with clients/patients, all of these other activities are important for their professional growth.

We will plan to visit you and your student at your site at least once during the semester unless other arrangements are made. Our clinical education documentation is now being managed via a web-based program called CALIPSO. Step-by-step instructions will be sent to you regarding the registration process. You will be evaluating students using a midterm and final evaluation with a final P/F grade. Graduate students must achieve at least a 4 rating in all areas of Evaluation, Intervention and Interaction/Personal Qualities in the “Big Nine” disorders areas by the end of their second year

We are always available to discuss student performance or clinical issues with you. We sincerely appreciate your willingness to be involved in our student’s clinical training and welcome suggestions regarding the process.

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## **PRACTICUM REQUIREMENTS IN SPEECH-LANGUAGE PATHOLOGY**

Graduate students in Speech-Language Pathology must demonstrate that they have acquired the knowledge and skills necessary to practice in the profession. Students will need to achieve clinical competencies at designated levels in assessment and treatment for a variety of disorder areas across the age range. Graduate students are given opportunities for practicum in a range of settings including health care and school settings.

### **OBSERVATION HOURS**

ASHA requires that student observe evaluation and treatment of children and adults with a variety of communication disorders. A minimum of 25 hours of observation is required. These observations must be supervised by a person holding the ASHA Certificate of Clinical Competence (CCC) in Speech-Language Pathology and/or Audiology in the appropriate practice area.

### **CLINICAL CLOCK HOURS**

ASHA specifies that students should engage in practicum experiences that encompass the breadth of the current scope of practice with both adults and children (with no specific clock-hour requirements for given disorders or settings) resulting in a minimum of **400 clock hours** of supervised practicum. 375 hours must be obtained in direct client/patient assessment of treatment and 25 hours in clinical observation. The following is a breakdown of the department requirements for minimum required clinical hours. Students will also need to gain 50 hours of practicum experience in at least 3 different clinical sites.

#### **EVALUATION: 40 hours**

Language Disorders	20
Adults	10
Children	10
Speech Disorders	20
Adults	10
Children	10

#### **TREATMENT: 80 hours**

Language Disorders	40
Adults	20
Children	20
Speech Disorders	40
Adults	20
Children	20

\*\*\*Speech Disorders include Voice, Articulation, Stuttering and Dysphagia.

The student's goal should not be to meet the minimum hour requirements in each area. The more clinical hours obtained with a variety of clients, the better prepared the student will be to meet the challenge of working in the profession.

## **CLINICAL CERTIFICATION SUPERVISION REQUIREMENTS:**

1. Persons holding CCC's in Speech-Language Pathology may supervise:  
All speech-language pathology evaluation and treatment services.  
Non-diagnostic audiological screening (i.e. pure tone air-conduction screening and the purpose of performing a speech and/or language evaluation or for the purpose of initial identification of individuals with other communication disorders  
Aural habilitation and rehabilitative services
2. Persons holding CCC's in Audiology may supervise:  
Audiological evaluation.  
Amplification (hearing aid selection and management)  
Aural rehabilitative and rehabilitative services.  
Speech and/or language screening for the purpose of initial identification of individuals with other communicative disorders.
3. Only direct client contact may be counted as clinical practicum hours.  
Time spent with either the client or a family member engaging in information seeking, information giving, counseling, or training for a home program may be counted as clinical clock hours (provided the activity related to evaluation and treatment).
4. Hours to be counted in the "evaluation" category include the initial diagnostic assessment or re-evaluation.
5. Time spent in a multi-disciplinary staffing, education appraisal and review or in meetings with other professionals regarding diagnosis and treatment of a given client may **not** be counted. Conference time with clinical supervisors may **not** be counted.
6. If a client presents communication disorders in a two or more of the disorder categories, accumulated clock hours should be distributed among these categories according to the amount of treatment time spent on each. For example, if a client with both language and articulation problems received twenty hours of treatment and approximately  $\frac{3}{4}$  of each treatment session was spent on language and  $\frac{1}{4}$  was spent on articulation, the clinician should record credit for 15 hours of language treatment and 5 hours of articulation treatment.

**The student is responsible for completing the following forms every semester. Students are advised to make copies of all paperwork for their records.**

Practicum Commitment:

(Due second week after practicum begins)

Clinical Hour Tracking

Practicum Reflection (Narrative):

### **PRACTICUM COMMITMENT**

At the beginning of the term, the student and supervisor will meet to negotiate and sign the practicum commitment. This form should be given to the UC Practicum Coordinators by the second week of the semester.

**CLINICAL HOUR TRACKING FORM** This is the form that students use to keep track of their ongoing clinical hours during the term. Students will be entering their own clinical hours in CALIPSO with supervisor approval at any interval the student and supervisor agree upon.

### **CALIPSO**

Clinical education documentation is managed via a web-based program called CALIPSO. You can access CALIPSO by going to [www.calipsoclient.com/uc](http://www.calipsoclient.com/uc). You will receive step-by-step instructions on how to register for CALIPSO after you are assigned a graduate student and we have received the Practicum Commitment.

Through CALIPSO, the student will complete a Self-Evaluation and a Supervisor feedback form

### **PRACTICUM REFLECTION**

At the end of the semester, the student clinician will write a narrative reflection about their practicum experience. This reflection should be discussed with the site supervisor and then submitted to the Practicum Coordinator.

## PRACTICUM COMMITMENT

### University of Cincinnati Communication Sciences and Disorders Department

**Student:** \_\_\_\_\_

**Semester/Year:** \_\_\_\_\_

**Site:** \_\_\_\_\_

**Supervisor:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

The University of Cincinnati student who has been assigned to a Communication Sciences and Disorders Practicum has agreed to the following guidelines and expectations.

1. The student will begin the practicum experience on \_\_\_\_\_ and finish on \_\_\_\_\_.  
Days per week: (circle) M T W TH F
2. The student will maintain the following hours: \_\_\_\_\_
3. **Regular attendance is expected.** Negotiated days off from practicum might include religious holidays, professional conferences/conventions, and required department activities such as Fluency Friday (fall semester) and PRAISE (spring semester). The student is required to make up days they are absent from practicum including illness if not negotiated in the practicum commitment at the beginning of the term.
4. The student will follow all rules of confidentiality as they pertain to clients and clients' families.
5. Therapy plans, evaluations, and other reports must be submitted by deadlines specified by the site supervisor:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. The student will participate in at least \_\_\_\_\_ of directed observation before he/she begins to provide clinical services (up to a maximum of \_\_\_\_\_).

