

Clinic Handbook

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Preface

Welcome to the Harding University Speech Clinic (HUSC) and to the practical application portion of your education. The faculty and staff of the HUSC attempt to live a life consistent with Christian ideals while striving to use the blessings that our God has bestowed upon us. Our goal is to serve individuals that benefit from the skilled therapy of a speech-language pathologist or audiologist, and to teach student clinicians to do the same. This handbook will aid students during their transition from the role of a student in the classroom into the role of student clinician working with clients. It contains information pertaining to the clinical policies and procedures of the practicum experience, and serves as an instructional guide throughout the practicum experience. While no handbook is all-inclusive, this document is a supplement to classroom instruction and the teaching/mentorship of the clinical educators.

Each institution of learning, as well as many employment settings, has variations in the methods, procedures, policies, and guidelines used during the provision of clinical services. Although implemented differently, all facilities strive to adhere to specific guidelines set forth by the American Speech-Language and Hearing Association (ASHA), the Occupational Safety and Health Administration (OSHA), the Health Insurance Portability and Accountability Act (HIPAA), and federal and state educational laws, as well as mandated procedures from the specific institutions and/or accrediting bodies. The policies and procedures contained in this handbook are not the only methods used in the field of speech pathology, but rather the ways in which the HUSC strives to meet its guidelines. The policies and procedures of the University, the Department of Communication Sciences and Disorders (CSD), the American Speech-Language-Hearing Association (ASHA), The Occupational, Safety and Health Act (OSHA) the Health Insurance Portability and Accountability Act (HIPAA) or those of the off-site practicum facilities may supersede the policies of the HUSC.

It is the intention of the faculty and clinical educators of the HUSC that students be exposed to a clinical experience that is both pleasant and productive; however, the well-being of each client is the primary responsibility of the HUSC. As we all work together, may we serve the client's needs and continue in service to the glory of our Lord.

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The Mission

The mission of the Harding University Speech Clinic is to provide an excellent Christian clinical education through strong, positive connections with graduates who use their voice in their communities.

The Speech Clinic

The College of Allied Health houses the department of Communication Sciences and Disorders (CSD), which operates the Harding University Speech Clinic (HUSC). Participation as a student clinician in the HUSC is for graduate students pursuing a Master of Science degree in speech- language pathology and undergraduate students pursuing a Bachelors of Arts (clinical track) degree in CSD. Undergraduate students wishing to complete the speech language pathology assistant certificate or receive a Bachelor of Arts degree in speech language pathology assistant should complete the fieldwork courses only as an offsite placement.
Undergraduate students desiring to participate in a clinical practicum experience in pursuit of the Bachelors of Arts in CSD, the SLPA certificate, and the Bachelors of Arts in speech language pathology assistant must complete the pre-requisites and obtain acceptance into the clinical track.

The HUSC is a private clinic, serving individuals across the life span in all areas of the field of speech pathology. There are presently four divisions of clinical practice within the department of CSD: 1) the HUSC, the on-site clinic, located in the Swaid Center for Health Sciences building on the Harding University campus, 2) off-site services supervised by the faculty of the Department of Communication Sciences and Disorders (considered on-site services), 3) practicum experiences in Zambia, Africa during enrollment in CSD 6390, and 4) the off-site externship program. In each of these divisions, the clinical educators assume full responsibility for the welfare and treatment of each client. In all settings, the student clinicians conduct the evaluation and therapy services under the direct supervision of a state licensed and ASHA certified speech-language pathologist.

Non-Discriminatory Policy

The HUSC serves clients from White County and the surrounding area. The services are conducted free of charge. The services each semester are limited to the number of appointments that the clinical educators can adequately supervise. It is the intent of the HUSC to not discriminate in the delivery of professional services based on factors such as race, sex, age, religion, national origin, sexual orientation, or disability. The HUSC staff will provide services to any individual that may benefit if space and supervision are available.

The Clinical Staff

The HUSC Staff is comprised of the CSD Department Chair, Clinic Director, Externship Director, CSD faculty serving as Clinical Educators, the Administrative Assistant, as well as graduate and undergraduate student clinicians.

The **CSD Department Chair**, Melanie Meeker, Ph.D, CCC-SLP, is responsible for:

- Overseeing the department's academic and clinical curriculum
- Assigning course credit to the academic and practicum experiences
- Maintaining accreditation standards of the University and those required by ASHA.
- Overseeing the clinic director, externship director, and support staff for the department

The **Clinic Director**, Laura Mulvany, M.A., CCC-SLP is responsible for:

- Maintaining the clinical standards of accreditation required by ASHA and the University.
- Collecting, analyzing, distributing, and maintaining assessment information pertaining to clinical educators, HUSC clinical services, and University assessment measures
- Intervening with and investigating student/CE concerns by serving as a mediator to resolve concerns and/or if necessary terminate the supervisory relationship.
- Designing and implementing policies, procedures and curriculum changes to adhere to assessment measures of the department and the university
- Establishing and maintaining community contacts that serve as referral sources for the HUSC.
- Establishing and maintaining contacts with local facilities that participate in the screening services offered by the HUSC
- Scheduling all on-site and off-site therapy and evaluation services that are supervised by the staff of the HUSC
- Assigning client-clinician pairings and clinician-clinical educator pairings that adhere to the ASHA standards, HU credit hour guidelines, and that are within a developmental framework for each clinician
- Establishing and enforcing the policies and procedures for the HUSC
- Collecting, analyzing, and maintaining the documentation for the clinical staff to ensure that they meet facility, state, federal, and regulatory guidelines (background checks, immunizations, HIPAA training, OSHA training, abuse/neglect training, etc.) and adhere to ASHA standards
- Maintaining communication with the student clinicians and the clinical educators before, during, and after clinical practicum experiences
- Creating and managing the budget for the HUSC
- Maintaining the inventory of clinical supplies
- Purchasing and/or maintaining the equipment in the HUSC (repairs, calibrations), including the clinic check-out database, Learning Space, ClinicNote, Calipso etc.
- Meeting regularly with students enrolled in CSD 3850, 3860, 4100, 4200, 6190, and 6290 to guarantee quality of the practicum experience
- Awarding course grades for clinical practicum courses (CSD 3850, 3860, 4100, 4200, 6190, & 6290)

- Establishing and overseeing the documentation of clinical hours, clinical competencies, and student evaluations created during the HUSC practicum experience
- Mentoring and evaluating the effectiveness of the HUSC Clinical Educators
- Establishing and maintaining the admissions requirements for undergraduate students who desire to pursue the clinical track degree

The **Externship Director**, Tim Chance, M.S., CCC-SLP is responsible for:

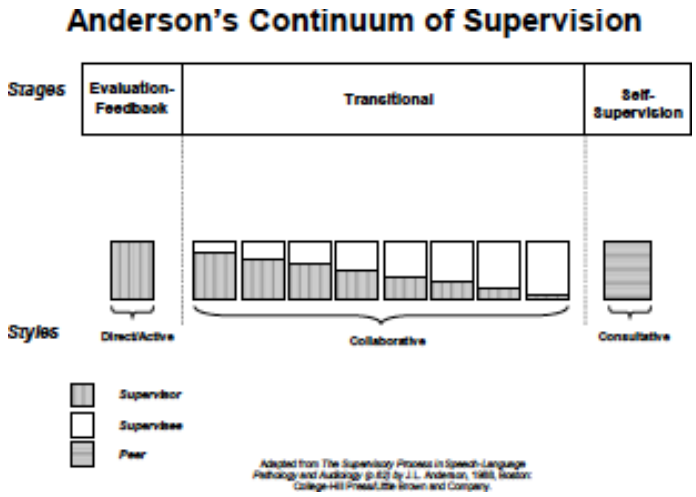
- Establishing and maintaining contacts for affiliation agreements with all externship sites
- Assigning and overseeing undergraduate and graduate students during clinical externships
- Communicating with off-site clinical educators before, during, and after the placements
- Intervening with and investigating student/CE concerns by serving as a mediator to resolve concerns and/or if necessary terminate the supervisory relationship.
- Communicating with students enrolled in CSD 4210, 6390, 6490, 6590 to guarantee the quality of off-campus experiences
- Awarding course grades for clinical practicum courses (CSD 4210, 6390, 6490 & 6590)
- Assisting students with documentation of clinical hours and competencies
- Visiting off-site facilities to observe the student's work and conferring with the clinical educator regarding the student's performance to support progress toward course objectives and clinical competencies
- Collecting documentation from off-site clinical educators for certification and licensure
- Mentoring and evaluating the effectiveness of the off-site Clinical Educators
- Overseeing the requirements for and assisting students in meeting the expectations of the off-site clinical placements

The **Clinical Educators** fulfill a critical role in the teaching and training of the student clinicians while assuming the primary responsibility for the services provided to the clients. As a part of the training process, the clinical educators utilize a direct teaching model to equip the student clinicians in their acquisition of knowledge and skills as these skills relate to the field of communicative disorders. As defined by ASHA, the clinical educators are responsible for:

- Establishing and maintaining an effective working relationship with student clinicians
- Assisting the student clinicians in the development of appropriate goals and objectives for therapy
- Assisting the student clinicians in the development of clinical management skills including chart formation, therapy planning, data collection, documentation etc.
- Demonstrating for, participating with, and observing the student clinicians throughout the clinical process
- Assisting the student clinicians in analyzing his/her assessment and treatment sessions
- Assisting the student clinicians in developing and maintaining accurate clinical records
- Interacting with the student clinicians while planning, executing, and analyzing conferences
- Teaching the student clinicians information regarding professional conduct, ethical and legal standards, requirements from regulatory agencies, and reimbursement aspects of the professional practice as related to their client

- Maintaining consistent communication with the student clinicians by providing weekly written feedback regarding the implementation of clinical services
- Implementing best practices regarding supervision and the therapy process
- Maintaining consistent contact with the client and/or caregiver before, during or after sessions
- Adhering to and enforcing the policies and procedures of the HUSC
- Assisting in the maintenance of therapy equipment and materials.
- Providing developmental supervision for each clinician, while ensuring that a minimum of 50% of each diagnostic session conducted by a graduate clinician, 100% of each diagnostic session conducted by an undergraduate clinician, 25% of each therapy session conducted by a graduate clinician, and 50% of each therapy session conducted by an undergraduate clinician is directly observed.
- Being accessible to student clinicians and clients/caregivers during clinical hours by conducting observations within the HUSC.

