This handbook is intended to provide all students in the speech-language pathology master's degree program with basic information about academic degree requirements for a major in Speech and Hearing Sciences. Read it carefully and see the Coordinator of the Speech-Language Pathology Graduate Program if you have any questions about any part of what is written here. This handbook supplements, but does not supersede, the degree requirements found in the Graduate School Bulletin. You should have a copy of the Bulletin which governs your degree program, and you are expected to be familiar with its contents (CONTAINS ALL REGULATIONS PASSED BY THE FACULTY AS OF AUGUST 2014. APPLIES TO ALL MASTER'S STUDENTS WHOSE PROGRAMS ARE PLANNED AFTER THAT DATE.)
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THE JOB OUTLOOK FOR THE FUTURE

While it is difficult to predict exactly what the job market will be in any profession in years to come, we do know that a number of factors are influencing an increase in the demand for speech, language and hearing professionals. For example, public law mandates that all children with impairments receive a free and appropriate public education and that personnel providing services to children with impairments be qualified. This is resulting in the employment of more speech-language professionals in schools. Additionally, the increasing number of older Americans in the U.S. who are susceptible to strokes, dementing illnesses, and other conditions frequently require the services of speech-language pathologists. Motor vehicle accidents and growing numbers of veterans returning from war continue to cause head and neck injuries, which result in cognitive, speech, and language impairment. All told, the demand for services provided by speech-language pathologists has been projected to be high through the first quarter of the 21st century.

PREPARING FOR THE PROFESSION

The Certificate of Clinical Competence (CCC) of the American Speech-Language-Hearing Association (ASHA) is the only professional credential for speech-language pathologists recognized in every state. Currently, candidates for the CCC must have completed the master’s degree or its equivalent and nine months of supervised professional experience and must pass a national exam. Although certification is a voluntary process, most clinics, hospitals, and other service facilities require their employees to have the CCC. Forty-six states also require that speech-language pathologists be licensed.

UNDERGRADUATE PREPARATION

Students must have a bachelor’s degree (typically in speech and hearing sciences or communication sciences and disorders) with a minimum grade point average of 3.0 from an accredited college or university (or its equivalent from a foreign institution) to be eligible for admission into the master’s degree program. Students must also complete undergraduate coursework in the following areas. If you are a non-major and have not completed work in these areas, you will be required to take these classes prior to, or concurrent with, the graduate courses described on subsequent pages (at a minimum, the first three courses must be completed prior to matriculation; the remaining two courses may be taken as an addition to the regular graduate coursework).

<table>
<thead>
<tr>
<th>Course</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phonetics (must include IPA transcription)</td>
<td>3</td>
</tr>
<tr>
<td>Speech Anatomy and Physiology</td>
<td>3</td>
</tr>
<tr>
<td>Child Language Development</td>
<td>3</td>
</tr>
<tr>
<td>Acoustics/Speech Science</td>
<td>3</td>
</tr>
<tr>
<td>Audiology/Hearing Science*</td>
<td>3</td>
</tr>
</tbody>
</table>

*Must include both audiological testing and treatment. This requirement may also be fulfilled with separate courses in audiological assessment and treatment.

In addition to required professional coursework, students hoping to achieve the Certificate of Clinical Competence in speech-language pathology must document, according to ASHA requirements (Standard IV-A),
coursework in the following basic sciences with a minimum grade of D in each course (coursework with a grade below D will not fulfill these requirements):

- **Coursework in biological** (e.g., biology, human anatomy and physiology, neuroanatomy and neurophysiology, human genetics, veterinary science, etc.) and **physical sciences** (e.g., physics, chemistry, astronomy, geology, etc.).
  - The biological and physical science coursework must be taken outside the field of speech and hearing science.
  - A list of IU courses that our program would deem acceptable for meeting the biological and physical science requirements can be found on our departmental web site.
- **Coursework in behavioral and/or social sciences** (e.g., psychology, sociology, anthropology, public health, etc.).
- **Coursework in statistics.** The statistics requirement cannot be met by a research methods course in speech and hearing science.

This coursework may be carried forward from the undergraduate degree, or taken as a continuing education student or at the graduate level; if they are taken at the graduate level, they may not be counted to satisfy any requirements for the Master’s degree. Students are encouraged to visit the ASHA web site to review the above as well as additional certification requirements, as it is ultimately **their responsibility to ensure they have fulfilled certification requirements** (see “Certification/Licensure” below for more information).

### THE GRADUATE SPEECH-LANGUAGE PATHOLOGY PROGRAM

**ACADEMIC REQUIREMENTS**

The graduate programs in Speech-Language Pathology and Audiology are accredited by the Council on Academic Accreditation of the American Speech-Language-Hearing Association. Graduate speech-language pathology students usually take five semesters (including one summer) to complete the master's degree. All graduate students must complete the following requirements:

1. **34 credit hours** of required coursework beyond the bachelor's degree,
2. **4-8 credit hours** of electives OR **1-6 credit hours** of thesis (see “Thesis Option” below),
3. **4-6 credit hours** of clinical practicum,
4. **12 credit hours** of off-campus externships.

**CURRICULUM**

The graduate speech-language pathology curriculum content and sequence is revealed in the following table.

<table>
<thead>
<tr>
<th>Course</th>
<th>Credit Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>S501 - Biological Foundations of Speech and Hearing</td>
<td>3</td>
</tr>
<tr>
<td>S520 - Phonological Disorders</td>
<td>3</td>
</tr>
<tr>
<td>S532 - Language Disorders in Children</td>
<td>3</td>
</tr>
<tr>
<td>S561 - Clinical Methods and Practices</td>
<td>1</td>
</tr>
<tr>
<td>S580 - Critical Thinking about Research in Communication Disorders</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>13</strong></td>
</tr>
</tbody>
</table>
### Spring I

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>S537</td>
<td>Aphasia</td>
<td>3</td>
</tr>
<tr>
<td>S540</td>
<td>Voice Disorders</td>
<td>3</td>
</tr>
<tr>
<td>S550</td>
<td>Stuttering</td>
<td>3</td>
</tr>
<tr>
<td>S561</td>
<td>Clinical Methods and Practices</td>
<td>1</td>
</tr>
<tr>
<td>M463</td>
<td>Methods in Speech &amp; Hearing Therapy*</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>13</strong></td>
</tr>
</tbody>
</table>

### Summer I

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>S544</td>
<td>Dysphagia</td>
<td>3</td>
</tr>
<tr>
<td>S561</td>
<td>Clinical Methods &amp; Practices</td>
<td>1</td>
</tr>
<tr>
<td>1 or 2 Electives OR Thesis</td>
<td></td>
<td>2-4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>6-8</strong></td>
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</tbody>
</table>

### Fall II

<table>
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<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>S531</td>
<td>Cognitive-Communication Disorders in Brain Injury and Disease</td>
<td>3</td>
</tr>
<tr>
<td>S555</td>
<td>Motor Speech Disorders</td>
<td>4</td>
</tr>
<tr>
<td>S563</td>
<td>Clinical Methods and Practices</td>
<td>1-3</td>
</tr>
<tr>
<td>1 or 2 Electives OR Thesis</td>
<td></td>
<td>2-4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>10-14</strong></td>
</tr>
</tbody>
</table>

### Spring II

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>S563</td>
<td>Medical Externship</td>
<td>6</td>
</tr>
<tr>
<td>M550</td>
<td>Practicum: Speech and Hearing (school externship)*</td>
<td>6</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>12</strong></td>
</tr>
</tbody>
</table>

* M463 and M550 are required for Indiana school licensure (see also p. 9).

## Thesis Option

Students choosing to write a thesis must select a thesis committee consisting of at least three academic faculty members from the Department. One of these faculty members will be chosen by the student to chair the committee. Students may choose to include clinical faculty as additional members of the thesis committee. The thesis committee shall: (a) approve the thesis topic based upon a written proposal; (b) assist in guiding the research; (c) conduct an oral defense of the completed project; and, (d) accept the properly written thesis.

Steps to completing a thesis typically include: (a) identifying a thesis advisor/chair and committee; (b) completing a thesis prospectus and obtaining committee approval of that prospectus; (c) completing the thesis project; (d) passing the oral defense; and, (e) submitting the final copy of the thesis to the Graduate School, department, and committee members. Students are expected to provide committee members with hard copies of the prospectus and the final copy of the thesis.

Style and documentation will correspond in form to the professional journals of the American Speech-Language-Hearing Association and the Indiana University Graduate School (see University Graduate School in Kirkwood Hall or [http://graduate.indiana.edu/preparing-theses-and-dissertations.php](http://graduate.indiana.edu/preparing-theses-and-dissertations.php) for guidelines—students are advised that these guidelines vary from semester to semester).

“Use of human subjects” guidelines must be applied to ALL research utilizing human subjects. Approval of the research must be granted by the “Committee on Human Subjects.” Please consult your thesis advisor for complete information.

Students completing a thesis typically register for 3 semester credit hours of S780. The following thesis options are available:
1. **Experimental Group or Single Subject Research Design.** The traditional type of thesis completed in this department. Replication of key studies in the literature is encouraged.