7. The student will comply with all policies and procedures of the practicum site:

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If at any time in the first five weeks of the term, the supervisor feels that the student is not progressing towards independence at the practicum site, the practicum coordinator should be contacted to discuss a plan of action. The on-site supervisor has agreed to the following guidelines:

1. The supervisor will have primary responsibility for coordination and supervision of the student's professional work at this site.
2. The supervisor recognizes and agrees to abide by the observation requirements set by ASHA; supervision at a minimum of 25% of client contact time for therapy and diagnostic evaluations.
3. The supervisor and student will have conferences scheduled at least \_\_\_\_\_  
\_\_\_\_\_.
4. The supervisor will share the evaluation of the student's performance with the student and Practicum Coordinator.

The Practicum Coordinator will make \_\_\_\_\_ visit(s) to the practicum site during the semester.

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Student

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Site Supervisor                  ASHA#                  State License#  
(Please provide a photocopy of your updated ASHA card)

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U.C. Practicum Coordinator













University of Cincinnati  
**CALIPSO**  
 Performance Evaluation  
 Printed for  
 Test Supervisor,

### Performance Evaluation

Supervisor: Test Supervisor,

\*Student:

\*Site:

\*Evaluation Type:

\*Semester:

\*Course number:

\*Patient population:

- Young Child (0-5)
- Child (6-17)
- Adult (18-64)
- Older adult (65+)

% the student was observed while providing: Evaluation:  (minimum of 25% of the total contact with each client/patient)  
 Treatment:  (minimum of 25% of the total contact with each client/patient)

Save

PERFORMANCE RATING SCALE

[Click to see Rating Scale](#)

Please refer to the Performance Rating Scale for grading criteria. Use a score between 1 and 5, in 0.25 increments (1.25, 1.5 etc.)

- 1 - Not evident      4 - Refining
- 2 - Emerging        5 - Independent
- 3 - Developing

\* If n/a, please leave space blank

Evaluation skills	Articulation?	Fluency?	Voice?	Language?	Hearing?	Swallowing?	Cognition?	Social Aspects?	Communication Modalities?
	Refer to Performance Rating Scale above and place number corresponding to skill level in every observed box.								
1. Conducts screening and prevention procedures (std III-D, std IV-G, 1a).	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Performs chart review and/or collects case history from interviewing patient and/or relevant others (std IV-G, 1b).	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Selects appropriate evaluation instruments/procedures (std IV-G, 1c).	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. Administers and scores diagnostic tests correctly (std IV-G, 1c).	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5. Adapts evaluation procedures to meet patient needs (std IV-G, 1d).	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6. Possesses knowledge of etiologies and characteristics for each communication and swallowing disorder (std III-C).	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7. Interprets and formulates diagnosis from test results, history, and other behavioral observations (std IV-G, 1e).	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8. Makes appropriate recommendations for intervention (std IV-G, 1e).	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9. Completes administrative functions including reporting and documentation necessary to support evaluation (std IV-G, 1f).	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10. Makes appropriate recommendations for patient referrals (std IV-G, 1g). ?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Score totals:	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Total number of items scored: <u>0</u> Total number of points: <u>0</u> Section Average: <u>0</u>									

Comments:

Save

Treatment skills	Articulation?	Fluency?	Voice?	Language?	Hearing?	Swallowing?	Cognition?	Social Aspects?	Communication Modalities?
	Refer to Performance Rating Scale above and place number corresponding to skill level in every observed box.								
1. Develops appropriate treatment plans with measurable and achievable goals. Collaborates with clients/patients and relevant others in the planning process. (std IV-G, 2a)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Implements treatment plans (std IV-G, 2b).	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Selects and uses appropriate materials/instrumentation (std IV-G, 2c).	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. Sequences task to meet objectives.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5. Provides appropriate introduction/explanation of tasks.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6. Measures and evaluates patients' performance and progress (std IV-G, 2d).	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7. Uses appropriate models, prompts, or cues. Allows time for patient response.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8. Adapts treatment session to meet individual patient needs (std IV-G, 2e).	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9. Completes administrative functions including reporting and documentation necessary to support treatment (std IV-G, 2f).	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10. Identifies and refers patients for services as appropriate (std IV-G, 2g). ?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Score totals:	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Total number of items scored: <u>0</u> Total number of points: <u>0</u> Section Average: <u>0</u>									

Comments:

Save

Preparedness, Interaction, and Personal Qualities	Score
1. Possesses foundation for basic human communication and swallowing processes (std III-B).	<input type="text"/>
2. Integrates research principles into evidence-based clinical practice (std III-F).	<input type="text"/>
3. Possesses knowledge of contemporary professionals issues, including trends in professional practice, academic program accreditation standards, ASHA practice policies and guidelines, and reimbursement procedures, and advocacy (std III-G).	<input type="text"/>
4. Communicates effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the patient, family, caregiver, and relevant others (std IV-G, 3a).	<input type="text"/>
5. Establishes rapport and shows sensitivity to the needs of the patient.	<input type="text"/>
6. Uses appropriate rate, pitch, and volume when interacting with patients or others.	<input type="text"/>
7. Provides counseling and supportive guidance regarding communication and swallowing disorders to patients, family, caregivers, and relevant others (std IV-G, 3c).	<input type="text"/>
8. Collaborates with other professionals in case management (std IV-G, 3b).	<input type="text"/>
9. Displays effective oral communication with patient, family, or other professionals (std IV-B).	<input type="text"/>
10. Displays effective written communication for professional correspondence (std IV-B).	<input type="text"/>
11. Adheres to the ASHA Code of Ethics and conducts him or herself in a professional, ethical manner (std III-E, IV-G, 3d).	<input type="text"/>
12. Assumes a professional level of responsibility and initiative in completing all requirements.	<input type="text"/>
13. Demonstrates openness and responsiveness to clinical supervision and suggestions.	<input type="text"/>
14. Possesses the ability to self reflect and self evaluate.	<input type="text"/>
15. Personal appearance is professional and appropriate for the clinical setting.	<input type="text"/>
16. Displays organization and preparedness for all clinical sessions.	<input type="text"/>
Total number of items scored: <u>0</u> Total number of points: <u>0</u> Section Average: <u>0</u>	

Comments:

Save

Improvements Since Last Evaluation:

Strengths/Challenges:

Recommendations for Improving Clinical Skills:

Total points (all sections included): 0 Adjustment: 0.0

divided by total number of items 0

Evaluation score: 0

Letter grade: Fail

Quality points: N/A

By entering the student's name, I verify that this evaluation has been reviewed and discussed with the student prior to final submission.

