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 2015. APPLIES TO ALL MASTER’S STUDENTS WHOSE PROGRAMS ARE PLANNED AFTER THAT DATE.)
TABLE OF CONTENTS

THE JOB OUTLOOK FOR THE FUTURE ................................................................. 3
PREPARING FOR THE PROFESSION ................................................................. 3
UNDERGRADUATE PREPARATION ................................................................. 3
THE GRADUATE SPEECH-LANGUAGE PATHOLOGY PROGRAM: ACADEMIC REQUIREMENTS ... 4
CURRICULUM .................................................................................................. 4
THESIS OPTION ............................................................................................... 5
THE GRADUATE SPEECH-LANGUAGE PATHOLOGY PROGRAM: CLINICAL REQUIREMENTS...... 6
PRACTICUM ..................................................................................................... 6
EXTERNSHIPS ................................................................................................. 6
PRACTICUM AND EXTERNSHIP GRADES ...................................................... 7
Comprehensive Exam .................................................................................... 8
EVALUATION OF ACADEMIC AND CLINICAL PROGRESS ............................... 8
CERTIFICATION/LICENSURE ......................................................................... 9
ASHA CERTIFICATION .................................................................................. 9
NATIONAL EXAMINATION ............................................................................ 9
CLINICAL FELLOWSHIP ............................................................................... 9
SCHOOL LICENSURE ..................................................................................... 10
OTHER IMPORTANT INFORMATION .............................................................. 10
IMMUNIZATION FOR HEPATITIS-B ................................................................ 10
DISPUTE RESOLUTION .................................................................................... 10
ASSISTANCE FOR ACADEMIC, CLINICAL, OR PERSONAL DIFFICULTIES ......... 10
CALENDAR ..................................................................................................... 11
DISABLED STUDENT SERVICES .................................................................. 11
REGISTRATION ............................................................................................... 11
FURTHER INFORMATION ............................................................................... 11
COURSE DESCRIPTIONS ................................................................................ 11
APPENDIX I: ASHA STANDARDS FOR THE CERTIFICATES OF CLINICAL COMPETENCE .... 14
APPENDIX II: ASHA CODE OF ETHICS ......................................................... 21
APPENDIX III: ASHA SCOPE OF PRACTICE FOR SPEECH-LANGUAGE PATHOLOGY ........ 25
APPENDIX IV: COUNCIL FOR CLINICAL CERTIFICATION BOARD INTERPRETATIONS ON CLINICAL PRACTICUM .............................................................. 31
APPENDIX V: SUMMARY OF SUPERVISED CLINICAL PRACTICUM FORM ............ 33
APPENDIX VI: STUDENTS WITH DISABILITIES ............................................ 35
APPENDIX VII: PLAGIARISM ......................................................................... 36
APPENDIX VIII: CAA COMPLAINT PROCEDURES ......................................... 38
APPENDIX IX: GENERAL INSTRUCTIONS FOR COMPREHENSIVE EXAM ............. 43
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 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 (at least one course in each of the four areas) 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).
  - 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 for credit at an accredited college or university 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. **33 credit hours** of required coursework beyond the bachelor’s degree,
2. **4-11 credit hours** of electives OR **3 credit hours** of thesis (see “Thesis Option” below),
3. **4 credit hours** of clinical practicum,
4. **12 credit hours** of off-campus externships,
5. **Pass** a comprehensive examination.

**CURRICULUM**

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

<table>
<thead>
<tr>
<th>Fall I</th>
<th>Credit Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>S501 - Neurological and Physiological Foundations of Speech-Language Pathology</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 I</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>Elective*</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>S565</td>
<td>Clinical Methods and Practices II</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>10/13</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>S566</td>
<td>Clinical Methods and Practices III</td>
<td>1</td>
</tr>
<tr>
<td>1 or 2 Electives OR Thesis</td>
<td></td>
<td>2-5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>6-9</strong></td>
</tr>
</tbody>
</table>

### Fall II

<table>
<thead>
<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 (S515)</td>
<td>3</td>
</tr>
<tr>
<td>S567</td>
<td>Clinical Methods and Practices IV</td>
<td>1</td>
</tr>
<tr>
<td>S550</td>
<td>Stuttering</td>
<td>3</td>
</tr>
<tr>
<td>1 Elective* OR Thesis</td>
<td></td>
<td>2-6</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>10-13</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>S568</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>

*Note: 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.

The “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. Style and documentation will correspond 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/theses-dissertations/formatting/index.shtml](http://graduate.indiana.edu/theses-dissertations/formatting/index.shtml) for guidelines—students are advised that these guidelines vary from semester to semester).
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.