2. **Library Research Design.** The project will include minimally: 1) comprehensive review of pertinent English language literature; 2) critique and discussion of unresolved issues in the field; and, 3) conclusion and implications for theory/therapy and further research.

3. **Individual Case Study Design.**
   a) Client must present evaluation, management, and treatment of problem(s) sufficiently interesting to warrant research attention.
   b) Thesis supervisor and the clinical director must approve client choice and assessment/ intervention procedures prior to data collection.
   c) Student must research the literature for relevant diagnostic tools, treatment considerations, assessment strategies, interdisciplinary referral and consultation needs, and theoretical considerations. A written report of the literature as applied to the client is required.

THE GRADUATE SPEECH-LANGUAGE PATHOLOGY PROGRAM

CLINICAL REQUIREMENTS

**Practicum**

Graduate students are required to enroll in practicum (i.e., S561) every semester during which they are in residence as full-time students, with a four semester minimum. Students enrolled in clinical practicum in speech-language pathology will be required to attend class meetings and participate in assigned clinical practicum, unless alternative arrangements have been made in advance with the Speech-Language Clinic Director. Students at Indiana University who desire certification to practice as speech-language pathologists will be provided with the opportunity to obtain the proper number and distribution of supervised clinical contact hours. The hours of supervised clinical practicum required by ASHA are, however, to be regarded as minimum hours. It is the policy of this training program that students should have the maximum possible amount of supervised clinical practicum before leaving the program. For this reason, no student should regard the number of hours required by ASHA as the total number of hours she or he is expected to acquire. Only direct contact with the client or the client’s family in assessment, management, and/or counseling can be counted toward practicum in speech-language pathology. Students transferring from other institutions should arrange to have any previously obtained practicum hours verified and sent to the Speech-Language Clinic Director.

Additionally, our department's policy is that students who are working and counting hours toward certification also need to be admitted and enrolled in the master's program while they are working. The department cannot go back and be accountable for hours that were acquired when it was not a partner in the “contract” between the student and his or her work site; there is no way the department can stipulate, after the fact, that ASHA supervision as well as other standards were met under those conditions. ASHA policy was established to permit students who were employed with a bachelor's degree to work toward the master's degree and certification without needing to leave employment completely to do so. The word “practicum” above is an important one because it implies status as a student and therefore, admission/enrollment in a graduate program. Therefore the hours that a student accrued during the time between his or her undergraduate and graduate degrees cannot be counted within the 400 for certification because there was no university link for the student during that time period.

Indiana University's Department of Speech and Hearing Sciences makes every effort to help students obtain sufficient clinical practicum across the age span and across disorders (typically exceeding the minimum hours specified by ASHA) on a timely basis prior to exiting the program. However, if special circumstances arise that cause a student to obtain fewer clinical contact hours than recommended in one or more semesters, that student may need to extend her or his clinical training program to fulfill all of the academic and clinical
requirements for the master's degree. Special circumstances may include, but are not limited to, poor academic or clinical performance, as well as situations related to personal necessity, such as pregnancy, extended illness, or emotional difficulties. In some of these special circumstances, documentation from the Office of Student Disability Services or a physician may be required. Another special circumstance may occur when a student requests externship experiences knowing in advance that the experience will be too narrowly focused (e.g., exclusively pediatric) to fulfill the requirements of the clinical training program and possibly ASHA certification requirements.

Students may be assigned by the Speech-Language Clinic Director to the on-campus Robert L. Milisen Speech-Language Clinic for all or part of their practicum assignment for a semester. Students may also be assigned to part-time, off-campus sites as a part of their clinical practicum. These off-campus practicum assignments are made within commuting distance of the campus.

**EXTERNSHIPS**

Students who wish to become certified to work as speech-language pathologists in the schools will be assigned full-time, to a 10-week practicum in the public schools (see also pp. 9). Graduate students who come from other schools where they have already completed the school practicum do not need to repeat that assignment, but may receive an additional hospital or rehabilitation placement. The school practicum must be done in Indiana except in very unusual circumstances. All students also complete a 10- to 12-week, off-campus practicum in a medical setting (e.g., hospital, rehabilitation center), or other type of program in which speech-language pathology services are provided. This assignment may be any place where a site and a certified supervisor can be identified. Students are advised that some hospitals/rehabilitation facilities now require a 12-week externship and thus should clarify the length of the externship when making plans for their off-campus clinical placements.

**PLEASE NOTE!** Times for the school and all other full-time practicum assignments should be projected by the student by midterm of the first semester of graduate school. As soon as that is done, students should see the Coordinator of External Practicum to begin the assignment process. Many sites are assigned over a year in advance, so it is imperative that this planning be done early.

**PRACTICUM AND EXTERNSHIP GRADES**

Students should be aware that satisfactory clinical performance is a part of the department's expectation of them. Every graduate student must enroll in clinical practicum each semester. Only the Speech-Language Clinic Director can waive this requirement. To have the Department Chairperson sign your application for the ASHA Certificate of Clinical Competence, you must complete clinical practicum without having obtained a grade lower than B- in more than one semester (i.e., you must obtain at least a B in clinic for three of the four semesters for which you are enrolled). In addition, should you have one semester with a grade below B-, the practicum hours completed during that semester cannot be counted toward ASHA certification. Without the signature of the Department Chairperson on your application, you will be unable to obtain clinical certification to practice as a speech-language pathologist. Finally, students who receive a practicum grade of B- in any clinical assignment or an unsatisfactory rating on any core section of the Indiana University Evaluation of Speech-Language Pathology Student Practicum form will be placed on clinical probation.

For further information about any of the above clinical requirements as well as further information of clinical practicum policies (e.g., when and how a student may be placed on a clinical contract), students should consult the Clinic Handbook.
EVALUATION OF ACADEMIC AND CLINICAL PROGRESS

It is the goal of the department’s faculty that all students make satisfactory progress toward the master’s degree. We have found that the transition into graduate school can be very difficult for some students because of the increased demands that accompany graduate school and clinical assignments. In an effort to avoid problems and in line with ASHA requirements, the academic and clinical faculty formally reviews the progress of each master’s student at mid-semester throughout their program. If a student is having difficulty in coursework, clinic, or both, the Coordinator of the Speech-Language Pathology Graduate Program will schedule a meeting with the student to find remedies for the problem (e.g., reduce clinical load, reduce credit hours). In cases in which the primary concern is clinical progress, a meeting with the student, Coordinator of the Speech-Language Pathology Graduate Program, and the Speech-Language Clinic Director will be scheduled. Students are reminded that assessment of achievement is a joint effort and the responsibility of students, and clinical and academic faculty members. Students are therefore encouraged to carefully monitor their own academic and clinical progress, and if indicated, initiate discussion, action, or both to assure timely completion of their master’s degree.

Graduate students can receive graduate credit for courses in which a grade of C or better is received. Graduate students, however, must maintain at least a 3.0 overall GPA and are not allowed to repeat a course for graduate credit unless a grade below C has been previously obtained in the course the student would like to retake. Failure to maintain a 3.0 for one semester will put the student on academic probation. The following policies apply to academic probation:

1. Students who are placed on academic probation after their first semester will have clinical assignments reduced or eliminated during their second semester of graduate enrollment. Changes in clinic privileges will be made to help students focus on their academic work to increase their GPAs. Decisions about clinic involvement will be made with input from the student, Coordinator of the Speech-Language Pathology Graduate Program, and Speech-Language Clinic Director. If clinic privileges are restricted, extended enrollment in the department may be necessary to offset the lost clinic hours.

2. Students who receive a cumulative GPA of less than 3.0 for any given semester will be placed on academic probation and will meet with the Coordinator of the Speech-Language Pathology Graduate Program to determine a remediation plan. If that student receives a cumulative GPA below 3.0 in any subsequent semester, the student will be deemed to be making unsatisfactory progress toward the master’s degree, and the case will be brought before the faculty for review and possible dismissal.

3. Students who are on academic probation may not register for the following semester until grades are received for the probationary semester. A letter will be placed in the student’s file indicating that she or he is on probation.

4. Students who are on academic probation and who are receiving Associate Instructor or Research Assistant funding may be in jeopardy of losing this funding. Decisions regarding the continuation of funding will be made by the Coordinator of the Speech-Language Graduate Program, the faculty member for whom the student is working, the Clinic Director, and the Department Chairperson.

CERTIFICATION/LICENSURE

If you wish to work as a professional in the field of speech-language pathology, you will find it very difficult to obtain a position unless you hold the ASHA Certificate of Clinical Competence (CCC). In most states you will also have to obtain a state license and special certification if you work in the schools.
ASHA Certification

Any student who completes the clinical program of the Department of Speech and Hearing Sciences with a clinical master's degree in speech-language pathology is eligible to apply for ASHA certification (CCC-SLP). To do so, they must complete the following:

1) Graduate coursework
2) Supervised clinical practicum
3) National Examination in Speech-Language Pathology (PRAXIS)
4) Clinical Fellowship Year (CF)

The first two requirements must meet the standards specified by ASHA for knowledge and skills acquisition (KASA) (see Appendix I and ASHA website). The other two will be discussed briefly here. Please note that it is the student's responsibility to assure that he or she fulfills all ASHA/KASA certification requirements.