Student name:

Date reviewed:

I verify that this evaluation is being submitted by the assigned clinical supervisor and that I have supervised the above named student.

\*Supervisor name:

\*Date completed:

Final submission (if this box is checked, no more changes will be allowed!)

Save

Standards referenced herein are those contained in the Membership and Certification Handbook of the American Speech-Language-Hearing Association. Readers are directed to the [ASHA Web site](#) to access the standards in their entirety.



## Self-evaluation

\*Site: University of Cincinnati Speech, Language, a

\*Evaluation Type: Final

\*Semester: 2013 Spring

\*Course number: 1st Yr Spring

\*Patient population:

- Young Child (0-5)
- Child (6-17)
- Adult (18-64)
- Older adult (65+)

Save

**PERFORMANCE RATING SCALE**

[Click to see Rating Scale](#)

Please refer to the Performance Rating Scale for grading criteria. Use a score between 1 and 5, in 0.25 increments (1.25, 1.5 etc.)

- 1 - Not evident      4 - Refining
- 2 - Emerging        5 - Independent
- 3 - Developing

\* If n/a, please leave space blank

Evaluation skills	Articulation?	Fluency?	Voice?	Language?	Hearing?	Swallowing?	Cognition?	Social Aspects?	Communication Modalities?	
	Refer to Performance Rating Scale above and place number corresponding to skill level in every observed box.									
1. Conducts screening and prevention procedures (std III-D, std IV-G, 1a).										
2. Performs chart review and/or collects case history from interviewing patient and/or relevant others (std IV-G, 1b).										
3. Selects appropriate evaluation instruments/procedures (std IV-G, 1c).										
4. Administers and scores diagnostic tests correctly (std IV-G, 1c).										
5. Adapts evaluation procedures to meet patient needs (std IV-G, 1d).										
6. Possesses knowledge of etiologies and characteristics for each communication and swallowing disorder (std III-C).										
7. Interprets and formulates diagnosis from test results, history, and other behavioral observations (std IV-G, 1e).										
8. Makes appropriate recommendations for intervention (std IV-G, 1e).										
9. Completes administrative functions including reporting and documentation necessary to support evaluation (std IV-G, 1f).										
10. Makes appropriate recommendations for patient referrals (std IV-G, 1g). ?										
Score totals:	0	0	0	0	0	0	0	0	0	0
Total number of items scored: 0 Total number of points: 0 Section Average: 0										

Comments:

Save

Treatment skills	Articulation?	Fluency?	Voice?	Language?	Hearing?	Swallowing?	Cognition?	Social Aspects?	Communication Modalities?
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Refer to Performance Rating Scale above and place number corresponding to skill level in every observed box.

1. Develops appropriate treatment plans with measurable and achievable goals. Collaborates with clients/patients and relevant others in the planning process. (std IV-G, 2a)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Implements treatment plans (std IV-G, 2b).	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Selects and uses appropriate materials/instrumentation (std IV-G, 2c).	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. Sequences task to meet objectives.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5. Provides appropriate introduction/explanation of tasks.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6. Measures and evaluates patients' performance and progress (std IV-G, 2d).	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7. Uses appropriate models, prompts, or cues. Allows time for patient response.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8. Adapts treatment session to meet individual patient needs (std IV-G, 2e).	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9. Completes administrative functions including reporting and documentation necessary to support treatment (std IV-G, 2f).	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10. Identifies and refers patients for services as appropriate (std IV-G, 2g). ?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Score totals: 0 0 0 0 0 0 0 0 0

Total number of items scored: 0 Total number of points: 0 Section Average: 0

Comments:

Save

Preparedness, Interaction, and Personal Qualities

Score

1. Possesses foundation for basic human communication and swallowing processes (std III-B).	<input type="text"/>
2. Integrates research principles into evidence-based clinical practice (std III-F).	<input type="text"/>
3. Possesses knowledge of contemporary professionals issues, including trends in professional practice, academic program accreditation standards, ASHA practice policies and guidelines, and reimbursement procedures, and advocacy (std III-G).	<input type="text"/>
4. Communicates effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the patient, family, caregiver, and relevant others (std IV-G, 3a).	<input type="text"/>
5. Establishes rapport and shows sensitivity to the needs of the patient.	<input type="text"/>
6. Uses appropriate rate, pitch, and volume when interacting with patients or others.	<input type="text"/>
7. Provides counseling and supportive guidance regarding communication and swallowing disorders to patients, family, caregivers, and relevant others (std IV-G, 3c).	<input type="text"/>
8. Collaborates with other professionals in case management (std IV-G, 3b).	<input type="text"/>
9. Displays effective oral communication with patient, family, or other professionals (std IV-B).	<input type="text"/>
10. Displays effective written communication for professional correspondence (std IV-B).	<input type="text"/>
11. Adheres to the ASHA Code of Ethics and conducts him or herself in a professional, ethical manner (std III-E, IV-G, 3d).	<input type="text"/>
12. Assumes a professional level of responsibility and initiative in completing all requirements.	<input type="text"/>
13. Demonstrates openness and responsiveness to clinical supervision and suggestions.	<input type="text"/>
14. Possesses the ability to self reflect and self evaluate.	<input type="text"/>
15. Personal appearance is professional and appropriate for the clinical setting.	<input type="text"/>
16. Displays organization and preparedness for all clinical sessions.	<input type="text"/>

Total number of items scored: 0 Total number of points: 0 Section Average: 0

Comments:

Save

**Improvements Since Last Evaluation:**

**Strengths/Challenges:**

**Recommendations for Improving Clinical Skills:**



Total points (all sections included):   0   Adjustment:   0.0    
divided by total number of items   0    
Evaluation score:   \_    
Letter grade   \_    
Quality points:   \_  

Final submission (if this box is checked, no more changes will be allowed!)

Standards referenced herein are those contained in the Membership and Certification Handbook of the American Speech-Language-Hearing Association. Readers are directed to the [ASHA Web site](#) to access the standards in their entirety.



University of Cincinnati  
**CALIPSO**  
 Supervisor Feedback Form  
 Printed for  
 Doe, Jane

## Supervisor Feedback Form

\* Supervisor:

\* Site:

\* Semester:

1. Provided an orientation to the facility and caseload.

- N/A
  No orientation provided. Student oriented him/herself.
  Informal orientation provided.
  Formal orientation provided with supplemental documentation.