In order to aid in transitioning the student clinician from being a dependent clinician to a more independent clinician, the HUSC implements the Anderson's Continuum of Supervision.



Clinicians at the HUSC are perceived to be on the left side of the continuum, requiring direct teaching, modeling, and consistent feedback; however, they are expected to make incremental gains in their knowledge and skill to advance their skills towards the middle or right side of the continuum. Clinical educators are expected to increase educational time based on the clinician's level of experience and the intensity of the client's need.

The **Administrative Assistant**, Shawna Cullins, is responsible for assisting with:

- The daily operations of the HUSC by initiating and maintaining client correspondence, scheduling diagnostic and therapy appointments, scheduling student observations, and managing client and clinician files
- The collection and organization of data pertaining to clinic evaluations as well as ASHA and HU accreditation standards

- The training and enforcement of HUSC, HIPAA, and OSHA policies
- The completion and tracking of child maltreatment checks for student clinicians and on-site clinical educators
- The required documentation (immunizations, certifications, licenses) for clinical educators and student clinicians
- The verification of licensure and certification for all clinical educators
- The requirements for students applying to the clinical track
- The oversight of tasks assigned to the graduate assistants and student worker
- The student clinicians in chart organization and client communication
- The supervision of the use of clinic materials and supplies
- The inventory and purchasing of clinical supplies
- The clinic budget by managing accounts payable and accounts receivable
- The Calipso documentation for all students, clinical educators, and off-site clinical facilities
- The inventory database for clinic materials
- The clinic equipment including repairs and calibrations
- The communication with student clinicians and clinical educators regarding pertinent client information
- The communication with off-site externship placements, including the maintenance of practicum contracts and honorariums

The **Student Clinician** is responsible for:

- Upholding the HUSC policies and procedures as well as the ASHA Code of Ethics
- Representing the HUSC in a professional manner
- Maintaining confidentiality as defined by the HIPAA guidelines and adhering to OSHA guidelines
- Meeting the as defined in the CSD handbook and Appendix A
- Maintaining compliance and documentation for required immunizations, health and safety certifications, and CPR (graduate students)
- Wearing a HUSC student clinician nametag and HUSC approved attire when engaging in practicum experiences
- Maintaining communication and relationship with HUSC staff
- Maintaining documentation for clinical hours and the KASA form
- Investing in the learning process and self-motivating to improve upon existing knowledge and skill

Prerequisites for Practicum Enrollment

Undergraduate students desiring to participate in the clinical track must declare the clinical major, complete the application for undergraduate clinical practicum, receive a provisional acceptance to the clinical track, and complete the necessary requirements for full admission. All full time graduate students will participate in clinical practicum every semester and part time graduate students will enroll in clinical courses concurrently. In order for any student clinician to participate, the following procedures must be completed before the initiation of services.

- Document the completion of a state and federal background check, and a child maltreatment check with no exclusionary or disqualifying findings being reported. Depending on the findings, student clinicians may not be allowed to complete specific practicum experiences. The inability to complete practicum experiences will impact the timely progression through the program, impede or prohibit the required acquisition of knowledge and skills, and ultimately prevent graduation.
- Submit documentation for all required immunizations, titers, and Tb screening. This includes, but is not limited to, influenza, hepatitis A, MMR, tuberculosis, and completion of drug testing without disqualifying results.
- Successful completion of HIPAA and OSHA training
- Successful completion of a healthcare provider CPR certification course with skills testing(graduate students only)
- Each clinician must have professional liability coverage. The university maintains this policy, which is underwritten by Stephen's Insurance of Little Rock, AR.

Students who speak English with Accents and Non-Standard Dialects

In compliance with ASHA Code of Ethics, the Harding University Communication and Sciences and Disorders department will not discriminate against students who speak English with an accent or non-standard dialect. It is expected that the student be able to provide modeling of target phonemes, grammatical features, and any other aspect of speech and language that is essential in the treatment of a client. Per ASHA recommendations, writing skills and other competencies will not be altered for students who speak with a dialect or accent.

Clinic Facilities, Equipment & Materials

Clinic Office: The clinic office is used for official business only. There are some items in the office that may be used by student clinicians. The following guidelines should be followed:

- Items removed from the clinic office must be checked out upon removal, and checked in upon return.
- Items checked out from the clinic office must be attended at all times.

- Items must be returned thirty-minutes before clinic closing time (including lunch breaks) on the day of checkout.
- Items must remain within the HUSC unless permission is granted from a clinical educator or the clinic director.
- Students may use the HUSC printers, phones, and/or fax machine for official clinic business only. **This equipment is not available for class assignments or personal use.**
- The clinic administrative assistant, GAs, or student workers are available to make limited copies for use in therapy. When requesting copies, the following guidelines must be followed:
    - Copies are made on an as needed basis (one week at a time) and should not exceed 12 pages per week.
    - Requests must adhere to copyright laws.
    - Items to be copied should be clearly identified with the desired page numbers and the clinician's name.
    - Place item to be copied in the tray labeled "to be copied" on the wall in the clinic office.
    - Once the copies are completed, the copies will be placed in the "copied" tray located in the clinic office.
    - If the original source belongs to the HUSC, it will be returned to the inventory in the materials room. If the original source is not from the HUSC, the original will be left in the tray with the copies. It is the student's responsibility to ensure that all items are returned.