National Examination

All master's degree students should plan to take the examination at or near the completion of their coursework. You may make arrangements to take this at specific times during the year. If you fail the examination, you may repeat it, but you must pass it before you can receive your ASHA certification. The department’s administrative secretary can provide registration materials the semester before you sit for the examination.

Clinical Fellowship

The Clinical Fellowship (CF) is usually completed after your degree is granted. It may be completed during your first year of actual employment as a clinician, or it may be accomplished in certain settings as a 9 to 18 month special position. If all required academic coursework and clinical hours have been completed prior to your assignment to an off-campus practicum and if the supervisor of that practicum is willing to take the responsibility for supervising you as a CF candidate, the time you acquire at the practicum site may be used for partial fulfillment of your CF requirement.

The CF must be supervised by a professional who holds CCC in the area you seek for yourself (speech-language pathology). Specific requirements for the CF can be obtained from ASHA or from the Coordinator of Clinical Services.

School Licensure

Special licensure must be obtained by those who wish to work in the schools. In addition to meeting the ASHA requirements for certification mentioned above, students must take EDUC M463 (Methods in Speech and Hearing Therapy) and EDUC M550 (school externship) because many states require these for school-based practice and licensure. Please see the Coordinator of External Practicum for specific licensing procedures.

Other Important Information

Immunization for Hepatitis-B

The clinical training programs of the Department observe universal precautions as well as preventive public health measures. A part of these procedures requires that each student in Speech-Language Pathology be immunized against Hepatitis-B. This immunization consists of a series of three inoculations which will begin in the fall semester and continue for six months from the date of first injection. The injections can be obtained...
at the Indiana University Student Health Center Immunization Clinic at a cost of $39.50 per injection, for a total of $118.50 for the series. The injections may be paid for at the time you receive them or they may be added to your Bursar's bill; in either case, they may be reimbursable from your health insurance policy. **NO STUDENT WILL BE ASSIGNED TO AN EXTERNSHIP PLACEMENT UNTIL PROOF OF THE COMPLETED SERIES IS DOCUMENTED WITH THE SPEECH-LANGUAGE CLINIC DIRECTOR.** Other insurance and medical concerns will be discussed with you prior to your externship placement.

**Dispute Resolution**

There are always cases of disagreement between individuals, but if a dispute arises between a faculty member, academic or clinical, and student, the student may feel uncertain about how to resolve the problem without prejudice. The following policies have been adopted to give students a forum within which issues can be aired and, hopefully, resolved satisfactorily:

- The best hope is that the disagreement can be resolved by a discussion between the two parties.
- If the dispute cannot be resolved between the principle parties for any reason, the student should bring the complaint to the Department Chairperson. The Chairperson will establish a group, including the complainant, to discuss the issue and reach a resolution. If the preceding steps have failed to assist with dispute resolution and depending on the nature of the dispute, students might also seek assistance from the Office of Women’s Affairs.

**Assistance for Academic, Clinical, or Personal Difficulties**

Students should feel free to meet with the Coordinator of the Speech-Language Pathology Graduate Program or a representative in Counseling and Psychological Services (http://healthcenter.indiana.edu/counseling/), if they are having academic and/or personal difficulties. Students who are having problems related to minority issues should feel free to meet with the Coordinator of the Speech-Language Pathology Graduate Program, department Chairperson, and/or a representative in the Office of Diversity, Equity, and Multicultural Affairs (http://www.indiana.edu/~dema/). Finally, students who are having problems related to clinical assignments should feel free to meet with the Speech-Language Clinic Director. Further information pertaining to the resolution of problems related to clinical assignments is provided in the clinic handbook.

**Calendar**

In general, the clinic begins operation during the first week of classes. Students are required to be available by 8:00 a.m. of the first day of classes to receive their clinical assignments, to attend clinical supervisory meetings, or both.

**Disabled Student Services**

If you are interested in receiving information or assistance regarding support services and/or accommodations for a disability, please contact the Office of Disability Services for Students by phone at (812) 855-7578, by e-mail at iubdss@indiana.edu, or on the web at http://studentaffairs.indiana.edu/disability-services-students/index.shtml. See also Appendix VI.

**Registration**

New university policy with respect to changing or dropping classes is as follows. Students will receive only a partial refund for a course dropped after the first week. Therefore they will have to pay additional tuition if they add another course with the same number of credits. Because nonresident credits are now more than $800, this could represent a costly exchange, and it will even affect graduate students with fee remissions if
they have used the fee remission to its maximum amount. For further information about this new policy see http://bursar.indiana.edu/home/index.php/policies/schedule-adjustment/.

FURTHER INFORMATION

For further information regarding graduate studies at Indiana University, students are encouraged to consult the Graduate Bulletin which is in electronic format at http://www.indiana.edu/~bulletin/iu/gradschool/2013-2014/index.shtml or as a hard copy (http://www.indiana.edu/~bulletin/iub/request.html).

COURSE DESCRIPTIONS

NOTE: The following courses are co-taught with undergraduate level classes. Course numbers and credit hours are subject to change.

A500 – ASL Level One for Graduate Students (3 cr.). Introductory sign language for students with no previous experience. Builds a good basic vocabulary of signs, teaches finger spelling, introduces basic aspects of the grammar, and the proper use of facial expression in sign language conversation. Students are also exposed to Deaf culture.

A550 – ASL Level Two for Graduate Students (3 cr.). P: A500 or consent of instructor. Continues building receptive and expressive abilities. Puts emphasis on the use of signing space, facial grammar, body postures, fluent fingerspelling, and continued vocabulary development. More complex grammatical structures are introduced. Deaf culture component included.

A600 – ASL Level Three for Graduate Students (2 cr.). P: A550 or consent of instructor. Emphasizes the development of conversational ability. Examines more complex grammatical structures, with emphasis on ability to use these structures in conversation. Readings, videos, and discussion cover characteristics of the Deaf population and their cultural values.

A700 – ASL Level Four for Graduate Students (2 cr.). P: A600 or consent of instructor. Continues to develop knowledge of American Sign Language and of Deaf culture. Students will experience the language outside the classroom through interaction with the Deaf community.

S515 – Topical Seminar in Hearing Science (Principles of Audiology) (3 cr.). Examines the field of audiology including assessment and treatment of hearing loss. Laboratory exercises are provided so that students can gain hands-on experience with hearing evaluation and treatment.

S502 – Acoustics Phonetics (2 cr.). Examines speech perception and the acoustics of speech production in normally developing or speech/language disordered populations. A brief review of speech acoustics and speech perception in normal adults will be included Laboratory experiences.

S509 – Speech and Language Diagnostics (2 cr.). Examines the field of speech-language pathology including assessment and treatment of speech and language disorders. In-class laboratory provides observation and experience with specific assessment procedures.


S513 – Speech Anatomy and Physiology (2 cr.). Introduction to the anatomy and physiology of the speech mechanism, including respiration, phonation, articulation/resonance, nervous system, and audition.
S517 – Cognitive and Communicative Aspects of Aging (2 cr.). Review of cognitive and communicative changes associated with normal aging as well as with diseases and conditions that are prevalent in the aging population. Includes discussion of methodological issues in research on aging as well as principles for maximizing communication with the elderly population.

S521 – Phonological Acquisition and Disorders in Children (2 cr.). Survey of acquisition and development of sound systems, with focus on perception and production. Relationship between normal sound development and phonological disorders. Procedures for assessing and treating phonological disorders.

S524 – Survey of Children's Language Development (2 cr.). Develops student knowledge of how language is acquired by young children. Examines data on what young infants and young children know about language at different ages, and considers the kinds of theories that may explain this data.


**NOTE:** The following courses carry graduate credit and are open only to graduate students, and course numbers and credit hours are subject to change. Furthermore, courses in addition to those listed below may be offered.

S501 – Biological Foundations of Speech and Hearing (3 cr.). This course will introduce students to the anatomical and physiological bases of human communication. Topics will include neuroanatomy and neurophysiology of the central and peripheral nervous systems; neural substrates of speech and language; respiratory, phonatory, articulatory, and swallowing physiology; and current theories of motor control.

S506 – Counseling (2 cr.) Provides information about the counseling purview of audiologists and speech pathologists. Topics such as theories of counseling, lifespan issues, emotional responses to communication disorders, family dynamics, support groups, and multicultural issues will be presented. Students will learn basic counseling techniques and the application of these techniques for specific disorders.

S515 – Spanish Language Acquisition and Disorders (3 cr.). In this course, data on the acquisition of Spanish as a first language will be presented. These data will encompass Spanish acquisition in both monolingual and bilingual contexts. Linguistic phenomena that are manifested in bilingual environments and that impact Spanish performance will be emphasized. Characteristics particular to how language and phonological impairment are manifested in Spanish-speaking children will be presented. In addition, basic information concerning Spanish phonological and grammatical structure, and dialectal differences within the language, as these affect acquisition, will be included. Practical activities such as child sample transcriptions and analyses will be incorporated within the course content.