Students completing a thesis will typically register for 3 semester credit hours of S780. Students may elect to register for 3 credits in Summer I or Fall II, or 2 credits in Summer I and 1 credit in Fall II (or vice versa). Students may further elect to register for thesis credits with or without elective credits. For example, students could register for 1 credit of S780 in Summer I, along with one elective, and then register for 2 credits of S780 in Fall II plus or minus an elective. Alternatively, students could take one or two electives in Summer I and then register for 3 credits of S780 in Fall II with no additional electives.

Students who elect to complete a thesis will typically begin the process of identifying a topic/mentor during their first (Fall I) semester in the program and then, depending on which thesis option is chosen, start working on the thesis in the second (Spring I) or third (Summer I) semester. Thus, the thesis process is often initiated prior to actually registering for thesis credits.

**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 (e.g., Indianapolis).

**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. 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!** School and all other full-time practicum assignments commence during the fifth and final semester of the Speech-Language Pathology Graduate Program. Many sites are assigned over a year in advance, so it is imperative that this planning be done early. The Coordinator of External Practicum will present information needed to begin this process during the first semester of the program. Students should plan for and secure placement offers by midterm of the first semester of graduate school.

**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 SLP Clinic Handbook.

**COMPREHENSIVE EXAMINATION**

In the beginning of the Fall II semester, students will take a written comprehensive exam. The purpose of the examination is to assess the students’ ability to integrate theoretical and clinical knowledge gained through their academic and clinical training. As such it will be case study based. These case studies will be developed based on the eight disorder areas identified by ASHA: articulation, fluency, voice and resonance, social aspects of communication, cognitive aspects of communication, and augmentative and alternative communication modalities. These eight disorder areas will be further divided into children and adults. A series of case studies will be distributed across all students and a written product is expected.

Each student will be randomly assigned a case study for the comprehensive exam. Four cases consist of a child/adolescent with a communication disorder, and four cases discuss an adult with a communication disorder. Between four and five students will have the same case to prepare for the comprehensive exam. The focus of the exam is for the students to show integration of academic and clinical knowledge to develop a sound intervention plan, following EBP, for the assigned case. It also focuses on students being able to gather information from various sources (academic, clinical, outside readings/resources) to inform their clinical practice. Thus, cases may include variables/disabilities/factors that students may not have had specific academic coursework, as our goal is to evaluate students’ ability to think critically, know how to access information (and what information they need to access), and problem solve, as it applies to clinical practice.

All students must be enrolled in the program during the semester that they take the examination. Students on academic or clinical probation must receive authorization from the Department Chairperson before taking the exam. (See Appendix IX for general instructions/information.)

**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 (see SLP Clinic Handbook for additional information). 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 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.

**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/index.shtml), 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.

Upon entering the program, all students will be assigned a faculty advisor/mentor. Faculty advisors are comprised of academic faculty and clinical faculty. The purpose of this assignment is for the students to have a consistent point of contact to discuss both the academic and clinical program and their requirements, and to have an advocate within the program’s faculty. During orientation week, students will be provided with the name of their assigned faculty advisor/mentor and will meet with him/her. It is expected that students and advisors meet at least once a semester to discuss progress and to provide guidance to the student.

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 VII.

REGISTRATION

University policy with respect to changing or dropping classes stipulates that students will receive only a partial refund for a course dropped after the first week. Therefore, students 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 policy see https://bursar.indiana.edu/withdraw/refund-dates.html.

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://bulletins.iu.edu/iub/index.html.

COURSE DESCRIPTIONS
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 – Neurological and Physiological Foundations of Speech-Language Pathology** (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** I (1 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.

**S565 – Clinical Methods and Practices** II (1 cr.). Current topics related to clinical practice in speech/language pathology.

**S566 – Clinical Methods and Practices** III (1 cr.). Current topics related to clinical practice in speech/language pathology.

**S567 – Clinical Methods and Practices** IV (1 cr.). Current topics related to clinical practice in speech/language pathology.

**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.

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

**S780 – M.A. Thesis** (3 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.
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
(Updated June 2014)

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 responsibility to persons served, the public, speech-language pathologists, audiologists, and speech, language, and hearing scientists, and to the conduct of research and scholarly activities.

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 who are participants in research and scholarly activities, and they 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 of research and scholarly activities on the basis of race or ethnicity, gender, gender identity/gender expression, age, religion, national origin, sexual orientation, or disability.
D. Individuals shall not misrepresent the credentials of assistants, technicians, support personnel, students, Clinical Fellows, or any others under their supervision, and they shall inform those they serve professionally of the name and professional credentials of persons providing services.

E. Individuals who hold the Certificate 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, or any nonprofessionals over whom they have supervisory responsibility.