Materials Room: The HUSC offers a wide variety of diagnostic instruments, therapy resources, reinforcement materials, and supplies for use during evaluations and therapy. The materials are located in the materials room and are owned by the HUSC. Materials are labeled, barcoded, and cataloged in an electronic database. The clinic director, administrative assistant, GAs, and student workers maintain the materials room and barcode system. Materials are inventoried annually in the summer and additional, updated materials are ordered when necessary. Students and clinical educators may make requests to the clinic director for specific materials for their client. If these are purchased, they will be barcoded and shelved in the materials room for use with clients. The use of the materials room may be revoked at any time if the procedures governing the use of clinical materials are not followed. When using items in the materials room, the following procedures must be followed:

- Items removed from the shelves for review should be returned to the same location
- **Check items out just before sessions and return them immediately following. Items may not be checked out for more than 24 hours.**
- Items should remain in the HUSC unless approved by the clinical staff.
- All items must be returned in good condition and in proper working order with all pieces accounted for.
- Individuals are responsible for the items checked out. If an item is not returned, or is returned in less than expected condition, the student's account will be charged for the cost to replace or repair the item.

- To maintain HIPAA compliance, clinicians are responsible for deleting files (client information) from video equipment (Ipads) before returning equipment.
- Video equipment should be fully charged (and free of data) when returned.
- Assessments administered to clients must use original protocols. Protocols used for class assignments must be COPIES of the original protocol and be clearly marked "For educational use only."
- Therapy and Evaluation materials are to be used for training purposes only. Materials may not be used for personal use.
- Equipment is inspected annually by the prospective companies (audiometric equipment, Olympus) and/or HUSC staff. If any equipment is found to be defective, it is marked as such and is not utilized in clinic. The clinic administrative assistant is responsible for contacting the appropriate entity for repair or replacement.
- Diagnostic materials should be reserved on the calendar pages located in the materials room. Clinician name, time, and test should be clearly written. Student clinicians are responsible for checking out these items when needed.

Student Workrooms: Graduate and undergraduate workrooms are located on the second floor of the Swaid Center for Health Sciences building. All computer access in the workrooms is connected to the VLAN which insures confidentiality of the clinic's electronic medical records (EMR). Students are allowed to use the workroom computers to access the EMR, ClinicNote, for documentation purposes.

The HUSC utilizes Learning Space to record sessions. Clinical supervisors and Staff that are administrators can access all videos recorded in Learning Space. Student clinicians can only access videos in which they are tagged. Student clinicians should only access client videos from a HUSC computer in the prep room.

Due to HIPAA regulations, any documentation that includes client identifying information may not be taken to the student workrooms. Therapy and/or evaluation materials should not be stored in the student workrooms. **Due to confidential material that may be available, only the HUSC faculty/staff and assigned student clinicians are allowed in the workrooms. HUSC faculty/staff and student clinicians will gain access to the workrooms by using their HU ID. Access with HU ID is maintained through HU public safety. The administrative assistant, Mrs. Cullins, communicates with public safety each semester allowing those approved individuals to maintain access.**

Clinical Preparation Room: The clinical preparation room, located in the clinic, is to be used by student clinicians enrolled in a clinical course. Clinicians are required to use this workroom to complete HIPAA regulated documentation (using ClinicNote). **Due to the confidential material that may be available, only the HUSC faculty/staff and assigned student clinicians are allowed in the clinical preparation room.**

Therapy Rooms: The therapy rooms are assigned by the clinic director and/or requested by a clinical educator to best meet the needs of the client. Each therapy room is equipped with a table and chairs and disinfectant supplies. All furniture should be kept in the therapy rooms. If furniture is removed to accommodate a client, the student clinician is responsible for returning it to its proper place immediately following the session. All disinfectant supplies should be kept in the upper cabinets of the therapy room and when low, should be reported to the GA on duty.

Activities of Daily Living (ADL) Lab (a.k.a., the kitchen): This room may be used for individual or group therapy sessions. Clinicians are expected to clean up after themselves and each other by putting dishes in the dishwasher, starting and emptying the dishwasher as needed, disinfecting cabinets and tables, and maintaining the refrigerator/freezer. Food used for clients must be labeled with the client's tx number and the date the item was opened. The GAs clean the refrigerator and cabinets regularly and document the temperature of the refrigerator to maintain food safety standards. All unlabeled items, or items that are out of date, are removed and disposed of outside the clinic. Use of this room will be discontinued if these protocols are not upheld. The ADL lab may NOT be accessed for personal use.

Patient Consultation Room: This room is located on the second floor of the building and should be used for private conferences or educational training between the client/caregiver and the HUSC staff. This room is equipped to serve as an observation room for families desiring to watch individual sessions.