S520 – Phonological Disorders (3 cr.). Assessment and treatment of phonological disorders in children; procedures are equally applicable to other populations. Case-based approach to analyses of phonetic, phonemic, syllabic structure in clinical diagnosis and identification of treatment goals. Corresponding treatment methods are evaluated relative to evidence-based practice.

S531 – Cognitive-Communication Disorders in Brain Injury and Disease (3 cr.). This course reviews disorders of perception, cognition, communication, and behavior associated with brain injury and disease in adults. Procedures and issues pertaining to assessment and treatment in the acute and chronic stages of recovery or across disease progression will also be addressed.
**S532 – Language Disorders in Children (3 cr.)** The focus of this course will be on the identification, etiology, and clinical treatment of children who are classified having autism spectrum disorder, mental retardation, specific language impairment, and other language disorders.

**S537 – Aphasia (3 cr.)** In-depth study of diagnosis and management of adult aphasia and related disorders.

**S539 – Child Dual Language Learners: Development, Assessment, and Intervention (3 cr.)** Focuses on how children acquire two languages. Topics concerning variables that impact dual-language acquisition children and patterns of acquisition will be discussed. Issues and strategies for evaluating language skills in this population, and for providing clinical services are presented.

**S540 – Voice Disorders (3 cr.).** This course focuses on facilitating clinical skills related to assessment and management of children and adults with voice disorders. The relevant anatomy and physiology of the vocal mechanism and voice production will be presented. Pathophysiology, causes, prevention, assessment, treatment (behavioral, surgical, and medical) of various voice disorders will be addressed.

**S544 – Dysphagia (3 cr.)** This course focuses on facilitating clinical skills related to assessment and management of dysphagia in children and adults, including those with tracheostomy and ventilator-dependent. The relevant anatomy and physiology of the swallowing mechanism will be discussed. Pathophysiology, causes, assessment, treatment of various conditions resulting in dysphagia will be addressed.

**S550 – Stuttering (3 cr.)** This course will focus on the nature and etiology of developmental stuttering, diagnostic procedures, and approaches to treatment in children and adults. Other disorders of fluency, such as acquired stuttering and cluttering, will also be discussed.

**S555 – Motor Speech Disorders (4 cr.)** This course will focus on the basic correlates of motor speech disorders in children and adults. Normal development, anatomy, and physiology of the speech production mechanism will be reviewed. Characteristics, pathophysiology, etiology, assessment, and treatment of various motor speech disorders will also be addressed.

**S561 – Clinical Methods and Practices (1-3 cr.)** Current topics related to clinical practice in speech/language pathology.

**S563 – Medical Externship (6 cr.)** Intensive participation in the clinical activities of community agencies, hospitals or other service providers. Available only to advanced students in clinical program.

**S579 – Children with Hearing Loss (3 cr.)** P: consent of instructor. Introduction to the assessment of communication skills in children with hearing loss. Topics covered include early identification of hearing loss, assessment of hearing in very young children, speech and language development in children with hearing loss, and management strategies for hearing-impaired children.

**S580 – Critical Thinking about Research in Communication Disorders (3 cr.)** This course will provide students with the tools and skills to think critically, solve problems, and make ethical and responsible decisions about clinical assessment and treatment. Emphasis will be placed on the role of research in evidence-based practice and the interpretation of scientific literature.

**SPHS – 677 Implantable Auditory Prostheses (3 cr.)** This course examines various surgically implantable devices used to ameliorate the effects of hearing loss, with particular emphasis on cochlear implants, including considerations for implantation and expected outcomes.

**S680 – Independent Study (1-6 cr.)**

**S780 – M.A. Thesis (1-6 cr.)**
EDUC-M463 – Methods in Speech and Hearing Therapy (3 cr.). Emphasis on school organizational patterns and administrative policies; relevant federal and state legislation; caseload determination; and service delivery models.

EDUC M550 – Practicum: Speech and Hearing (6 cr.). Teaching or experience in an accredited school, normally in Indiana. Credit will be commensurate with time spent in the instructional setting.
CAA COMPLAINT PROCEDURE
(Updated March 2014)

PROCEDURES FOR COMPLAINTS AGAINST GRADUATE EDUCATION PROGRAMS

A complaint about any accredited program or program in candidacy status may be submitted by any individual(s).

CRITERIA FOR COMPLAINTS AGAINST GRADUATE EDUCATION PROGRAMS

Complaints about programs must meet the following criteria:

a. be against an accredited graduate education program or program in candidacy status in audiology and/or speech language pathology,
b. relate to the Standards for Accreditation of Entry-Level Graduate Education Programs in Audiology and Speech Language Pathology,
c. clearly describe the specific nature of the conduct being complained about, which must have occurred at least in part within 5 years of the date the complaint is filed, the relationship of the complaint to the accreditation standards, and provide supporting data for the charge.

Complaints must meet the following submission requirements:

a. include verification, if the complaint is from a student or faculty/instructional staff member, that the complainant exhausted all pertinent institutional grievance and review mechanisms before submitting a complaint to the CAA,
b. include the complainant’s name, address and telephone contact information and the complainant's relationship to the program in order for the Accreditation Office staff to verify the source of the information,
c. be signed and submitted in writing via U.S. mail, overnight courier, or hand delivery to the following address:

   Chair, Council on Academic Accreditation in Audiology and Speech-Language Pathology
   American Speech-Language-Hearing Association,
   2200 Research Boulevard, #310
   Rockville, MD 20850

d. will not be accepted by email or facsimile.

The complainant’s burden of proof is a preponderance, or greater weight, of the evidence. These procedures do not prevent the CAA from considering a complaint against an accredited or candidate program if the program is involved in litigation or other actions by a third party, except as outlined above.

DETERMINATION OF JURISDICTION

Within 15 days of receipt of the complaint, National Office staff will acknowledge receipt of the complaint and will forward a copy of the complaint, from which any information that would reveal the complainant's identity has been redacted, to the Executive Committee of the CAA. The original letter of complaint will be placed in a National Office file separate from the program's accreditation file.

The Executive Committee of the CAA will determine whether the complaint meets the above-specified criteria. Accreditation staff will verify the accreditation status of the program against which the complaint is filed and

will distribute the redacted complaint to the Executive Committee. The Executive Committee of the CAA will then vote to determine whether the complaint meets the above criteria. An affirmative vote by two-thirds of the voting members of the Executive Committee, exclusive of the chair, is required to proceed with an investigation of a complaint.

If the Executive Committee of the CAA makes the determination that the complaint does not meet the above listed criteria, the complainant will be informed within 30 days of the letter transmitting the complaint to the Executive Committee that the CAA will not investigate the complaint.

**EVALUATION OF COMPLAINT**

If the Executive Committee of the CAA determines that the complaint satisfies the above listed criteria, the CAA will investigate the complaint.

a) The chair of the CAA will inform the complainant within 30 days of the letter transmitting the complaint to the Executive Committee that the Council will proceed with an investigation. Because it may be necessary to reveal the identity of the complainant to the affected program or to other potential sources of relevant information, the complainant will be required to sign a waiver of confidentiality within 30 days of the letter indicating that the CAA will proceed with its investigation. The complainant will be given the opportunity to withdraw the complaint during that time. If the complainant does not wish to pursue the matter, the investigation will be concluded. As noted above, if the complainant does not wish to withdraw the complaint, the complainant will be asked to keep the initiation of an investigation confidential by signing the waiver.

b) Within 15 days of receipt of the waiver of confidentiality or after the 30-day period for withdrawing the complaint has elapsed if the waiver was submitted with the complaint, the chair of the CAA will notify the program director and the institution's president or president's designee by certified return receipt mail that a complaint has been registered against the program. The notification will include a copy of the complaint from which the name of the complainant has been redacted. The CAA will require the program to respond within 10 days of the letter forwarding the complaint as to whether or not it intends to provide complete responsive information and supporting documentation considered relevant to the complaint. CAA may draw reasonable inferences from a program's failure to provide a response to the complaint. The formal complaint response will be due 45 days from the date of the notification letter. The institution's president or president's designee may contribute to the response.