F. Individuals who hold the Certificate of Clinical Competence may delegate tasks related to provision of clinical services to assistants, technicians, support personnel, or any other persons only if those services are appropriately supervised, realizing that the responsibility for client welfare remains with the certified individual.

G. Individuals who hold the Certificate of Clinical Competence may delegate tasks related to provision of clinical services that require the unique skills, knowledge, and judgment that are within the scope of practice of their profession to students only if those services are appropriately supervised. The responsibility for client welfare remains with the certified individual.

H. Individuals shall fully inform the persons they serve 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.

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

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

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

L. Individuals may practice by telecommunication (e.g., telehealth/e-health), where not prohibited by law.

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

N. 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 doing so is necessary to protect the welfare of the person or of the community or is otherwise required by law.

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

P. Individuals shall enroll and include persons as participants in research or teaching demonstrations only if their participation is voluntary, without coercion, and with their informed consent.

Q. 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.

R. Individuals shall not discontinue service to those they are serving without providing reasonable notice.

**PRINCIPLE OF ETHICS II**

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

**Rules of Ethics**

A. Individuals shall engage in only those aspects of the professions that are within the scope of their professional practice and competence, considering their level of education, training, and experience.
B. Individuals shall engage in lifelong learning to maintain and enhance professional competence and performance.
C. 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.
D. Individuals shall ensure that all equipment used to provide 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 the dissemination of research findings and scholarly activities, and the promotion, marketing, and advertising of products and services.

**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 interest, financial or otherwise.
D. Individuals shall not misrepresent research, diagnostic information, services rendered, results of services rendered, products dispensed, or the effects of products dispensed.
E. Individuals shall not defraud or engage in any scheme to defraud in connection with obtaining payment, reimbursement, or grants for services rendered, research conducted, or products dispensed.
F. Individuals' statements to the public shall provide accurate information about the nature and management of communication disorders, about the professions, about professional services, about products for sale, and about research and scholarly activities.
G. Individuals' statements to the public when advertising, announcing, and marketing their professional services; reporting research results; and promoting products shall adhere to 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 other professions and disciplines.

**Rules of Ethics**

A. Individuals shall uphold the dignity and autonomy of the professions, maintain harmonious interprofessional and intraprofessional relationships, and accept the professions' self-imposed standards.
B. Individuals shall prohibit anyone under their supervision from engaging in any practice that violates the Code of Ethics.
C. Individuals shall not engage in dishonesty, fraud, deceit, or misrepresentation.
D. Individuals shall not engage in any form of unlawful harassment, including sexual harassment or power abuse.
E. Individuals shall not engage in any other form of conduct that adversely reflects on the professions or on the individual's fitness to serve persons professionally.

F. Individuals shall not engage in sexual activities with clients, students, or research participants over whom they exercise professional authority or power.

G. 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.

H. Individuals shall reference the source when using other persons' ideas, research, presentations, or products in written, oral, or any other media presentation or summary.

I. Individuals' statements to colleagues about professional services, research results, and products shall adhere to prevailing professional standards and shall contain no misrepresentations.

J. Individuals shall not provide professional services without exercising independent professional judgment, regardless of referral source or prescription.

K. Individuals shall not discriminate in their relationships with colleagues, students, and members of other professions and disciplines on the basis of race or ethnicity, gender, gender identity/gender expression, age, religion, national origin, sexual orientation, or disability.

L. Individuals shall not file or encourage others to file complaints that disregard or ignore facts that would disprove the allegation, nor should the Code of Ethics be used for personal reprisal, as a means of addressing personal animosity, or as a vehicle for retaliation.

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

N. 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 Pathology²
(Updated September 2007)

The overall objective of speech-language pathology services is to optimize individuals' ability to communicate and swallow, thereby improving quality of life. As the population profile of the United States continues to become increasingly diverse (U.S. Census Bureau, 2005), speech-language pathologists have a responsibility to be knowledgeable about the impact of these changes on clinical services and research needs. Speech-language pathologists are committed to the provision of culturally and linguistically appropriate services and to the consideration of diversity in scientific investigations of human communication and swallowing. For example, one aspect of providing culturally and linguistically appropriate services is to determine whether communication difficulties experienced by English language learners are the result of a communication disorder in the native language or a consequence of learning a new language.

Additionally, an important characteristic of the practice of speech-language pathology is that, to the extent possible, clinical decisions are based on best available evidence. ASHA has defined evidence-based practice in speech-language pathology as an approach in which current, high-quality research evidence is integrated with practitioner expertise and the individual's preferences and values into the process of clinical decision making (ASHA, 2005). A high-quality basic, applied, and efficacy research base in communication sciences and disorders and related fields of study is essential to providing evidence-based clinical practice and quality clinical services. The research base can be enhanced by increased interaction and communication with researchers across the United States and from other countries. As our global society is becoming more connected, integrated, and interdependent, speech-language pathologists have access to an abundant array of resources, information technology, and diverse perspectives and influence (e.g., Lombardo, 1997). Increased national and international interchange of professional knowledge, information, and education in communication sciences and disorders can be a means to strengthen research collaboration and improve clinical services.