Confidentiality/HIPAA

Clinical staff and student clinicians (on-site and off-site) are expected to respect the client's right to confidentiality, as stated in the ASHA Code of Ethics, Principle I, and the rules and regulations of the Health Insurance Portability and Accountability Act (HIPAA). Clinical educators and student clinicians are expected to monitor both written and verbal communication to ensure that patients' rights are upheld. The requirements of HIPAA apply to the use, storage, and transmission of patient related information. The following guidelines will help ensure client confidentiality:

- Do not discuss a client with anyone besides the HUSC staff without the written permission to release information. After permission is obtained, any information that is released must be documented in the client's chart.
- Never discuss clients by name (except when discussing the client with the clinical educator assigned to the case) without the written consent of the client. When possible, use the term "my client" or "TX/DX # ."
- Never discuss clients in a public area. This includes speaking with parents. If a conference is needed, use a more private location.
- Never leave written information containing client information unattended, uncovered, or in an area that is not HIPAA compliant.
- Use authorized equipment for generating, storing, editing, viewing and/or transmitting clinical documentation. Confidential information that includes client information may not be drafted, saved, or transferred to/from personal computers. The HUSC staff may only use the computers connected to the VLAN located in the HUSC/upstairs workroom and must maintain all clinical information in ClinicNote.
- Do not remove any information from a chart without permission from the clinical educator.
- Do NOT share your ClinicNote password with anyone.
- Do NOT access any client videos outside of the clinic

At the beginning of their clinical practicum experience, student clinicians must sign a form stating that they have read, understand, and agree to abide by the ASHA Code of Ethics and the policies and procedures of the HUSC, including those that enforce the HIPAA regulations.

Students will also sign a document concerning HIPAA regulations as it pertains to electronic medical records (EMR). Students must acknowledge that they fully understand the expectations, that they will uphold them to the best of their ability, and that they acknowledge that a breach of these policies could result in a lowering of their course grade, dismissal from the program, dismissal from the University and/or legal action taken against them.

Professionalism

The staff of the HUSC recognizes that professionalism as expressed in an individual's communication (oral, written, non-verbal), dress, grooming, mannerisms and behaviors, as well as the appropriate use of social media and is a critical factor in the formation of positive rapport with patients and other professionals. These factors can either have a favorable or adverse effect on the response to the services provided. The recognition of and respect for cultural differences is an integral part of being an effective speech-language pathologist and must be continually considered. Each member of the HUSC staff should present in a way that fosters a positive professional relationship. The staff is expected to refrain from behaviors that would be deemed offensive to others, regardless of their personal opinions. An individual's tone, prosody, rate of speech, semantics, physical mannerisms, vocabulary, and dress may need to be modified in recognition of cultural or professional differences. The use of unprofessional behaviors will not be tolerated; clinical staff (on-site or off-site) who have been unprofessional will have an *Infraction of Professionalism Form* placed on file with the clinic director. Each situation will be handled individually and in accordance to the severity, but consequences such as a warning, a deduction in the final practicum grade, or dismissal will be implemented.

Upon admission to the program, student clinicians must possess, and consistently demonstrate, the identified core functions. Students that are unable to consistently demonstrate these skills will receive verbal notice by the HUSC staff and written documentation of the concerns, which will be retained by the department during the student's enrollment. Each situation will be handled individually and in accordance to the severity, but consequences such as a warning, remediation, deduction in final practicum grade, or dismissal will be implemented.

Communication

Communication is the foundation to the successful operation of any organization. Throughout the semester, on-site clinicians participate in meetings scheduled by the clinical educator assigned to the case. In addition to these appointments, clinicians are expected to be active participants in the supervisory relationship.

Clinicians should:

- Feel comfortable with clearly defined levels of expectation and responsibilities. Ask for clarification if needed.
- Ask questions and seek feedback from the clinical educator when needed.
- Communicate with their clinical educator in a professional, non-judgmental manner. If difficulties arise, specific examples should be documented and discussed with the CE. If a resolution is unobtainable, the student should discuss the concerns with the Clinic Director/Externship Director. The Clinic Director/Externship Director will serve as a

mediator or, when necessary, make other supervisory arrangements.

- Not perform a task if they feel it is an unethical task, or is a task they do not feel qualified to perform. Student clinicians should meet with their clinical educator about the situation or discuss their concerns with the CD/Externship Director.
- Remember that social media sites are NOT private and that your professionalism is reflected in all that is posted. Information about clients or the events of therapy may not be shared in conversation or on social media.
- Demonstrate professional written communication (monitor the greetings, punctuation, use of text language etc.)
- Seek guidance from their CE regarding the preferred method of communication and check it daily (potentially more).

CEs should:

- Clearly define the expectations and responsibilities for a practicum experience and provide clarification when needed.
- Provide direct teaching through models, verbal and/or written instructions.
- Re-direct the student and supplement his/her learning when needed.
- Assess student understanding of tasks and responsibilities
- Communicate in a professional, non-judgmental manner. If difficulties arise, specific examples should be documented and discussed with the Clinic Director/Externship Director. The Clinic Director/Externship Director will serve as a mediator or, when necessary, make other supervisory arrangements.
- Inform the student of the desired method of communication and timeframes of availability.