2. Provided the student with feedback regarding the skills used in diagnostics.

- N/A
  Comments were vague; and therefore, difficult to apply.
  Comments were useful but lacked specifics or concrete examples.
  Comments were useful, specific, and constructive.

3. Provided the student with feedback regarding the skills used in interviewing.

- N/A
  Comments were vague; and therefore, difficult to apply.
  Comments were useful but lacked specifics or concrete examples.
  Comments were useful, specific, and constructive.

4. Provided the student with feedback regarding the skills used in conferences.

- N/A
  Comments were vague; and therefore, difficult to apply.
  Comments were useful but lacked specifics or concrete examples.
  Comments were useful, specific, and constructive.

5. Provided the student with feedback regarding the skills used in behavioral management.

- N/A
  Comments were vague; and therefore, difficult to apply.
  Comments were useful but lacked specifics or concrete examples.
  Comments were useful, specific, and constructive.

6. Provided the student with feedback regarding the skills used in therapy.

- N/A
  Comments were vague; and therefore, difficult to apply.
  Comments were useful but lacked specifics or concrete examples.
  Comments were useful, specific, and constructive.

7. Provided the student with feedback regarding his/her selection of diagnostic or therapy materials.

- N/A
  Comments were vague; and therefore, difficult to apply.
  Comments were useful but lacked specifics or concrete examples.
  Comments were useful, specific, and constructive.

8. Explained and/or demonstrated clinical procedures to assist student in clinical skills development.

- N/A
  Provided minimal explanations and/or demonstrations.
  Provided adequate explanations and/or demonstrations when requested.
  Provided thorough explanations and/or demonstrations for all clinical procedures.

9. Utilized evidence-based practice.

- N/A
  Rarely referenced current literature.
  Occasionally referenced current literature.
  Frequently referenced current literature.

10. Encouraged student independence and creativity.

- N/A
  Minimally receptive to new ideas and differing techniques.
  Somewhat receptive to new ideas and differing techniques but did not encourage them.
  Very receptive to new ideas and encouraged use of own techniques.

11. Provided positive reinforcement of student's successes and efforts.

- N/A
  Rarely commented on successes and efforts.
  Occasionally commented on successes and efforts.
  Frequently commented on successes and efforts.

12. Provided student with written and/or verbal recommendations for improvement.

- N/A
  Rarely provided written and/or verbal recommendations except on midterm and final evaluations.
  Occasionally provided written and/or verbal recommendations in addition to the midterm and final evaluations.
  Systematically provided written and/or verbal recommendations in addition to the midterm and final evaluations.

13. Demonstrated enthusiasm and interest in the profession and in providing clinical services.

- N/A
  Enthusiasm and interest rarely observed; frequent negative comments.
  Enthusiasm and interest occasionally observed; occasional negative comments.
  Enthusiasm and interest regularly observed; frequent positive and optimistic comments.

14. Demonstrated effective interpersonal communication with student.

- N/A
  Seemed uninterested and/or unwilling to listen or respond to student's needs.
  Some interest in student's needs shown, but communication lacked sensitivity.
  Aware of and sensitive to student's needs; open and effective communication.

15. Receptive to questions.

- N/A
  Unwilling to take time to answer questions.
  Answered questions inconsistently.
  Answered questions with helpful information or additional resources which encouraged me to think for myself.

16. Available to me when I requested assistance.

- N/A
  Supervisor was rarely available.
  Supervisor was occasionally available.
  Supervisor was always available.

17. Utilized effective organizational and management skills.

- N/A
  Rarely organized; showed difficulty balancing supervisory and clinical responsibilities.
  Somewhat organized; balanced supervisory and clinical responsibilities with little difficulty.
  Always organized; balanced supervisory and clinical responsibilities with ease.

18. Referred me to or provided me with additional resources (materials, articles, video tapes, etc.)

- N/A
  Provided minimal or no additional resources.
  Provided helpful resources upon student request.
  Provided helpful resources without student request.

19. Realistically demanding of me as a student intern.

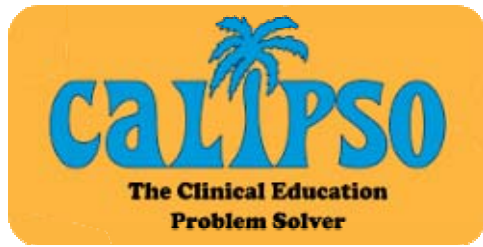
- N/A
  Expectations were either too high or too low for level of experience with no attempts to adjust.
  Expectations were generally appropriate for my level of experience.
  Expectations were individualized and adjusted according to my strengths and weaknesses.

Overall, how would you rate this clinical experience?

Additional comments?

What experience during this practicum provided you with the greatest learning opportunity

Submit feedback



## CALIPSO INSTRUCTIONS FOR CLINICAL SUPERVISORS

<https://www.calipsoclient.com/uc>

### Step 1: Register as a Supervisor on CALIPSO (Clinical Assessment of Learning, Inventory of Performance, and Streamlined Office-Operations)

- Before registering, have available your 1) PIN provided by the Clinical Coordinator, 2) ASHA card, 3) state licensure card, and 4) teacher certification information if applicable. If possible, have available scanned copies of your certification and licensure cards for upload during the registration process.
- Go to <https://www.calipsoclient.com/uc>
- Click on the “Supervisor” registration link located below the login button.
- Complete the requested information and click “Register.”
- On the following screen, again complete the requested information and click “Save” at the bottom of the page. A “Registration Complete” message will be displayed and you will automatically be logged into CALIPSO.

### Step 2: Login to CALIPSO

- For subsequent logins, go to <https://www.calipsoclient.com/uc> and login to CALIPSO using your 8-digit ASHA number and **password that you created for yourself during the registration process (step one.)**

### Step 3: Select Supervisee / Student

- Locate “Change class to:” and select from the drop-down menu the appropriate class
- Click “Change.”
- Click on “Student Information”
- Locate “Add Student of Interest” and select your student from the drop-down menu.
- Click “Add.”

#### Step 4: View Student Clock Hour Records

- Click on “Clockhours” then “Experience Record” to view a summary of clock hours obtained and clock hours needed.
- Students may be required to gain a minimum of (20) hours in the evaluation and treatment of children and adults for both speech and language disorders which is summarized in the table at the bottom of the page.
- Please note the student’s Clinical Competency Level (I, II, or III) on the page header if applicable.
- Print/save clock hour record by clicking “Print Experience Record.”
- Click “Student Information” located within the blue stripe to return to the student list.