The World Health Organization (WHO) has developed a multipurpose health classification system known as the International Classification of Functioning, Disability and Health (ICF; WHO, 2001). The purpose of this classification system is to provide a standard language and framework for the description of functioning and health. The ICF framework is useful in describing the breadth of the role of the speech-language pathologist in the prevention, assessment, and habilitation/rehabilitation, enhancement, and scientific investigation of communication and swallowing. It consists of two components:

- **Health Conditions**
  - **Body Functions and Structures**: These involve the anatomy and physiology of the human body. Relevant examples in speech-language pathology include craniofacial anomaly, vocal fold paralysis, cerebral palsy, stuttering, and language impairment.
  - **Activity and Participation**: Activity refers to the execution of a task or action. Participation is the involvement in a life situation. Relevant examples in speech-language pathology include difficulties with swallowing safely for independent feeding, participating actively in class, understanding a medical prescription, and accessing the general education curriculum.

- **Contextual Factors**
  - **Environmental Factors**: These make up the physical, social, and attitudinal environments in which people live and conduct their lives. Relevant examples in speech-language pathology

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include the role of the communication partner in augmentative and alternative communication, the influence of classroom acoustics on communication, and the impact of institutional dining environments on individuals' ability to safely maintain nutrition and hydration.

- Personal Factors: These are the internal influences on an individual's functioning and disability and are not part of the health condition. These factors may include, but are not limited to, age, gender, ethnicity, educational level, social background, and profession. Relevant examples in speech-language pathology might include a person's background or culture that influences his or her reaction to a communication or swallowing disorder.

The framework in speech-language pathology encompasses these health conditions and contextual factors. The health condition component of the ICF can be expressed on a continuum of functioning. On one end of the continuum is intact functioning. At the opposite end of the continuum is completely compromised functioning. The contextual factors interact with each other and with the health conditions and may serve as facilitators or barriers to functioning. Speech-language pathologists may influence contextual factors through education and advocacy efforts at local, state, and national levels. Relevant examples in speech-language pathology include a user of an augmentative communication device needing classroom support services for academic success, or the effects of premorbid literacy level on rehabilitation in an adult post brain injury. Speech-language pathologists work to improve quality of life by reducing impairments of body functions and structures, activity limitations, participation restrictions, and barriers created by contextual factors.

**QUALIFICATIONS**

Speech-language pathologists, as defined by ASHA, hold the ASHA Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP), which requires a master's, doctoral, or other recognized post baccalaureate degree. ASHA-certified speech-language pathologists complete a supervised postgraduate professional experience and pass a national examination as described in the ASHA certification standards. Demonstration of continued professional development is mandated for the maintenance of the CCC-SLP. Where applicable, speech-language pathologists hold other required credentials (e.g., state licensure, teaching certification).

This document defines the scope of practice for the field of speech-language pathology. Each practitioner must evaluate his or her own experiences with preservice education, clinical practice, mentorship and supervision, and continuing professional development. As a whole, these experiences define the scope of competence for each individual. Speech-language pathologists may engage in only those aspects of the profession that are within their scope of competence.

As primary care providers for communication and swallowing disorders, speech-language pathologists are autonomous professionals; that is, their services are not prescribed or supervised by another professional. However, individuals frequently benefit from services that include speech-language pathologist collaborations with other professionals.

**PROFESSIONAL ROLES AND ACTIVITIES**

Speech-language pathologists serve individuals, families, and groups from diverse linguistic and cultural backgrounds. Services are provided based on applying the best available research evidence, using expert clinical judgments, and considering clients' individual preferences and values. Speech-language pathologists address typical and atypical communication and swallowing in the following areas:

- speech sound production
- articulation
• apraxia of speech
• dysarthria
• ataxia
• dyskinesia
• resonance
  • hypernasality
  • hyponasality
  • cul-de-sac resonance
  • mixed resonance
• voice
  • phonation quality
  • pitch
  • loudness
  • respiration
• fluency
  • stuttering
  • cluttering
• language (comprehension and expression)
  • phonology
  • morphology
  • syntax
  • semantics
  • pragmatics (language use, social aspects of communication)
  • literacy (reading, writing, spelling)
  • prelinguistic communication (e.g., joint attention, intentionality, communicative signaling)
  • paralinguistic communication
• cognition
  • attention
  • memory
  • sequencing
  • problem solving
  • executive functioning
• feeding and swallowing
  • oral, pharyngeal, laryngeal, esophageal
  • orofacial myology (including tongue thrust)
  • oral-motor functions