Other forms of communication offered to student clinicians include email, course messages, Remind texts, clinician mailboxes, and notice boards in the HUSC**.**

- Email: Students should check their "harding.edu" email for information from the clinic director or their clinical educator on a daily basis. This includes (and should link to) any messages sent through Canvas.
- Course Messages: Are sent through Canvas. Students and CEs are responsible for the information contained in these messages and in any attachments.
- Remind Texts: This voluntary mode of communication is used to contact clinicians/clients to distribute time sensitive information
- Notice Board: The board located in the clinic prep room is where client cancellations will be posted.

Calipso—Student and CE Access to Student Records

The HUSC uses the Calipso software to contain documentation of each student's clinical information. Students and clinical educators have private, password-protected, access to view their personal information at any time. Clinical educators may view the records of student clinicians with whom they work. In an effort to limit access, student accounts are suppressed (no longer viewable to the student) 6-months following their graduation or upon notification that they no longer attend Harding University. The accounts of clinical educators are locked if they are not engaged in a practicum at that time.

Clinician Attendance and Punctuality

The off-site practicum sites and the HUSC should be viewed as professional health care agencies or educational clinics. As such, the student clinicians should perceive the practicum experience as their entry-level position into the professional world.

On-Site, HUSC, student clinicians are expected to:

- Attend all therapy sessions. Unexcused absences may result in a failing grade and are considered grounds for a clinician to be removed from practicum.
- In the case of illness, a student clinician should not conduct therapy unless they have been free of fever and symptoms of other communicable illnesses for a minimum of 24 hours. If a student is absent from a session due to illness, they must provide a doctors note if requested by the clinical staff.
- If a student misses more than 2 days, those days must be made up either at the end of the semester or by substituting for other sessions when needed. If a student fails to make up absences, their final grade will be lowered to a "C" resulting in revocation of clock hours and course credit.
- If a student is unable to attend a clinical assignment due to medically excused illnesses, school related requirements, family emergencies, or other pre-approved circumstances; the student must immediately contact the clinical educator and the clinical director. If the absence is approved, the student must:
    - Confer with the clinical educator to determine if a substitute clinician should be used or if the session should be cancelled. **Student clinicians may not cancel therapy or assume it to be cancelled without prior consent from the clinical educator or the clinic director.**
    - Secure a substitute clinician and supply the lesson plan and materials needed to conduct the session.
    - Communicate the changes to the clinical educator, the clinic director, and the clinic administrative assistant at least 30 minutes before the start of the session.
    - Submit required documentation to the clinic director for all absences.
- Arrive 15 minutes before the start of the session to prepare for the day. Tardiness or being unprepared for a session may result in a deduction of one percentage point from the final course grade per incident.
- Fulfill the requirements of the practicum course for the entire semester. Students may not withdraw from a clinical practicum experience without receiving a grade once the experience has begun. If a student ends a practicum experience once it has begun, a grade of "WF" will be recorded for that practice experience and will be computed in the GPA for that semester. After beginning a practicum experience, the grade of "W" is recorded only in cases of illness or extreme circumstances that make it necessary for the student to completely withdraw from school.
- Student clinicians that conduct themselves in an unprofessional manner during a session may be considered "absent" for the day. Consequences equal to an unexcused absence will be implemented.

Off-Site HUSC student clinicians are expected to:

- Attend their assigned practicum every scheduled day.
- Student clinicians are allowed 2 PTO (personal time off) days each semester to use for illness, professional conferences, personal engagements, inclement weather, etc.
- Any absences beyond the 2 PTO days must be made up after the last scheduled day of the practicum. If a student fails to make up absences, their final grade will be lowered to a "C" resulting in revocation of clock hours and course credit.
- Should a student wish to utilize their PTO days, they must communicate to their off-site clinical educator and externship director as soon as possible to gain approval.
- Proper medical documentation must be provided upon request.
- The absence of the clinical educator (which cancels practicum) does not count as a PTO day; however, students should notify the externship director of the absence.

Professional Appearance and Personal Hygiene

All members of the HUSC staff are expected to maintain standards of modesty and decency in dress appropriate to the Christian lifestyle and consistent with professional employment expectations. For these reasons, students are expected to adhere to an established dress code. While the following information will be enforced for clinicians and student observers at the HUSC, clinicians must adhere to the dress code of the facility in which they are visiting. Off-site clinicians should ask their clinical educator about dress code requirements before the first day of practicum. The clinic director may make alterations in the dress code for participation in special events. Unless special permission is granted, HUSC staff should adhere to the following dress code when participating in any clinical activities:

A. HUSC Faculty and Staff may wear any of the approved HUSC apparel or professional dress as defined by the HU employee handbook.