#### Step 5: View Student Cumulative Evaluation

- Click on “Cumulative evaluation” to view a summary of your student’s clinical competency across the 9 disorder areas.
- Upon completion of the clinical program, students must have an average score of 3.0 or higher for all clinical competencies listed on the form.
- Please make note of any areas of deficiency (highlighted in orange.)
- Click “Student Information” located within the blue stripe to return to the student list.

#### Step 6: View Student Immunization and Compliance Records

- Click “Compliance/Immunizations” to view a record of compliance and immunization documents.
- To create a document to save and/or print, click “PDF.”
- An electronic file of the original documents can be accessed, if necessary and if uploaded by the Clinical Coordinator, by clicking “Files” located within the blue stripe.
- Click “Home” located within the blue stripe to return to the home page.

#### Step 7: Complete Site Information Form

- From the home page, click on the “Site Information Forms” link under the Management header.
- Click “Add new form.”
- Complete the requested information and click “Save.”

## Step 8: Upload Files for Student or Clinical Administrator (optional)

- The file management feature allows you to upload any type of file (e.g. Word, PDF, JPEG, audio/video) pertinent to the clinical experience for a specific student.
- Select the desired student and then click on the “Clinical Placement” link to upload your own file and/or view a file uploaded by your student.
- **First, select a folder by clicking on the folder name or create a new folder or subfolder.** To create a new folder or subfolder, type in desired folder name in the "Add folder" field and press "create."
- **Upload a file** by pressing the “Browse” button, selecting a file, completing the requested fields, and clicking "upload." The upload fields will display if you have selected an unrestricted folder. **Set the file permission** by choosing “public” for student and clinical administrator access or “private” for clinical administrator access only.
- **Move files** by dragging and dropping from one folder to another.
- **Delete files** by clicking the “delete” button next to the file name. **Delete folders** by deleting all files from the folder. Once all the files within the folder have been deleted, a “delete” link will appear to the right of the folder name.

## Step 9: Complete Midterm Evaluation

- Login to CALIPSO (step two)
- Select the desired “Class” and click “change.”
- Click “New evaluation”.
- Complete required fields designated with an asterisk and press save.
- Continue completing evaluation by scoring all applicable skills across the Big 9 using the provided scoring method and saving frequently to avoid loss of data.
- Once the evaluation is complete, review it with the student. Type his/her name with the corresponding date as well as your name with the corresponding date located at the bottom of the page.
- Check the “final submission” box located just below the signatures.
- Click “save.”
- Receive message stating “evaluation recorded.”
- Please note: you may edit and save the evaluation as often as you wish until the final submission box is checked. Once the final submission box is checked and the evaluation saved, the status will change from “in progress” to “final”. Students will then have access to view the submitted evaluation when logged into the system.
- To view the evaluation, click “Student Information” located within the blue stripe then “evaluations” located to the right of the student’s name.

## Step 10: Complete Final Evaluation

- Login to CALIPSO (step two)
- Select the desired “Class” and click “change.”
- Click “Student Information” then “evaluations” located to the right of the student’s name.
- Identify the evaluation completed at midterm and click on “Make a duplicate of this evaluation.”
- The duplicated evaluation will appear in the evaluations list.
- Identify the duplicate (noted as “in progress”) and click on the “current evaluation” link highlighted in blue.
- Change “Evaluation type” from midterm to final.
- Complete evaluation by changing and/or adding scores for applicable skills across the Big 9 using the provided scoring method and saving frequently to avoid loss of data.
- Once the evaluation is complete, review it with the student. Type his/her name with the corresponding date as well as your name with the corresponding date located at the bottom of the page.
- Check the “final submission” box located just below the signatures.
- Click “save.”
- Receive message stating “evaluation recorded.”

## Step 11: Approve Clock Hours

- At the completion of the rotation or as often as directed, your student will log their clock hours into CALIPSO.
- An automatically generated e-mail will be sent notifying you that clock hours have been submitted and are awaiting approval.
- Login to CALIPSO (step two.)
- Click “clockhour forms pending approval.”
- Identify your current student’s record.
- Click “View/Edit” in the far right column.
- Review hours, making changes if necessary.
- Complete the % of time the student was observed while conducting evaluations and providing treatment.
- Approve clock hours by selecting “yes” beside “Supervisor approval” located at the bottom of the page.
- Click “Save.”

## Step 12: View Your Supervisory Summary

- For an official record of this supervisory experience (past or present), click on the “Supervision summary” link located under the Management header on the home page.
- Select “Printable view (PDF)” to create a document to save and/or print.

## Step 13: View Your Supervisory Feedback

- At the completion of the rotation, your student will complete a supervisory feedback form in CALIPSO.
- An automatically generated e-mail will be sent stating that you have feedback available to view.
- Login to CALIPSO (step two)
- Select the desired “Class” and click “change.”
- Click “Supervisor feedback forms.”
- Click “View/Edit” in the far right column.

## Step 14: Update Your Information

- Update e-mail address changes, name changes, certification expiration dates with corresponding scanned copies of your card by logging into CALIPSO (step two.)
- Click “Update your information.”
- Make changes and click “save” and/or click “Edit licenses and certification.”
- Update information and upload supporting files and click “save” located at the bottom of the screen.





**Office of Risk Management  
and Insurance**

University of Cincinnati  
PO Box 670785  
Cincinnati, OH 45267-0785

118 Mont Reid Pavilion

(513) 584-5042  
(513) 584-5559 Fax

January 6, 2016

RE: Insurance Verification

To Whom It May Concern:

This letter is intended to verify insurance coverage.

The University of Cincinnati, through its Office of Risk Management and Insurance, maintains a comprehensive program of self-insurance and commercially purchased insurance, covering property, casualty and liability exposures to the University and its employees, agents, and volunteers, while acting on the University's behalf. Students are covered under this program for Professional (patient care) liability only, while engaged in clinical rotations at the request or direction of the University through a health care education program and for General Liability while engaged in internships, for liabilities arising within the scope of those internships.

The primary level of insurance for general and professional (patient care) liability is provided through a self-insurance program, consisting of trust funds maintained by an independent trustee and actuarially supported to liability limits of \$100,000 per occurrence for general liability and \$4 Million per occurrence for professional liability. The funds financial soundness is reviewed and certified annually by an outside actuarial firm. We also participate in a self-insurance program among several state universities in Ohio for automobile liability and general liability insurance coverage's. In addition, commercially purchased excess insurance is provided above the primary liability insurance coverage's with limits of \$15 Million and higher depending on the type of claim. However, because the primary level of coverage is through self-insurance, there is no "Certificate of Insurance" for this coverage, and additional insured parties cannot be named.