The program may request an extension to file its response if extenuating circumstances exist, but the time line will not be extended beyond 45 additional days from the original due date. The extension request must be submitted no later than the original due date and include the rationale for additional time requested, which will be considered by CAA's Executive Committee in making its decision whether to grant an extension.

c) Within 15 days of receipt of the program's response to the complaint, the chair of the CAA will forward the complaint and the program's response to the complaint to the CAA. The identities of the complainant and the program under investigation will not be revealed to the members of the CAA or to recipients of requests for information, unless a majority of CAA members consider such disclosure necessary for the proper investigation of the complaint. If the majority of Council members concludes that individuals other than the complainant, the program director, and the institution's president or president's designee may have information relevant to the complaint, the chair of the CAA will request such information. All conflict of interest policies, as described in the CAA Accreditation Manual, regarding CAA members' participation in investigations will also apply to these complaint procedures.
d) After reviewing all relevant information, the CAA will determine its course of action within 30 days. Such actions include, but are not limited to the following:

- Dismissing the complaint;
- Recommending changes in the program to be implemented within a specified period of time (except for those areas that are solely within the purview of the institution);
- Continuing the investigation through an onsite visit to the program;
- Placing the program on probation;
- Withholding/withdrawing accreditation.

e) If the CAA determines that a site visit is necessary, the program director and the institution's president or president's designee will be notified, and a date for the site visit will be expeditiously scheduled. The program is responsible for payment or reimbursement of reasonable expenses associated with the site visit. The site visit team is selected from the current roster of CAA site visitors and includes the required composition of all typical site visit teams. During the site visit, consideration is given only to those standards with which the program is allegedly not in compliance. The site visit team will submit a written report to the CAA no later than 30 days following the site visit. As with all other site visits, only the observations of the site visitors will be reported; site visitors will not make accreditation recommendations. The CAA will forward the report to the program director and the institution's president or president's designee within 15 days of receiving the report from the site visit team. The program or institution shall be given 30 days from the date on which the report is postmarked to the program director and the president or president's designee to provide a written response to the chair of the CAA. The purpose of the response is to comment on the accuracy of the site visit report and respond to it.

f) The CAA will review all evidence before it, including the site visit report and the program's response to the report, and will take one of the following actions within 21 days of receipt of the program's response:

- Dismissing the complaint;
- Recommending modifications of the program to be implemented within a specified period of time (except for those areas that are solely within the purview of the institution);
- Placing the program on probation;
- Withholding/withdrawing accreditation.

g) If the CAA withholds/withdraws accreditation, the program director and the institution's president or president's designee will be informed within 15 days of the CAA decision that accreditation has been withheld/withdrawn. That notification will also include a statement describing the justification for the decision, and shall inform the program of its option to request Further Consideration. Further Consideration is the mechanism whereby the program can present documentary evidence of compliance with the appropriate standards and ask the CAA to reevaluate its decision to withhold/withdraw accreditation.

h) If the program does not exercise its Further Consideration option in a timely manner, the CAA's decision to withhold/withdraw accreditation will be final and no further appeal may be taken. If accreditation is withheld/withdrawn, the chair of the CAA will notify the Secretary of the U.S. Department of Education at the same time that it notifies the program of the decision.

i) If the program chooses to request Further Consideration, the CAA must receive the request within 30 days from the date of the notification letter. With the request for Further Consideration, the program must submit
additional written documentation to justify why accreditation should not be withheld/withdrawn. No hearing shall occur in connection with Further Consideration requests. The CAA will evaluate the request for Further Consideration and take one of the following actions within 30 days:

- Recommending modifications of the program to be implemented within a specified period of time (except for those areas that are solely within the purview of the institution);
- Placing the program on probation;
- Withholding/withdrawing accreditation.

j) Within 15 days of its decision, the CAA will notify the program and the complainant of its decision.

k) If the CAA decision after Further Consideration is to withhold/withdraw accreditation, the program may appeal the decision in accord with the Appeal Procedures described herein.

**SUMMARY OF TIME LINES**

The following summarizes the time lines in the complaint process, beginning from the date a complaint is received.

- Complaint is acknowledged within 15 days of receipt and forwarded to CAA Executive Committee.
- If Executive Committee determines that complaint does not meet criteria for complaints, complainant is informed within 30 days that CAA will not investigate.
- If Executive Committee determines that complaint meets criteria, complainant is informed within 30 days of the determination that CAA will proceed with investigation.
- Complainant is given 30 days to sign waiver of confidentiality or withdraw the complaint.
- Within 15 days of receipt of waiver of confidentiality, the complaint is sent to the program for response, which must be submitted within 45 days.
- The program must submit its notice within 10 days of notification of the complaint whether it plans to file a response.
- Within 15 days of receipt of program's response, the chair forwards complaint and program response to CAA for review.
- Within 30 days, CAA determines course of action.
- If CAA determines that a site visit is necessary, it is scheduled and site visit team submits report to CAA within 30 days of visit.
- Within 15 days, the site visit report is forwarded to program for response within 30 days. CAA takes action within 21 days of program's response.
- If CAA withholds/withdraws accreditation, program is notified within 15 days of CAA's decision.
- Program has 30 days to request Further Consideration.
- If program does not request Further Consideration, decision is final and CAA notifies Secretary of U.S. Department of Education; if program timely requests Further Consideration, CAA takes action within 30 days.
- CAA informs program and complainant within 15 days of decision following Further Consideration.
For additional information, please see website: http://www.asha.org/academic/accreditation/accredmanual/section8.htm.
APPENDIX I

2014 STANDARDS AND IMPLEMENTATION PROCEDURES FOR THE CERTIFICATE OF CLINICAL COMPETENCE IN SPEECH-LANGUAGE PATHOLOGY*

Effective for Application for Certification Postmarked 09/01/14 and Thereafter

Standard I: Degree

The applicant for certification must have a master's, doctoral, or other recognized post-baccalaureate degree.

Implementation: The Council for Clinical Certification in Audiology and Speech-Language Pathology (CFCC) has the authority to determine eligibility of all applicants for certification.

Standard II: Education Program

All graduate coursework and graduate clinical experience required in speech-language pathology must have been initiated and completed in a speech-language pathology program accredited by the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA).

Implementation: If the program of graduate study is initiated and completed in a CAA-accredited program and if the program director or official designee verifies that all knowledge and skills required at that time for application have been met, approval of the application is automatic. Individuals educated outside the United States or its territories must submit documentation that coursework was completed in an institution of higher education that is regionally accredited or recognized by the appropriate regulatory authority for that country. In addition, applicants outside the United States or its territories must meet each of the standards that follow.

Standard III: Program of Study

The applicant for certification must have completed a program of study (a minimum of 36 semester credit hours at the graduate level) that includes academic coursework and supervised clinical experience sufficient in depth and breadth to achieve the specified knowledge and skills outcomes stipulated in Standard IV-A through IV-G and Standard V-A through V-C.

Implementation: The minimum of 36 graduate semester credit hours must have been earned in a program that addresses the knowledge and skills pertinent to the ASHA Scope of Practice in Speech-Language Pathology.

Standard IV: Knowledge Outcomes

Standard IV-A

The applicant must have demonstrated knowledge of the biological sciences, physical sciences, statistics, and the social/behavioral sciences.

Implementation: Acceptable courses in biological sciences should emphasize a content area related to human or animal sciences (e.g., biology, human anatomy and physiology, neuroanatomy and neurophysiology, human genetics, veterinary science). Acceptable courses in physical sciences should include physics or chemistry. Acceptable courses in social/behavioral sciences should include psychology, sociology, anthropology, or public health. A stand-alone course in statistics is required. Research methodology courses in communication sciences and disorders (CSD) may not be used to satisfy the statistics requirement. A course in biological and physical

sciences specifically related to CSD may not be applied for certification purposes to this category unless the course fulfills a university requirement in one of these areas.

**Standard IV-B**

The applicant must have demonstrated knowledge of basic human communication and swallowing processes, including the appropriate biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases. The applicant must have demonstrated the ability to integrate information pertaining to normal and abnormal human development across the life span.

**Standard IV-C**

The applicant must have demonstrated knowledge of communication and swallowing disorders and differences, including the appropriate etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates in the following areas:

- articulation
- fluency
- voice and resonance, including respiration and phonation
- receptive and expressive language (phonology, morphology, syntax, semantics, pragmatics, prelinguistic communication and paralinguistic communication) in speaking, listening, reading, writing
- hearing, including the impact on speech and language
- swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding, orofacial myology)
- cognitive aspects of communication (attention, memory, sequencing, problem-solving, executive functioning)
- social aspects of communication (including challenging behavior, ineffective social skills, and lack of communication opportunities)
- augmentative and alternative communication modalities

*Implementation:* It is expected that coursework addressing the professional knowledge specified in Standard IV-C will occur primarily at the graduate level.

**Standard IV-D**

For each of the areas specified in Standard IV-C, the applicant must have demonstrated current knowledge of the principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates.

**Standard IV-E**

The applicant must have demonstrated knowledge of standards of ethical conduct.

*Implementation:* The applicant must have demonstrated knowledge of the principles and rules of the current ASHA Code of Ethics.

**Standard IV-F**

The applicant must have demonstrated knowledge of processes used in research and of the integration of research principles into evidence-based clinical practice.
Implementation: The applicant must have demonstrated knowledge of the principles of basic and applied research and research design. In addition, the applicant must have demonstrated knowledge of how to access sources of research information and have demonstrated the ability to relate research to clinical practice.

Standard IV-G
The applicant must have demonstrated knowledge of contemporary professional issues.

Implementation: The applicant must have demonstrated knowledge of professional issues that affect speech-language pathology. Issues typically include trends in professional practice, academic program accreditation standards, ASHA practice policies and guidelines, and reimbursement procedures.