B. HUSC student clinicians must wear:
    - The HUSC approved uniforms with logo (available for purchase from All Custom Wear). Clinicians may wear the scrubs (top and bottom together), or the HUSC shirts with khaki or black colored dress pants or skirts; leggings/jeggings or colored denim may not be worn. Clinicians may only wear the HUSC approved uniform and should be in uniform during all hours that the clinic is open to clients.
    - The HUSC scrub coats or fleece jackets with HUSC logo (available for purchase from All Custom Wear or previously purchased from HUSSHA).
    - Modest fitting (not tight) clothing without wrinkles, tears, frays, or excessive wear.
    - Clothing that accommodates the required movements for DX/TX activities by covering the entire torso while sitting, bending, or stretching.
    - Clean shoes that are in good repair, and soft-soled. Athletic type shoes should be worn with the scrubs. Dress shoes may be worn with the dress pants or skirts.
    - The HUSC student clinician nametag on the upper right chest of shirt/jacket at all times. No badge holders are allowed.
    - A long sleeved shirt of neutral color may be worn underneath scrub tops for

warmth.

C. Student clinicians must:

- Demonstrate personal hygiene by: Presenting with a clean, neat, well-groomed appearance. Hair colors must be of a natural color and free from extreme styles. Men's hair must remain off the collar. Avoid 'messy buns' and thick headbands. Facial hair must be neat and trimmed.
- Maintain daily hygiene of skin, hair, teeth, and fingernails. Fingernails should be clean, well groomed, and an appropriate length. Nail polish is permitted, but nail decals and nail jewelry are not permitted. No pimple patches should be worn during clinic hours.
- Eliminate strong scents from smoke, perfumes, oils, aftershaves, or other scented products.
- Adhere to the requirements regarding accessories and tattoos by: Wearing jewelry that is not visually or auditorily distracting to the client or the clinician. Jewelry should not interfere with the auditory signal of the recordings, ex: bracelets/necklaces that clang on the table/equipment should be removed. Only two earrings per ear may be worn. Gauges are not allowed. No dangling earrings (for safety reasons) should be worn.
- Body piercings (tongue studs, lip rings, nose rings, eyebrow rings, etc.) are not allowed.
    - Remove all head coverings (hats, do-rags, sunglasses, etc) except was it worn for religious beliefs.
    - Ensuring that tattoos with graphics/wording that may be considered offensive are not visible while in the clinic.

Any questions regarding the interpretation of these requirements shall be decided in favor of conservative standards. Students who do not comply with the dress code will be notified with a verbal warning and issued an infraction of professionalism form which remains on file with the clinic director. Student clinicians will be marked accordingly on the Calipso rubric.

Observations, Clock Hours, & Clinical and Professional Competencies

Graduate student clinicians are expected to obtain clinical and professional competencies across the scope of practice for SLPs. To support this charge, clinicians must demonstrate practice competencies with a variety of patient populations including clients/patients with a) linguistic and cultural diversity, b) disorders within the scope of practice, and c) variations in age across the lifespan. Students must also demonstrate the attributes of accountability, integrity, using effective communication, demonstrating clinical reasoning, using evidenced-based practice, showing concern for individuals, demonstrating cultural competence, completing professional duties, and engaging in collaborative practice. The HUSC uses the Calipso Cumulative Evaluation to track the clinician's progress towards many of these competencies. Student clinicians achieve competency by a) submitting clinical hours that accurately reflect their clinical experiences, and b) evaluations from clinical educators scoring each skill with 3.0 or higher in the skill areas supervised during the practicum experience. Student clinicians should monitor their progress toward the achievement of all competencies and discuss their needs with each clinical educator.

CFCC 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 250 hours must be spent in direct client/patient contact (2023).

CFCC 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 (2023). While 400 hours are required by all states, individual states may have specific requirements regarding the number and type of hours that must be obtained to qualify for licensure. Many states require individuals desiring to apply for positions as speech-pathology aides to have completed observations of evaluation and therapy services. The individual requirements vary from state to state. As such, students should obtain the information regarding employment requirements for the specific state(s) in which they are pursuing employment. The HUSC will make every effort to assist in this endeavor; but it is the student's responsibility to verify and to meet the requirements of the state in which they will be seeking employment/licensure.

The current Standards require observation before direct clinical contact; however, the number of observation hours required before a student encounters an initial client is not specified. Previously, many graduate programs required all 25 hours of observation to be completed before any direct client contact occurred. Although this is no longer stipulated, many graduate schools continue to uphold this requirement. With this in mind, the Harding University CSD program recommends that each student clinician obtain 25 observation hours (15 hours are required) before their enrollment in CSD 3850 and requires completion before enrollment in CSD 6190.

Documentation of Clinical Clock Hours and Observation Hours

Clock hours may only be accrued for the time that a student clinician remains in direct client/family contact for the purpose of observation, evaluation, treatment, counseling and/or training. 75 of the required 400 hours may be obtained through alternative clinical education (ACE) experiences, commonly referred to as clinical simulation, as long as the experience is supervised and debriefed according to the ASHA standards. It is the student clinician's responsibility to maintain an accurate record of clock hours and to appropriate the time according to age of client and type of service(s) observed/provided. The HUSC uses the Calipso software to assist in the documentation of all clock hours associated with clinical observation, evaluation, and intervention. This software allows the HUSC to monitor each clinician's individual experience in regards to the number of minutes/hours obtained, the types of evaluations/therapies conducted, the age ranges of clients encountered, and exposure to different cultures.