Worker's Compensation insurance for University employees is provided through the state fund. We have been assigned a "Worker's Compensation Risk Number", however, there is not a "certificate" for that coverage.

If there are any further questions, please feel free to contact the University of Cincinnati Office of Risk Management and Insurance at 513-584-5042.

Sincerely,

A handwritten signature in black ink, appearing to read 'Anita Ingram'.

Anita Ingram, ARM, MBA, MTS  
Assistant VP/Chief Risk Officer

**DEPARTMENT OF COMMUNICATION SCIENCES AND DISORDERS  
SPEECH-LANGUAGE PATHOLOGY  
PRACTICUM REMEDIATION/ACTION PLAN**

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor: \_\_\_\_\_

U. C. Liaison: \_\_\_\_\_

1. Identify (and agree to) competencies not being met during the practicum period:

\_\_\_\_\_

Skills:

Assessment: \_\_\_\_\_

\_\_\_\_\_

Intervention: \_\_\_\_\_

\_\_\_\_\_

Interaction/Person Qualities: \_\_\_\_\_

\_\_\_\_\_

2. Plan of

Action: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Action Steps Achieved: \_\_\_\_\_

Date: \_\_\_\_\_

If Not Achieved: \_\_\_\_\_

\_\_\_\_\_ Extend time at site

\_\_\_\_\_ Practicum at another site

\_\_\_\_\_ Terminate practicum

\_\_\_\_\_ Other

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Practicum Supervisor: \_\_\_\_\_ Student: \_\_\_\_\_

University Liaison \_\_\_\_\_

## **Action Plan Outcome Practicum**

Students enrolled in practicum during their first or second year will need to achieve competency levels (of 3 and 4's respectively) in each disorder area experienced and in professional codes of conduct.

Students enrolled in practicum during their second year must achieve competencies at a 4 level in the nine areas of disorder types reflected on the SAMS (Student Assessment Management System) document. Competencies are achieved in the areas which reflect their current patient load. At the end of each semester, their competencies will be assessed and competency needs reviewed in order to achieve all 4's by graduation.

If a supervisor feels that, at any time, a student is not moving along the continuum for independence, she or he will contact the University liaisons who will meet with the supervisor and student to develop an Action/Remedial plan. All will agree to the plan and its consequences and sign the form. This form plus any additional documentation regarding final outcome will be placed in the student's CALIPSO account under Clinical Placement. If the student is not able to achieve the action steps at the end of the semester, they will not pass competencies for that practicum site. Some clinical hours may be given depending on the circumstances and agreed upon by the supervisor and university liaison. Students may be required to extend their practicum in order to meet competency levels or perform practicum at another site. Another plan or course of action may need to be developed depending on specific circumstances.

If a student has not met competencies at a site, they will be placed on practicum probation for the following semester which requires successful fulfillment of the remediation/action plan. If a student receives an action plan at two sites and is not successful in gaining the needed competencies, practicum will be terminated. The supervisor and student will meet throughout the action plan process and the student will be notified when all steps have been completed satisfactorily.



AMERICAN  
SPEECH-LANGUAGE-  
HEARING  
ASSOCIATION

# Knowledge and Skills Needed by Speech- Language Pathologists Providing Clinical Supervision

*Ad Hoc Committee on Supervision in Speech-Language Pathology*

Reference this material as: American Speech-Language-Hearing Association. (2008). *Knowledge and Skills Needed by Speech-Language Pathologists Providing Clinical Supervision* [Knowledge and Skills].

Available from [www.asha.org/policy](http://www.asha.org/policy).

Index terms: supervision

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## About This Document

This knowledge and skills document is an official statement of the American Speech-Language-Hearing Association (ASHA). This knowledge and skills statement was developed by the Ad Hoc Committee on Supervision. Members of the committee were Lisa O'Connor (chair), Christine Baron, Thalia Coleman, Barbara Conrad, Wren Newman, Kathy Panther, and Janet E. Brown (ex officio). Brian B. Shulman, vice president for professional practices in speech-language pathology (2006–2008), served as the monitoring officer. This document was approved by the Board of Directors on March 12, 2008.

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## Knowledge and Skills

This document accompanies ASHA's policy documents *Clinical Supervision in Speech-Language Pathology: Position Statement* and *Technical Report* (ASHA, 2008a, 2008b). ASHA's position statement affirms that clinical supervision (also called clinical teaching or clinical education) is a distinct area of expertise and practice, and that it is critically important that individuals who engage in supervision obtain education in the supervisory process. The role of supervisor may include administrative responsibilities in some settings, and, should this be the case, the supervisor will have two major responsibilities: clinical teaching and program management tasks. However, the knowledge and skills addressed in this document are focused on the essential elements of being a clinical educator in any service delivery setting with students, clinical fellows, and professionals.

Professionals looking for guidance in supervising support personnel should refer to the ASHA position statement and knowledge and skills documents on that topic (ASHA, 2002, 2004a, 2004b).

ASHA's technical report on clinical supervision in speech-language pathology (2008b) cites Jean Anderson's (1988) definition of supervision:

Supervision is a process that consists of a variety of patterns of behavior, the appropriateness of which depends on the needs, competencies, expectations and philosophies of the supervisor and the supervisee and the specifics of the situation (tasks, client, setting and other variables). The goals of the supervisory process are the professional growth and development of the supervisee and the supervisor, which it is assumed will result ultimately in optimal service to clients. (p. 12)

The ASHA technical report (2008b) adds the following elements to the above definition:

Professional growth and development of the supervisee and the supervisor are enhanced when supervision or clinical teaching involves self-analysis and self-evaluation. Effective clinical teaching also promotes the use of critical thinking and problem-solving skills on the part of the individual being supervised. (p. 3)

This expanded definition was used as a basis for the following knowledge and skills statements.

## **Developing Knowledge and Skills**

All certified SLPs have received supervision during their student practica and clinical fellowship; however, this by itself does not ensure competence as a supervisor. Furthermore, achieving clinical competence does not imply that one has the special skills required to be an effective supervisor. ASHA does not have specific requirements for coursework or credentials to serve as a supervisor; however, some states or settings may require coursework and/or years of experience to serve as a supervisor. Knowledge and skills may be developed in a variety of ways: participating in courses or workshops on supervision, engaging in self-study, participating in Division 11 (Administration and Supervision), and gaining mentored experiences under the guidance of an experienced clinical educator.

The following 11 items represent core areas of knowledge and skills. The supervisee is an essential partner in the supervisory process; however, these areas are presented from the perspective of knowledge and skills that should be acquired by the supervisor.