Standard IV-H
The applicant must have demonstrated knowledge of entry level and advanced certifications, licensure, and other relevant professional credentials, as well as local, state, and national regulations and policies relevant to professional practice.

Standard V: Skills Outcomes

Standard V-A
The applicant must have demonstrated skills in oral and written or other forms of communication sufficient for entry into professional practice.

Implementation: The applicant must have demonstrated communication skills sufficient to achieve effective clinical and professional interaction with clients/patients and relevant others. In addition, the applicant must have demonstrated the ability to write and comprehend technical reports, diagnostic and treatment reports, treatment plans, and professional correspondence.

Standard V-B
The applicant for certification must have completed a program of study that included experiences sufficient in breadth and depth to achieve the following skills outcomes:

1. Evaluation
   a. Conduct screening and prevention procedures (including prevention activities).
   b. Collect case history information and integrate information from clients/patients, family, caregivers, teachers, and relevant others, including other professionals.
   c. Select and administer appropriate evaluation procedures, such as behavioral observations, nonstandardized and standardized tests, and instrumental procedures.
   d. Adapt evaluation procedures to meet client/patient needs.
   e. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention.
   f. Complete administrative and reporting functions necessary to support evaluation.
   g. Refer clients/patients for appropriate services.

2. Intervention
   a. Develop setting-appropriate intervention plans with measurable and achievable goals that meet clients'/patients' needs.
   b. Collaborate with clients/patients and relevant others in the planning process. Implement intervention plans (involve clients/patients and relevant others in the intervention process).
c. Select or develop and use appropriate materials and instrumentation for prevention and intervention.
d. Measure and evaluate clients'/patients' performance and progress.
e. Modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients.
f. Complete administrative and reporting functions necessary to support intervention. Identify and refer clients/patients for services as appropriate.

3. Interaction and Personal Qualities
   a. Communicate effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the client/patient, family, caregivers, and relevant others.
   b. Collaborate with other professionals in case management.
   c. Provide counseling regarding communication and swallowing disorders to clients/patients, family, caregivers, and relevant others.
   d. Adhere to the ASHA Code of Ethics and behave professionally.

Implementation: The applicant must have acquired the skills referred to in this standard applicable across the nine major areas listed in Standard IV-C. Skills may be developed and demonstrated by direct client/patient contact in clinical experiences, academic coursework, labs, simulations, examinations, and completion of independent projects.

The applicant must have obtained a sufficient variety of supervised clinical experiences in different work settings and with different populations so that he or she can demonstrate skills across the ASHA Scope of Practice in Speech-Language Pathology. Supervised clinical experience is defined as clinical services (i.e., assessment/diagnosis/evaluation, screening, treatment, report writing, family/client consultation, and/or counseling) related to the management of populations that fit within the ASHA Scope of Practice in Speech-Language Pathology.

Supervisors of clinical experiences must hold a current ASHA Certificate of Clinical Competence in the appropriate area of practice during the time of supervision. The supervised activities must be within the ASHA Scope of Practice in Speech-Language Pathology to count toward certification.

Standard V-C

The applicant for certification in speech-language pathology must complete a minimum of 400 clock hours of supervised clinical experience in the practice of speech-language pathology. Twenty-five hours must be spent in clinical observation, and 375 hours must be spent in direct client/patient contact.

Implementation: Guided observation hours generally precede direct contact with clients/patients. The observation and direct client/patient contact hours must be within the ASHA Scope of Practice of Speech-Language Pathology and must be under the supervision of a qualified professional who holds current ASHA certification in the appropriate practice area. Such supervision may occur simultaneously with the student's observation or afterwards through review and approval of written reports or summaries submitted by the student. Students may use video recordings of client services for observation purposes.

Applicants should be assigned practicum only after they have acquired sufficient knowledge bases to qualify for such experience. Only direct contact with the client or the client's family in assessment, intervention, and/or counseling can be counted toward practicum. Although several students may observe a clinical session at one time, clinical practicum hours should be assigned only to the student who provides direct services to the client or client's family. Typically, only one student should be working with a given client at a time in order to count the practicum hours. In rare circumstances, it is possible for several students working as a team to receive credit
for the same session, depending on the specific responsibilities each student is assigned. For example, in a diagnostic session, if one student evaluates the client and another interviews the parents, both students may receive credit for the time each spent in providing the service. However, if student A works with the client for 30 minutes and student B works with the client for the next 45 minutes, each student receives credit for only the time he/she actually provided services—that is, 30 minutes for student A and 45 minutes for student B. The applicant must maintain documentation of time spent in supervised practicum, verified by the program in accordance with Standards III and IV.

Standard V-D

At least 325 of the 400 clock hours must be completed while the applicant is engaged in graduate study in a program accredited in speech-language pathology by the Council on Academic Accreditation in Audiology and Speech-Language Pathology.

Implementation: A minimum of 325 clock hours of clinical practicum must be completed at the graduate level. At the discretion of the graduate program, hours obtained at the undergraduate level may be used to satisfy the remainder of the requirement.

Standard V-E

Supervision must be provided by individuals who hold the Certificate of Clinical Competence in the appropriate profession. The amount of direct supervision must be commensurate with the student's knowledge, skills, and experience, must not be less than 25% of the student's total contact with each client/patient, and must take place periodically throughout the practicum. Supervision must be sufficient to ensure the welfare of the client/patient.

Implementation: Direct supervision must be in real time. A supervisor must be available to consult with a student providing clinical services to the supervisor's client. Supervision of clinical practicum is intended to provide guidance and feedback and to facilitate the student's acquisition of essential clinical skills. The 25% supervision standard is a minimum requirement and should be adjusted upward whenever the student's level of knowledge, skills, and experience warrants.

Standard V-F

Supervised practicum must include experience with client/patient populations across the life span and from culturally/linguistically diverse backgrounds. Practicum must include experience with client/patient populations with various types and severities of communication and/or related disorders, differences, and disabilities.

Implementation: The applicant must demonstrate direct client/patient clinical experiences in both assessment and intervention with both children and adults from the range of disorders and differences named in Standard IV-C.

Standard VI: Assessment

The applicant must have passed the national examination adopted by ASHA for purposes of certification in speech-language pathology.

Standard VII: Speech-Language Pathology Clinical Fellowship

The applicant must successfully complete a Speech-Language Pathology Clinical Fellowship (CF).

Implementation: The Clinical Fellowship may be initiated only after completion of all academic coursework and clinical experiences required to meet the knowledge and skills delineated in Standards IV and V. The CF must
have been completed under the mentorship of an individual who held the ASHA Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP) throughout the duration of the fellowship.

**Standard VII-A: Clinical Fellowship Experience**

The Clinical Fellowship must have consisted of clinical service activities that foster the continued growth and integration of knowledge, skills, and tasks of clinical practice in speech-language pathology consistent with ASHA's current Scope of Practice in Speech-Language Pathology. The Clinical Fellowship must have consisted of no less than 36 weeks of full-time professional experience or its part-time equivalent.

*Implementation:* No less than 80% of the Fellow's major responsibilities during the CF experience must have been in direct client/patient contact (e.g., assessment, diagnosis, evaluation, screening, treatment, clinical research activities, family/client consultations, recordkeeping, report writing, and/or counseling) related to the management process for individuals who exhibit communication and/or swallowing disabilities.

Full-time professional experience is defined as 35 hours per week, culminating in a minimum of 1,260 hours. Part-time experience of less than 5 hours per week will not meet the CF requirement and may not be counted toward completion of the experience. Similarly, work in excess of the 35 hours per week cannot be used to shorten the CF to less than 36 weeks.

**Standard VII-B: Clinical Fellowship Mentorship**

The Clinical Fellow must have received ongoing mentoring and formal evaluations by the CF mentor.

*Implementation:* Mentoring must have included on-site observations and other monitoring activities. These activities may have been executed by correspondence, review of video and/or audio recordings, evaluation of written reports, telephone conferences with the Fellow, and evaluations by professional colleagues with whom the Fellow works. The CF mentor and Clinical Fellow must have participated in regularly scheduled formal evaluations of the Fellow's progress during the CF experience.

**Standard VII-C: Clinical Fellowship Outcomes**

The Clinical Fellow must have demonstrated knowledge and skills consistent with the ability to practice independently.

*Implementation:* At the completion of the CF experience, the applicant will have acquired and demonstrated the ability to:

- integrate and apply theoretical knowledge,
- evaluate his or her strengths and identify his or her limitations,
- refine clinical skills within the Scope of Practice in Speech-Language Pathology,
- apply the ASHA Code of Ethics to independent professional practice.

In addition, upon completion of the CF, the applicant must have demonstrated the ability to perform clinical activities accurately, consistently, and independently and to seek guidance as necessary.

**Standard VIII: Maintenance of Certification**

Certificate holders must demonstrate continued professional development for maintenance of the Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP).