Potential etiologies of communication and swallowing disorders include:
• neonatal problems (e.g., prematurity, low birth weight, substance exposure);
• developmental disabilities (e.g., specific language impairment, autism spectrum disorder, dyslexia, learning disabilities, attention deficit disorder);
• auditory problems (e.g., hearing loss or deafness);
• oral anomalies (e.g., cleft lip/palate, dental malocclusion, macroglossia, oral-motor dysfunction);
• respiratory compromise (e.g., bronchopulmonary dysplasia, chronic obstructive pulmonary disease);
• pharyngeal anomalies (e.g., upper airway obstruction, velopharyngeal insufficiency/incompetence);
• laryngeal anomalies (e.g., vocal fold pathology, tracheal stenosis, tracheostomy);
• neurological disease/dysfunction (e.g., traumatic brain injury, cerebral palsy, cerebral vascular accident, dementia, Parkinson's disease, amyotrophic lateral sclerosis);
• psychiatric disorder (e.g., psychosis, schizophrenia);
• genetic disorders (e.g., Down syndrome, fragile X syndrome, Rett syndrome, velocardiofacial syndrome).

The professional roles and activities in speech-language pathology include clinical/educational services (diagnosis, assessment, planning, and treatment), prevention and advocacy, and education, administration, and research.

**CLINICAL SERVICES**

Speech-language pathologists provide clinical services that include the following:

- prevention and pre-referral
- screening
- assessment/evaluation
- consultation
- diagnosis
- treatment, intervention, management
- counseling
- collaboration
- documentation
- referral

Examples of these clinical services include

1. using data to guide clinical decision making and determine the effectiveness of services;
2. making service delivery decisions (e.g., admission/eligibility, frequency, duration, location, discharge/dismissal) across the lifespan;
3. determining appropriate context(s) for service delivery (e.g., home, school, telepractice, community);
4. documenting provision of services in accordance with accepted procedures appropriate for the practice setting;
5. collaborating with other professionals (e.g., identifying neonates and infants at risk for hearing loss, participating in palliative care teams, planning lessons with educators, serving on student assistance teams);
6. screening individuals for hearing loss or middle ear pathology using conventional pure-tone air conduction methods (including otoscopic inspection), otoacoustic emissions screening, and/or screening tympanometry;
7. providing intervention and support services for children and adults diagnosed with speech and language disorders;
8. providing intervention and support services for children and adults diagnosed with auditory processing disorders;
9. using instrumentation (e.g., videofluoroscopy, electromyography, nasendoscopy, stroboscopy, endoscopy, nasometry, computer technology) to observe, collect data, and measure parameters of communication and swallowing or other upper aerodigestive functions;
10. counseling individuals, families, coworkers, educators, and other persons in the community regarding acceptance, adaptation, and decision making about communication and swallowing;
11. facilitating the process of obtaining funding for equipment and services related to difficulties with communication and swallowing;
12. serving as case managers, service delivery coordinators, and members of collaborative teams (e.g., individualized family service plan and individualized education program teams, transition planning teams);
13. providing referrals and information to other professionals, agencies, and/or consumer organizations;
14. developing, selecting, and prescribing multimodal augmentative and alternative communication systems, including unaided strategies (e.g., manual signs, gestures) and aided strategies (e.g., speech-generating devices, manual communication boards, picture schedules);
15. providing services to individuals with hearing loss and their families/caregivers (e.g., auditory training for children with cochlear implants and hearing aids; 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);
16. addressing behaviors (e.g., perseverative or disruptive actions) and environments (e.g., classroom seating, positioning for swallowing safety or attention, communication opportunities) that affect communication and swallowing;
17. selecting, fitting, and establishing effective use of prosthetic/adaptive devices for communication and swallowing (e.g., tracheoesophageal prostheses, speaking valves, electrolarynges; this service does not include the selection or fitting of sensory devices used by individuals with hearing loss or other auditory perceptual deficits, which falls within the scope of practice of audiologists; ASHA, 2004);
18. providing services to modify or enhance communication performance (e.g., accent modification, transgender voice, care and improvement of the professional voice, personal/professional communication effectiveness).