### ***I. Preparation for the Supervisory Experience***

#### **A. Knowledge Required**

1. Be familiar with the literature on supervision and the impact of supervisor behaviors on the growth and development of the supervisee.
2. Recognize that planning and goal setting are critical components of the supervisory process both for the clinical care provided to the client by the supervisee and for the professional growth of the supervisee.
3. Understand the value of different observation formats to benefit supervisee growth and development.
4. Understand the importance of implementing a supervisory style that corresponds to the knowledge and skill level of the supervisee.
5. Understand the basic principles and dynamics of effective collaboration.
6. Be familiar with data collection methods and tools for analysis of clinical behaviors.
7. Understand types and uses of technology and their application in supervision.

#### **B. Skills Required**

1. Facilitate an understanding of the supervisory process that includes the objectives of supervision, the roles of the participants, the components of the supervisory process, and a clear description of the assigned tasks and responsibilities.
2. Assist the supervisee in formulating goals for the clinical and supervisory processes, as needed.
3. Assess the supervisee's knowledge, skills, and prior experiences in relationship to the clients served.
4. Adapt or develop observational formats that facilitate objective data collection.
5. Be able to select and apply a supervisory style based on the needs of the clients served, and the knowledge and skill of the supervisee.
6. Model effective collaboration and communication skills in interdisciplinary teams.
7. Be able to analyze the data collected to facilitate the supervisee's clinical skill development and professional growth.

8. Use technology as appropriate to enhance communication effectiveness and efficiency in the supervisory process.

## ***II. Interpersonal Communication and the Supervisor-Supervisee Relationship***

### **A. Knowledge Required**

1. Understand the basic principles and dynamics of effective interpersonal communication.
2. Understand different learning styles and how to work most effectively with each style in the supervisory relationship.
3. Understand how differences in age, gender, culture, social roles, and self-concept can present challenges to effective interpersonal communication.
4. Understand the importance of effective listening skills.
5. Understand differences in communication styles, including cultural/linguistic, generational, and gender differences, and how this may have an impact on the working relationship with the supervisee.
6. Be familiar with research on supervision in terms of developing supervisory relationships and in analyzing supervisor and supervisee behaviors.
7. Understand key principles of conflict resolution.

### **B. Skills Required**

1. Demonstrate the use of effective interpersonal skills.
2. Facilitate the supervisee's use of interpersonal communication skills that will maximize communication effectiveness.
3. Recognize and accommodate differences in learning styles as part of the supervisory process.
4. Recognize and be able to address the challenges to successful communication interactions (e.g., generational and/or gender differences and cultural/linguistic factors).
5. Recognize and accommodate differences in communication styles.
6. Demonstrate behaviors that facilitate effective listening (e.g., silent listening, questioning, paraphrasing, empathizing, and supporting).
7. Maintain a professional and supportive relationship that allows for both supervisee and supervisor growth.
8. Apply research on supervision in developing supervisory relationships and in analyzing supervisor and supervisee behaviors.
9. Conduct a supervisor self-assessment to identify strengths as well as areas that need improvement (e.g., interpersonal communication).
10. Use appropriate conflict resolution strategies.

## ***III. Development of the Supervisee's Critical Thinking and Problem-Solving Skills***

### **A. Knowledge Required**

1. Understand methods of collecting data to analyze the clinical and supervisory processes.
2. Understand how data can be used to facilitate change in client, clinician, and/or supervisory behaviors.
3. Understand how communication style influences the supervisee's development of critical thinking and problem-solving skills.

4. Understand the use of self-evaluation to promote supervisee growth.

**B. Skills Required**

1. Assist the supervisee in using a variety of data collection procedures.
2. Assist the supervisee in objectively analyzing and interpreting the data obtained and in understanding how to use it for modification of intervention plans.
3. Assist the supervisee in identifying salient patterns in either clinician or client behavior that facilitate or hinder learning.
4. Use language that fosters independent thinking and assists the supervisee in recognizing and defining problems, and in developing solutions.
5. Assist the supervisee in determining whether the objectives for the client and/or the supervisory experience have been met.

***IV. Development of the Supervisee's Clinical Competence in Assessment***

**A. Knowledge Required**

1. Understand and demonstrate best practices, including the application of current research in speech-language pathology, for assessing clients with specific communication and swallowing disorders.
2. Understand principles and techniques for establishing an effective client–clinician relationship.
3. Understand assessment tools and techniques specific to the clients served.
4. Understand the principles of counseling when providing assessment results.
5. Understand and demonstrate alternative assessment procedures for linguistically diverse clients, including the use of interpreters and culture brokers.

**B. Skills Required**

1. Facilitate the supervisee's use of best practices in assessment, including the application of current research to the assessment process.
2. Facilitate the supervisee's use of verbal and nonverbal behaviors to establish an effective client–clinician relationship.
3. Assist the supervisee in selecting and using assessment tools and techniques specific to the clients served.
4. Assist the supervisee in providing rationales for the selected procedures.
5. Demonstrate how to integrate assessment findings and observations to diagnose and develop appropriate recommendations for intervention and/or management.
6. Provide instruction, modeling, and/or feedback in counseling clients and/or caregivers about assessment results and recommendations in a respectful and sensitive manner.
7. Facilitate the supervisee's ability to use alternative assessment procedures for linguistically diverse clients.

***V. Development of the Supervisee's Clinical Competence in Intervention***

**A. Knowledge Required**

1. Understand best practices, including the application of current research in speech-language pathology, for developing a treatment plan for and providing intervention to clients with specific communication and swallowing disorders.



2. Be familiar with intervention materials, procedures, and techniques that are evidence based.
3. Be familiar with methods of data collection to analyze client behaviors and performance.
4. Understand the role of counseling in the therapeutic process.
5. Know when and how to identify and use resources for intervention with linguistically diverse clients.

**B. Skills Required**

1. Assist the supervisee in developing and prioritizing appropriate treatment goals.
2. Facilitate the supervisee's consideration of evidence in selecting materials, procedures, and techniques, and in providing a rationale for their use.
3. Assist the supervisee in selecting and using a variety of clinical materials and techniques appropriate to the clients served, and in providing a rationale for their use.
4. Demonstrate the use of a variety of data collection procedures appropriate to the specific clinical situation.
5. Assist the supervisee in analyzing the data collected in order to reformulate goals, treatment plans, procedures, and techniques.
6. Facilitate supervisee's effective use of counseling to promote and facilitate change in client and/or caregiver behavior.
7. Facilitate the supervisee's use of alternative intervention materials or techniques for linguistically diverse clients.