*Implementation:* Individuals who hold the Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP) must accumulate 30 certification maintenance hours of professional development during every 3-year maintenance interval. Intervals are continuous and begin January 1 of the year following award of initial certification or reinstatement of certification. A random audit of compliance will be conducted.
Accrual of professional development hours, adherence to the ASHA Code of Ethics, submission of certification maintenance compliance documentation, and payment of annual dues and/or certification fees are required for maintenance of certification.
APPENDIX II

ASHA Code of Ethics

PREAMBLE

The preservation of the highest standards of integrity and ethical principles is vital to the responsible discharge of obligations by speech-language pathologists, audiologists, and speech, language, and hearing scientists. This Code of Ethics sets forth the fundamental principles and rules considered essential to this purpose.

Every individual who is (a) a member of the American Speech-Language-Hearing Association, whether certified or not, (b) a nonmember holding the Certificate of Clinical Competence from the Association, (c) an applicant for membership or certification, or (d) a Clinical Fellow seeking to fulfill standards for certification shall abide by this Code of Ethics.

Any violation of the spirit and purpose of this Code shall be considered unethical. Failure to specify any particular responsibility or practice in this Code of Ethics shall not be construed as denial of the existence of such responsibilities or practices. The fundamentals of ethical conduct are described by Principles of Ethics and by Rules of Ethics as they relate to the conduct of research and scholarly activities and responsibility to persons served, the public, and speech-language pathologists, audiologists, and speech, language, and hearing scientists.

Principles of Ethics, aspirational and inspirational in nature, form the underlying moral basis for the Code of Ethics. Individuals shall observe these principles as affirmative obligations under all conditions of professional activity.

Rules of Ethics are specific statements of minimally acceptable professional conduct or of prohibitions and are applicable to all individuals.

PRINCIPLE OF ETHICS I

Individuals shall honor their responsibility to hold paramount the welfare of persons they serve professionally or participants in research and scholarly activities and shall treat animals involved in research in a humane manner.

Rules of Ethics

A. Individuals shall provide all services competently.
B. Individuals shall use every resource, including referral when appropriate, to ensure that high quality service is provided.
C. Individuals shall not discriminate in the delivery of professional services or the conduct research and scholarly activities on the basis of race or ethnicity, gender, age, religion, national origin, sexual orientation, or disability.
D. Individuals shall not misrepresent the credentials of assistants, technicians, or support personnel and shall inform those they serve professionally of the name and professional credentials of persons providing services.
E. Individuals who hold the Certificates of Clinical Competence shall not delegate tasks that require the unique skills, knowledge, and judgment that are within the scope of their profession to assistants, technicians, support personnel, students, or any non-professionals over whom they have supervisory responsibility. An individual may delegate support services to assistants, technicians, support
personnel, students, or any other persons only if those services are adequately supervised by an individual who holds the appropriate Certificate of Clinical Competence.

F. Individuals shall fully inform the persons they service of the nature and possible effects of services rendered and products dispensed and they shall inform participants in research about the possible effects of their participation in research conducted.

G. Individuals shall evaluate the effectiveness of services rendered and of products dispensed and shall provide services or dispense products only when benefit can reasonably be expected.

H. Individuals shall not guarantee the results of any treatment or procedure, directly or by implication; however, they may make a reasonable statement of prognosis.

I. Individuals shall not provide clinical services solely by correspondence.

J. Individuals may practice by telecommunication (for example, telehealth/ e-health), where not prohibited by law.

K. Individuals shall adequately maintain and appropriately secure records of professional services rendered, research and scholarly activities conducted, and products dispensed and shall allow access to these records only when authorized or when required by law.

L. Individuals shall not reveal, without authorization, any professional or personal information about identified persons served professionally or identified participants involved in research and scholarly activities unless required by law to do so, or unless doing so is necessary to protect the welfare of the person or of the community or otherwise required by law.

M. Individuals shall not charge for services not rendered, nor shall they misrepresent services rendered, products dispensed, or research and scholarly activities conducted.

N. Individuals shall use persons in research or as subjects of teaching demonstrations only with their informed consent.

O. Individuals whose professional services are adversely affected by substance abuse or other health-related conditions shall seek professional assistance and, where appropriate, withdraw from the affected areas of practice.

PRINCIPLE OF ETHICS II

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

Rules of Ethics

A. Individuals shall engage in the provision of clinical services only when they hold the appropriate Certificate of Clinical Competence or when they are in the certification process and are supervised by an individual who holds the appropriate Certificate of Clinical Competence.

B. Individuals shall engage in only those aspects of the professions that are within the scope of their competence, considering their level of education, training, and experience.

C. Individuals shall continue their professional development throughout their careers.

D. Individuals shall delegate the provision of clinical services only to: (1) persons who hold the appropriate Certificate of Clinical Competence; (2) persons in the education or certification process who are appropriately supervised by an individual who holds the appropriate Certificate of Clinical Competence; or (3) assistants, technicians, or support personnel who are adequately supervised by an individual who holds the appropriate Certificate of Clinical Competence.

E. Individuals shall not require or permit their professional staff to provide services or conduct research activities that exceed the staff member’s competence, level of education, training, and experience.

F. Individuals shall ensure that all equipment used in the provision of services or to conduct research and scholarly activities is in proper working order and is properly calibrated.
PRINCIPLE OF ETHICS III

Individuals shall honor their responsibility to the public by promoting public understanding of the professions, by supporting the development of services designed to fulfill the unmet needs of the public, and by providing accurate information in all communications involving any aspect of the professions, including dissemination of research findings and scholarly activities.

Rules of Ethics

A. Individuals shall not misrepresent their credentials, competence, education, training experience, or scholarly or research contributions.
B. Individuals shall not participate in professional activities that constitute a conflict of interest.
C. Individuals shall refer those served professionally solely on the basis of the interest of those being referred and not on any personal financial interest.
D. Individuals shall not misrepresent diagnostic information, research, services rendered, or products dispensed; neither shall they engage in any scheme to defraud in connection with obtaining payment or reimbursement for such services or products.
E. Individuals’ statements to the public shall provide accurate information about the nature and management of communication disorders, about the professions, about professional services, and about research and scholarly activities.
F. Individuals’ statements to the public—advertising, announcing, and marketing their professional services, reporting research results, and promoting products—shall adhere to prevailing professional standards and shall not contain misrepresentations.

PRINCIPLES OF ETHICS IV

Individuals shall honor their responsibilities to the professions and their relationships with colleagues, students, and members of allied professions. Individuals shall uphold the dignity and autonomy of the professions, maintain harmonious interprofessional and intraprofessional relationships, and accept the professions’ self-imposed standards.

Rules of Ethics

A. Individuals shall prohibit anyone under their supervision from engaging in any practice that violates the Code of Ethics.
B. Individuals shall not engage in dishonesty, fraud, deceit, misrepresentation, sexual harassment, or any other form of conduct that adversely reflects on the professions or on the individual’s fitness to serve persons professionally.
C. Individuals shall not engage in sexual activities with clients or students over whom they exercise professional authority.
D. Individuals shall assign credit only to those who have contributed to a publication, presentation, or product. Credit shall be assigned in proportion to the contribution and only with the contributor’s consent.
E. Individuals shall reference the source when using other persons’ ideas, research, presentations, or products in written, oral, or any other media presentation or summary.
F. Individuals’ statements to colleagues about professional services, research results, and products shall adhere to prevailing professional standards and shall contain no misrepresentations.
G. Individuals shall not provide professional services without exercising independent professional judgment, regardless of referral source or prescription.
H. Individuals shall not discriminate in their relationships with colleagues, students, and members of allied professions on the basis of race or ethnicity, gender, age, religion, national origin, sexual orientation, or disability.

I. Individuals who have reason to believe that the Code of Ethics has been violated shall inform the Board of Ethics.

J. Individuals shall comply fully with the policies of the Board of Ethics in its consideration and adjudication of complaints of violations of the Code of Ethics.
APPENDIX III

ASHA Scope of Practice for Speech-Language Pathology

The practice of speech-language pathology includes: prevention, diagnosis, habilitation, and rehabilitation of communication, swallowing, or other upper aerodigestive disorders; elective modification of communication behaviors; and enhancement of communication. This includes services that address the dimensions of body structure and function, activity, and/or participation as proposed by the World Health Organization model (WHO, 2000). The practice of speech-language pathology involves:

1. Providing prevention, screening, consultation, assessment and diagnosis, treatment, intervention, management, counseling, and follow-up services for disorders of:
   - speech (i.e., articulation, fluency, resonance, and voice including aeromechanical components of respiration);
   - language (i.e., phonology, morphology, syntax, semantics, and pragmatic/social aspects of communication) including comprehension and expression in oral, written, graphic, and manual modalities; language processing; preliteracy and language-based literacy skills, including phonological awareness;
   - swallowing or other upper aerodigestive functions such as infant feeding and aeromechanical events (evaluation of esophageal function is for the purpose of referral to medical professionals);
   - cognitive aspects of communication (e.g., attention, memory, problem solving, executive functions)
   - sensory awareness related to communication, swallowing, or other upper aerodigestive functions.

2. Establishing augmentative and alternative communication techniques and strategies including developing, selecting, and prescribing of such systems and devices (e.g., speech generating devices).