PREVENTION AND ADVOCACY

Speech-language pathologists engage in prevention and advocacy activities related to human communication and swallowing. Example activities include
1. improving communication wellness by promoting healthy lifestyle practices that can help prevent communication and swallowing disorders (e.g., cessation of smoking, wearing helmets when bike riding);
2. presenting primary prevention information to individuals and groups known to be at risk for communication disorders and other appropriate groups;
3. providing early identification and early intervention services for communication disorders;
4. advocating for individuals and families through community awareness, health literacy, education, and training programs to promote and facilitate access to full participation in communication, including the elimination of societal, cultural, and linguistic barriers;
5. advising regulatory and legislative agencies on emergency responsiveness to individuals who have communication and swallowing disorders or difficulties;
6. promoting and marketing professional services;
7. advocating at the local, state, and national levels for improved administrative and governmental policies affecting access to services for communication and swallowing;
8. advocating at the local, state, and national levels for funding for research;
9. recruiting potential speech-language pathologists into the profession;
10. participating actively in professional organizations to contribute to best practices in the profession.

**EDUCATION, ADMINISTRATION, AND RESEARCH**

Speech-language pathologists also serve as educators, administrators, and researchers. Example activities for these roles include

1. educating the public regarding communication and swallowing;
2. educating and providing in-service training to families, caregivers, and other professionals;
3. educating, supervising, and mentoring current and future speech-language pathologists;
4. educating, supervising, and managing speech-language pathology assistants and other support personnel;
5. fostering public awareness of communication and swallowing disorders and their treatment;
6. serving as expert witnesses;
7. administering and managing clinical and academic programs;
8. developing policies, operational procedures, and professional standards;
9. conducting basic and applied/translational research related to communication sciences and disorders, and swallowing.

**PRACTICE SETTINGS**

Speech-language pathologists provide services in a wide variety of settings, which may include but are not exclusive to

1. public and private schools;
2. early intervention settings, preschools, and day care centers;
3. health care settings (e.g., hospitals, medical rehabilitation facilities, long-term care facilities, home health agencies, clinics, neonatal intensive care units, behavioral/mental health facilities);
4. private practice settings;
5. universities and university clinics;
6. individuals’ homes and community residences;
7. supported and competitive employment settings;
8. community, state, and federal agencies and institutions;
9. correctional institutions;
10. research facilities;
11. corporate and industrial settings.
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.
### Summary of Supervised Clinical Practicum

**Indiana University**

Robert L. Milisen Speech, Language and Hearing Clinics

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<th>EVALUATION</th>
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**GRAND TOTAL ALL HOURS**: Adult (16+): [ ]  Child: [ ]

Only direct contact with the client or the client’s family in assessment, management, 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. 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 one student works with the client for 30 minutes and another student works with the client for the next 45 minutes, each student receives credit for the time he/she actually provided services—that is, 30 and 45 minutes respectively, not 75 minutes.

- articulation
- fluency
- voice and resonance, including respiration and phonation
- receptive and expressive language (phonology, morphology, syntax, semantics, and pragmatics) in speaking, listening, reading, writing, and manual modalities
- hearing, including the impact on speech and language
- swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding; orofacial myofunction)
- cognitive aspects of communication (attention, memory, sequencing, problem-solving, executive functioning)
- social aspects of communication (including challenging behavior, ineffective social skills, lack of communication opportunities)
- communication modalities (including oral, manual, augmentative, and alternative communication techniques and assistive technologies)
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. (Source: Faculty Council, May 2, 1961)

Definition of Plagiarism

Plagiarism is defined as presenting someone else's work, including the work of other students, as one's own. Any ideas or materials taken from another source for either written or oral use must be fully acknowledged, unless the information is common knowledge. What is considered "common knowledge" may differ from course to course.

a. A student must not adopt or reproduce ideas, opinions, theories, formulas, graphics, or pictures of another person without acknowledgment.

b. A student must give credit to the originality of others and acknowledge an indebtedness whenever:
   1. Directly quoting another person's actual words, whether oral or written;
   2. Using another person's ideas, opinions, or theories;
   3. Paraphrasing the words, ideas, opinions, or theories of others, whether oral or written;
   4. Borrowing facts, statistics, or illustrative material; or
   5. Offering materials assembled or collected by others in the form of projects or collections without acknowledgment.

(quoted from Code of Student Rights, Responsibilities, and Conduct, Part II, Student Responsibilities, Academic Misconduct, By action of the University Faculty Council [April 12, 2005] and the Trustees of Indiana University [June 24, 2005].)

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.
APPENDIX VIII

CAA COMPLAINT PROCEDURE
(Updated February 2015)

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

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, including the relationship of the complaint to the accreditation standards;

c. be clearly described, including the specific nature of the charge and the data to support the charge;

d. be within the timelines specified below:

- if the complaint is being filed by a graduate or former student, or a former faculty or staff member, the complaint must be filed within one year of separation* from the program, even if the conduct occurred more than 4 years prior to the date of filing the complaint;

- if the complaint is being filed by a current student or faculty member, the complaint must be filed as soon as possible, but no longer than 4 years after the date the conduct occurred;

- if the complaint is being filed by other complainants, the conduct must have occurred at least in part within 4 years prior to the date the complaint is filed.