**VI. Supervisory Conferences or Meetings of Clinical Teaching Teams**

**A. Knowledge Required**

1. Understand the importance of scheduling regular supervisory conferences and/or team meetings.
2. Understand the use of supervisory conferences to address salient issues relevant to the professional growth of both the supervisor and the supervisee.
3. Understand the need to involve the supervisee in jointly establishing the conference agenda (e.g., purpose, content, timing, and rationale).
4. Understand how to facilitate a joint discussion of clinical or supervisory issues.
5. Understand the characteristics of constructive feedback and the strategies for providing such feedback.
6. Understand the importance of data collection and analysis for evaluating the effectiveness of conferences and/or team meetings.
7. Demonstrate collaborative behaviors when functioning as part of a service delivery team.

**B. Skills Required**

1. Regularly schedule supervisory conferences and/or team meetings.
2. Facilitate planning of supervisory conference agendas in collaboration with the supervisee.
3. Select items for the conference based on saliency, accessibility of patterns for treatment, and the use of data that are appropriate for measuring the accomplishment of clinical and supervisory objectives.

4. Use active listening as well as verbal and nonverbal response behaviors that facilitate the supervisee's active participation in the conference.
5. Ability to use the type of questions that stimulate thinking and promote problem solving by the supervisee.
6. Provide feedback that is descriptive and objective rather than evaluative.
7. Use data collection to analyze the extent to which the content and dynamics of the conference are facilitating goal achievement, desired outcomes, and planned changes.
8. Assist the supervisee in collaborating and functioning effectively as a member of a service delivery team.

### ***VII. Evaluating the Growth of the Supervisee Both as a Clinician and as a Professional***

#### **A. Knowledge Required**

1. Recognize the significance of the supervisory role in clinical accountability to the clients served and to the growth of the supervisee.
2. Understand the evaluation process as a collaborative activity and facilitate the involvement of the supervisee in this process.
3. Understand the purposes and use of evaluation tools to measure the clinical and professional growth of the supervisee.
4. Understand the differences between subjective and objective aspects of evaluation.
5. Understand strategies that foster self-evaluation.

#### **B. Skills Required**

1. Use data collection methods that will assist in analyzing the relationship between client/supervisee behaviors and specific clinical outcomes.
2. Identify and/or develop and appropriately use evaluation tools that measure the clinical and professional growth of the supervisee.
3. Analyze data collected prior to formulating conclusions and evaluating the supervisee's clinical skills.
4. Provide verbal and written feedback that is descriptive and objective in a timely manner.
5. Assist the supervisee in describing and measuring his or her own progress and achievement.

### ***VIII. Diversity (Ability, Race, Ethnicity, Gender, Age, Culture, Language, Class, Experience, and Education)***

#### **A. Knowledge Required**

1. Understand how differences (e.g., race, culture, gender, age) may influence learning and behavioral styles and how to adjust supervisory style to meet the supervisee's needs.
2. Understand the role culture plays in the way individuals interact with those in positions of authority.
3. Consider cross-cultural differences in determining appropriate feedback mechanisms and modes.
4. Understand impact of assimilation and/or acculturation processes on a person's behavioral response style.
5. Understand impact of culture and language differences on clinician interactions with clients and/or family members.

**B. Skills Required**

1. Create a learning and work environment that uses the strengths and expertise of all participants.
2. Demonstrate empathy and concern for others as evidenced by behaviors such as active listening, asking questions, and facilitating open and honest communication.
3. Apply culturally appropriate methods for providing feedback to supervisees.
4. Know when to consult someone who can serve as a cultural mediator or advisor concerning effective strategies for culturally appropriate interactions with individuals (clients and supervisees) from specific backgrounds.
5. Demonstrate the effective use of interpreters, translators, and/or culture brokers as appropriate for clients from diverse backgrounds.

***IX. The Development and Maintenance of Clinical and Supervisory Documentation***

**A. Knowledge Required**

1. Understand the value of accurate and timely documentation.
2. Understand effective record-keeping systems and practices for clinically related interactions.
3. Understand current regulatory requirements for clinical documentation in different settings (e.g., health care, schools).
4. Be familiar with documentation formats used in different settings.

**B. Skills Required**

1. Facilitate the supervisee's ability to complete clinical documentation accurately and effectively, and in compliance with accrediting and regulatory agencies and third party funding sources.
2. Assist the supervisee in sharing information collaboratively while adhering to requirements for confidentiality (e.g., HIPAA, FERPA).
3. Assist the supervisee in maintaining documentation regarding supervisory interactions (e.g., Clinical Fellowship requirements).

***X. Ethical, Regulatory, and Legal Requirements***

**A. Knowledge Required**

1. Understand current standards for student supervision (Council on Academic Accreditation in Audiology and Speech-Language Pathology, 2004)
2. Understand current standards for mentoring clinical fellows (Council for Clinical Certification in Audiology and Speech-Language Pathology, 2005).
3. Understand current ASHA Code of Ethics rules, particularly regarding supervision, competence, delegation, representation of credentials, and interprofessional and intraprofessional relationships.
4. Understand current state licensure board requirements for supervision.
5. Understand state, national, and setting-specific requirements for confidentiality and privacy, billing, and documentation policies.

**B. Skills Required**

1. Adhere to all ASHA, state, and facility standards, regulations, and requirements for supervision.

2. Assist the supervisee in adhering to standards, regulations, and setting-specific requirements for documentation, billing, and protection of privacy and confidentiality.
3. Demonstrate ethical behaviors in both interprofessional and intraprofessional relationships.
4. Assist the supervisee in conforming with standards and regulations for professional conduct.
5. Assist the supervisee in developing strategies to remain current with standards and regulations throughout their professional careers.

## ***XI. Principles of Mentoring***

### **A. Knowledge Required**

1. Understand the similarities and differences between supervision and mentoring.
2. Understand how the skill level of the supervisee influences the mentoring process (e.g., mentoring is more appropriate with individuals who are approaching the self-supervision stage).
3. Understand how to facilitate the professional and personal growth of supervisees.
4. Understand the key aspects of mentoring, including educating, modeling, consulting, coaching, encouraging, supporting, and counseling.

### **B. Skills Required**

1. Model professional and personal behaviors necessary for maintenance and life-long development of professional competency.
2. Foster a mutually trusting relationship with the supervisee.
3. Communicate in a manner that provides support and encouragement.
4. Provide professional growth opportunities to the supervisee.

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