3. Providing services to individuals with hearing loss and their families/caregivers (e.g., auditory training; speechreading; speech and language intervention secondary to hearing loss; visual inspection and listening checks of amplification devices for the purpose of troubleshooting, including verification of appropriate battery voltage).

4. Screening hearing of individuals who can participate in conventional pure-tone air conduction methods, as well as screening for middle ear pathology through screening tympanometry for the purpose of referral of individuals for further evaluation and management.

5. Using instrumentation (e.g., videofluoroscopy, EMG, nasendoscopy, stroboscopy, computer technology) to observe, collect data, and measure parameters of communication and swallowing, or other upper aerodigestive functions in accordance with the principles of evidence-based practice.

6. Selecting, fitting, and establishing effective use of prosthetic/adaptive devices for communication, swallowing, or other upper aerodigestive functions (e.g., tracheoesophageal prosthesis, speaking valves, electrolarynges). This does not include sensory devices used by individuals with hearing loss or other auditory perceptual deficits.

7. Collaborating in the assessment of central auditory processing disorders and providing intervention where there is evidence of speech, language, and/or other cognitive-communication disorders.

8. Educating and counseling individuals, families, co-workers, educators, and other persons in the community regarding acceptance, adaptation, and decision making about communication, swallowing, or other upper aerodigestive concerns.
9. Advocating for individuals through community awareness, education, and training programs to promote and facilitate access to full participation in communication, including the elimination of societal barriers.

10. Collaborating with and providing referrals and information to audiologists, educators, and health professionals as individual needs dictate.

11. Addressing behaviors (e.g., perseverative or disruptive actions) and environments (e.g., seating, positioning for swallowing safety or attention, communication opportunities) that affect communication, swallowing, or other upper aerodigestive functions.

12. Providing services to modify or enhance communication performance (e.g., accent modification, transgendered voice, care and improvement of the professional voice, personal/professional communication effectiveness).

13. Recognizing the need to provide and appropriately accommodate diagnostic and treatment services to individuals from diverse cultural backgrounds and adjust treatment and assessment services accordingly.

**Professional Roles and Activities**

Speech-language pathologists serve individuals, families, groups, and the general public through a broad range of professional activities. They:

- Identify, define, and diagnose disorders of human communication and swallowing and assist in localization and diagnosis of diseases and conditions.
- Provide direct services using a variety of service delivery models to treat and/or address communication, swallowing, or other upper aerodigestive concerns.
- Conduct research related to communication sciences and disorders, swallowing, or other upper aerodigestive functions.
- Educate, supervise, and mentor future speech-language pathologists.
- Serve as case managers and service delivery coordinators.
- Administer and manage clinical and academic programs.
- Educate and provide in-service training to families, caregivers, and other professionals.
- Participate in outcomes measurement activities and use data to guide clinical decision making and determine the effectiveness of services provided in accordance with the principles of evidence-based practice.
- Train, supervise, and manage speech-language pathology assistants and other support personnel.
- Promote healthy lifestyle practices for the prevention of communication, hearing, swallowing, or other upper aerodigestive disorders.
- Foster public awareness of speech, language, hearing, and swallowing, and other upper aerodigestive disorders and their treatment.
- Advocate at the local, state, and national levels for access to and funding for services to address communication, hearing, swallowing, or other upper aerodigestive disorders.
- Serve as expert witnesses.
- Collaborate with audiologists in identifying neonate and infants at risk for hearing loss.
• Recognize the special needs of culturally diverse populations by providing services that are free of potential biases, including selection and/or adaptation of materials to ensure ethnic and linguistic sensitivity.

• Provide services using tele-electronic diagnostic measures and treatment methodologies (including remote applications).
APPENDIX IV

Council for Clinical Certification Board Interpretations on Clinical Practicum

1. Persons who hold the Certification of Clinical Competence (CCC) in speech-language pathology may supervise:
   a) assessment, rehabilitation, and prevention of disorders of speech (e.g., articulation, fluency, voice) and language.
   b) assessment and rehabilitation of cognitive/communication disorders.
   c) assessment and rehabilitation of disorders of oral-pharyngeal function (dysphagia) and related disorders.
   d) assessment, selection, and development of augmentative and alternative communication systems and the provision of training for their use.
   e) aural habilitative/rehabilitative services and related counseling services.
   f) enhancement of speech-language proficiency and communication effectiveness (e.g., accent reduction).
   g) pure tone air conduction hearing screening.

2. Persons who hold the CCC in Audiology may supervise:
   a) assessment of the peripheral and central auditory system, including behavioral and (electro)physiological measurements of the auditory and vestibular functions as well as intraoperative monitoring.
   b) selection, fitting, and dispensing of amplification, assistive devices, and other systems (e.g., implantable devices).
   c) conservation of auditory system function, including development and implementation of environmental and occupational hearing conservation programs.
   d) aural habilitative/rehabilitative services and related counseling service.
   e) screening for speech or language disorders.

3. Only direct client contact time may be counted as clinical practicum hours. Time spent in writing lesson plans, scoring tests, transcribing language samples, preparing activities, in-service training, and writing reports may not be counted.

4. Evaluation refers to those hours in screening, assessment, and diagnosis that are accomplished prior to the initiation of a treatment program. Hours to be counted in the evaluation category may also include reevaluation (another formal assessment). Periodic assessments during treatment are to be considered treatment.

5. Time spent with either the client or a family member while engaging in information seeking, information-giving, counseling, or parental education/involvement may be counted as clinical clock hours (provided the activity is directly related to evaluation and/or treatment).

6. Time spent in a multidisciplinary staffing, educational appraisal and review, or in meetings with professional persons regarding diagnosis and treatment of a given client may be counted up to 25 hours.

7. Conference time with clinical supervisors may not be counted.

8. If a client presents communication disorders in 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 20 hours
of treatment and approximately three quarters of each treatment session was spent on language and one quarter was spent on articulation, the student may receive credit for 15 hours of language treatment and 5 hours of articulation treatment.

**NOTE:** Students who are not yet professionals should not be reimbursed directly for the provision of clinical practicum services. However, students can receive traineeships, scholarships, and/or stipends.
## APPENDIX V

Indiana University

Robert L. Milisen Speech, Language and Hearing Clinics

*Semester Summary of Supervised Clinical Practicum*
(Prepare in duplicate)

Student’s Name: ___________________ Period Covered (semester/date):____________________

### EVALUATION

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**GRAND TOTAL HOURS:** _______________
APPENDIX VI

Students with Disabilities

The Department acknowledges that individual differences can affect academic and clinical success. If you have a disability that requires special accommodation to improve your chances of success in our program, please inform the Coordinator of the Speech-Language Pathology Graduate Program. We will try to work with you so that you can achieve your scholastic and professional goals. Obviously, we cannot guarantee that every student will succeed in our program, but we hope that together we can improve your chances. If you know of a disability that requires some variation in your academic and/or clinical curriculum, please let us know. When possible, we will make an effort to accommodate your needs.
APPENDIX VII

Plagiarism

Indiana University has policies, detailed in the Academic Handbook and the Code of Ethics that describe what constitutes plagiarism and the penalties associated with this offense. We are confident that our students are interested in maintaining ethical conduct. To aid you in that endeavor, we are outlining some of the statements from the Academic Handbook that pertain to plagiarism.

A university is devoted to the discovery and communication of knowledge. In this endeavor, intellectual integrity is of the utmost importance, and correspondingly, its absence is taken very seriously. By enrolling at Indiana University, students commit themselves to its ideals and must expect to find these ideals actively fostered and defended (p. 72).

Plagiarism

Honesty requires that any ideas or materials taken from another source for either written or oral use must be fully acknowledged. Offering the work of someone else as one’s own is plagiarism. The language or ideas thus taken from another may range from isolated formulas, sentences, or paragraphs to entire articles copied from books, periodicals, speeches, or the writings of other students. The offering of materials assembled or collected by others in the form of projects or collections without acknowledgment also is considered plagiarism. Any student who fails to give credit for ideas or materials taken from another source is guilty of plagiarism. (Source: Faculty Council, May 2, 1961; University Faculty Council, March 11, 1975; Board of Trustees, July 11, 1975)

Due process shall be followed. However,

If the faculty member finds the student guilty, he/she will assess a penalty within the class and shall promptly report the case in writing to the department chairperson and the academic head of his/her school or division. The penalty shall be in accordance with the Actions section of Academic Due Process. (Source: University Faculty Council, March 11, 1975; Board of Trustees, July 11, 1975)

Actions for academic due process (summary from academic handbook)

1. A student’s grade in the course will be lowered.

2. An incomplete may be given until the case is resolved.

3. By a two-thirds vote, the All-Campus Review Board may recommend to the chief administrative officer of a campus that the student be disenrolled from the academic or professional school in which the student is enrolled. (Source: University Faculty Council, March 11, 1975; Board of Trustees, July 11, 1975).

Please consult the College’s plagiarism website at: http://www.indiana.edu/~college/plagiarism/index.shtml. The site offers plagiarism web pages and other useful information such as citation guidelines from widely-utilized manuals of style and the Code of Student Rights, Responsibilities, and Conduct.