*Note: For graduates, former students, or former faculty or staff filing a complaint, the date of separation should be the date on which the individual was no longer considered a student in or employee of the graduate program (i.e., graduation, resignation, official notice of withdrawal or termination), and after any institutional grievance or other review processes have been concluded.

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—not via e-mail or as a facsimile—to:

Chair, Council on Academic Accreditation in Audiology and Speech-Language Pathology
American Speech-Language-Hearing Association,

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.

DETERMINATION OF JURISDICTION

Within 15 days of receipt of the complaint, Accreditation 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 an Accreditation Office file separate from the program’s accreditation file.

The Executive Committee of the CAA will then consider and 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.

INVESTIGATION 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. The CAA may draw reasonable inferences from a program’s failure to provide a response to the complaint. The program must respond to all of the specific elements identified in the complaint and describe how the program addressed the concerns with the complainant. 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 the 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 identity of the complainant 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 conclude 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 and voting protocols regarding the CAA members’ participation and voting on complaints also will apply to these complaint procedures.

d. After reviewing the complaint, the program’s response to the complaint and other information requested by the CAA Chair as referenced above, the CAA will determine its course of action within 30 days. Such actions include, but are not limited to, the following:

- dismiss the complaint,
- recommend 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),
- continue the investigation through a focused site visit to the program,
- place the program on probation,
- withhold/withdraw 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 scheduled expeditiously. 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 the complaint, the program’s response to the complaint, and other information requested by the CAA Chair as referenced above, 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:

- dismiss the complaint,
- recommend 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),
• place the program on probation,
• withhold/withdraw accreditation.

g. If the CAA withholds or 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 or 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 or withdraw accreditation will be final, and no further appeal may be taken. If accreditation is withheld or 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, consistent with the CAA’s Public Notice of Accreditation Actions policy.

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 or 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:
• recommend 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),
• place the program on probation,
• withhold/withdraw 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 or withdraw accreditation, the program may appeal the decision in accord with the appeal procedures described herein. Summary of Time Lines

**SUMMARY OF TIME LINES**

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

• The complaint is acknowledged within 15 days of receipt and forwarded to the CAA Executive Committee.

• If the Executive Committee determines that the complaint does not meet criteria for complaints, the complainant is informed within 30 days that the CAA will not investigate.

• If the Executive Committee determines that the complaint meets criteria, the complainant is informed within 30 days of the determination that the CAA will proceed with investigation.

• The complainant is given 30 days to sign a waiver of confidentiality or withdraw the complaint.

• Within 15 days of receipt of the waiver of confidentiality, the complaint is sent to the program for a 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 the program's response, the Chair forwards the complaint and program response to the CAA for review.

• Within 30 days, the CAA determines a course of action.

• If the CAA determines that a site visit is necessary, the visit is scheduled and the site visit team submits a report to the CAA within 30 days of visit.

• Within 15 days, the site visit report is forwarded to the program for its response within 30 days.

• The CAA takes action within 21 days of the program’s response.

• If the CAA withholds/withdraws accreditation, the program is notified within 15 days of the CAA’s decision.

• The program has 30 days to request Further Consideration.

• If the program does not request Further Consideration, the decision is final and the CAA notifies the Secretary of U.S. Department of Education (ED); if program timely requests Further Consideration, the CAA takes action within 30 days.

• The CAA informs the program and the complainant within 15 days of the decision following Further Consideration.


APPENDIX IX

M.A. Comprehensive Exam
INSTRUCTIONS

General information:

Each student has been randomly assigned a case study for the comprehensive exam. Four cases consist of a child/adolescent with a communication disorder, and four cases discuss an adult with a communication disorder. Between four and five students will have the same case to prepare for the comprehensive exam. The focus of the exam is for the students to show integration of academic and clinical knowledge to develop a sound intervention plan, following EBP, for the assigned case. It also focuses on students being able to gather information from various sources (academic, clinical, outside readings/resources) to inform their clinical practice. Thus, cases may include variables/disabilities/factors that students may not have had specific academic coursework, as our goal is to evaluate students’ ability to think critically, know how to access information (and what information they need to access), and problem solve, as it applies to clinical practice.

Where and when can students access the cases:

A canvas page has been created where the following information has been uploaded:
  1- general instructions (aka this document)
  2- grading rubric
  3- case summaries and other pertinent data for each case, including pdf files of relevant literature chosen by the faculty who developed said case (5-8 articles per case)

Documents (1) and (2) are located in a file folder. A separate folder for each case has also been created. Only students assigned to a case will have access to the pertinent documents for said case (e.g., client history/case summary, other information as needed, readings). On canvas, you have been divided into groups, and you will have access to case information and readings specific for your group. Please note: It is permitted for students assigned to the same case to meet and discuss said case.

On August 13, students will gain access to the canvas site and the general and assigned case/group. These are labeled as child case 1, 2, 3, 4, and adult case 1, 2, 3, 4.

What data will be available prior to the written exam?

Prior to the exam, the case study information will include background information/history (e.g., medical, developmental, educational, vocational), as well as results from initial evaluations, as applicable, to each case. In addition, 5-8 readings that are pertinent to the case will be available.

What will be available during the examination period?

For each case, information concerning diagnostic results and/or other pertinent information that may impact intervention will be provided to each student.

What can the student bring to the examination?

“Cheat Sheet”

Students are allowed to bring a one-page (8-11 inch) “cheat sheet” to the exam, with whatever data from the case summary and/or readings the student deems appropriate. Only one side of the paper is to be filled with the information (i.e., do not use both sides of the sheet).
It is imperative that the only written information on the cheat sheet be what was indicated above. It is expected that students develop goals/intervention procedures once s/he receives the diagnostic information.

The cheat sheet, with your name, is to be handed in once the comprehensive exam has been written and uploaded to canvas. A cheat sheet that includes LTGs and STGs will result in an automatic fail on the comprehensive for the student.

Please note: The readings are here to help you gain further information that will help you as you complete the comprehensive. You are not expected to cite specific articles. In addition, prior knowledge gained via coursework and clinical practica are to be used in this endeavor (as well via other sources of information that conform to EBP standards).

What will the response entail?

Students will be asked to develop an intervention plan for their assigned case. This will include:

1- interpretation of the assessment data
2- intervention approach and focus, with a cogent rationale with evidence for the choice of intervention approach/model
3- discussion of client, family and environmental factors that will impact intervention (as appropriate) and how these will be incorporated within the intervention; included, if applicable, is inter-professional collaboration.
4- long term goal(s)
5- short term goal(s)
6- an example of a treatment activity, with a rationale for the choice of said activity

(Please see rubric for information on areas that will be assessed.)

Length of response

The response will be a maximum of 6 double-spaced pages, 12 font. The interpretation of the diagnostic data and diagnostic statement should be a maximum of one paragraph or 500 words (i.e., cannot be more than one page in length). The expectation is that students are able to be succinct, use the most salient data and come up with a diagnostic statement.

Other information

1- Students will complete their response on a computer and will upload it to the M.A. comprehensives canvas page. An assignment has been set up for you to upload your response. The location of the examination will be at a computer lab on campus. The specific building and computer room(s) will be announced once the registrar responds to our request for a room.
2- You will have 3.5 hours to complete the written examination. The examination will take place Saturday, September 8, from 8:30 A.M. to 12:00 noon.
3- Two faculty members, one clinical and one academic will evaluate and grade your response (pass/fail). If the evaluation is mixed, a third reader will independently evaluate your response. A final comprehensive rubric will be provided to each student.
4- NOTE: Because of FERPA regulations, we cannot place the results in your boxes. As a result, the M.A. coordinator will send an e-mail to the class indicating that these can be picked up from the graduate secretary. Also due to FERPA, you will be asked to sign that you have received the letter with the results, including the comments/scoring rubric.

Procedures for students that fail the written comprehensive exam:

The following procedures are in place:

1- If the result of the assessment is a fail, the student will receive written feedback on his/her performance, and an oral examination will take place within three weeks after the written response was handed in.

2- Prior to the oral exam, the student is REQUIRED to meet with the M.A. coordinator. (Oral exam will not be scheduled until the student meets with the M.A. coordinator.)

3- The M.A. coordinator, in collaboration with the graduate secretary, will work to schedule a meeting time for the oral exam.

4- The faculty members (2 to 3) who evaluated the student’s written response, and M.A. coordinator will be present during the oral examination. In cases where the M.A. coordinator was a grader, the Clinic Director will participate in the oral examination. The role of the M.A. coordinator/Clinic Director is to ensure that expected procedures during the oral exam are followed.

5- Results of and written feedback as to performance on the oral exam will be provided within 24 hours of the student completing the oral exam.

6- If the student fails the oral exam, the faculty who participated in the oral examination will identify a remediation plan. This may include: (1) answering questions (written) where responses were weak; (2) new readings and reading summaries. The format of this remediation will be tailored to each student to address areas of weakness (and provide avenues for student learning).

7- The student will have a maximum of one month to complete the remediation plan (length of allotted time will depend on the specific plan established). Failure to complete remediation plan in competent manner may result in extending the program or dismissal from the program.