HUSC student clinicians are required to enter the clock hours accrued each week into Calipso by 8:00 p.m. on Saturday and submit them to the appropriate clinical educator. Failure to enter/submit clock hours on time will result in the clock hours being voided. Late submissions will NOT count towards that 400 required hours needed for certification.

Students are expected to document their time spent in therapy sessions and/or observations in Calipso. Entries are submitted to the corresponding clinical educator or course instructor for approval. For clinical practicum courses, the clinical educators may approve the hours on

Calipso, but clinical clock hours are not verified (even if previously approved) until the final grade in the clinical course is determined. Student clinicians are required to achieve a grade of an

"A" or a "B" in all clinical courses (CSD 3100, 3200, 3850, 3860, 4100, 4200, 4210, 6190, 6290, 6390, 6490 and 6590) for which they were enrolled to count the hours accrued towards the required clinical hours. **Failure to achieve at least a "B" in any clinical course will result in a revocation of the clock hours accrued during that semester, and the student will lose eligibility to progress in the sequence of clinical courses.**

While Calipso is a useful documentation tool, the HUSC realizes that not all clinicians are comfortable with the software and that not all off-site therapists have convenient computer access. To accommodate these individuals, the HUSC will provide paper documentation for daily clock hours for evaluations and therapy as needed. The forms required (Daily Clock Hours Form, Record of Diagnostic Hours, and the Semester Summary Form) are available upon request.

Students seeking observation hours should:

- Be registered with Calipso.
- Follow the instructions in the HUSC or off campus Observation Protocol
    - If observing off-campus or in the HUSC, complete an observation report form. The SLP, or the clinical educator, must sign the form for each session observed.
    - Complete a semester summary of observation form. This form serves as a mathematical summary of all of the time documented within the individual Observation Report Forms.
    - Enter the clinical observation hours into Calipso.
    - Submit the Observation Report Forms and Observation Summary Form to the appropriate individual.
        - If observation hours were completed as a course assignment, the time recorded on the individual Observation Report Forms should be totaled on an Observation Summary Form. This data should then be entered in Calipso and submitted to the instructor of the course that required the observation. On the due date of the assignment (or before), the individual Observation Report Forms and the Observation Summary Form should be submitted to the course instructor that required the observations and should be uploaded to calipso. Following the due date of the assignment, the course instructor will approve the hours in Calipso
        - Students that completed observation hours that were NOT completed as a class assignment, but that were completed in pursuit of the 25 hours of required observation, should complete the Observation Report Forms for each session observed. The time recorded on the individual Observation Report Forms should be totaled on an Observation Summary Form. This data is entered in Calipso and submitted to the clinic director for approval. The student should upload the observation report forms to Calipso. The student submits the individual Observation Report Forms and the Observation Summary Form for review by the clinic director. Following a review of the documentation, the clinic director will approve the hours in Calipso based on the written documentation provided.

Students seeking observation hours through Master Clinician should follow the master clinician protocol:

- If the observation was conducted through the Master Clinician website as part of a class (individual accounts are required), the completed observation questions

should be submitted for approval to the course instructor in master clinician. Follow **specific** instructions given in each individual canvas class course.
- If completing observations through Master Clinician that is NOT part of a class, you MUST be assigned videos and complete the questions as given by the clinical director.

All observation hours must be uploaded to calipso

- Open the *CSD Calipso Portfolio Instruction* in the canvas resources.
- Upload approved assignment into the CSD observation folder.

Client Files and Numbers

To protect client confidentiality, each client is assigned an individual file and corresponding client number. Clients receiving an evaluation are assigned a diagnostic file number (DX #). Clients receiving therapy services are assigned a therapy file number (TX #) and all paperwork will be uploaded to the corresponding chart in ClinicNote. Only the Clinic Director or the Administrative Assistant may assign client numbers. Student clinicians will be given access to their client chart through ClinicNote by one of the administrators (the clinic director or the clinical administrative assistant).

Active Files: The files of active clients are maintained in ClinicNote. The administrators (the clinic director and clinical administrative assistant) can view all client files and once assigned, will tag students and CEs

Inactive Files: The files of clients who have been seen previously in the clinic for an evaluation or therapy, but are no longer enrolled are located in the locked file room. Files are retained as outlined in the file retention policy.

Sequence of a Speech-Language Diagnostic Evaluation Assignment

Clients referred to the HUSC include all age ranges and represent a variety of disorders and levels of severity. Faculty members, speech-language pathologists, educators, early-intervention specialists, physicians, and individuals from within the community serve as the primary referral sources for the HUSC. The HUSC is available, without charge, to any individual that would benefit from the services offered. The HUSC does not require a formal referral or a specified severity level in order for a client to receive an evaluation. The steps of a diagnostic evaluation include:

Prior to the session:
1. HUSC staff completes the Client Telephone Intake Form
2. HUSC staff sends intake paperwork to the client/caregiver through the patient portal or scans it in ClinicNote
3. Upon return of the intake paperwork, a DX evaluation is scheduled
4. Clinician receives diagnostic assignment from the diagnostic educator

5. Clinician schedules staffing conference with diagnostic educator
6. Clinician reviews the intake paperwork
7. Clinician presents DX plan to the diagnostic educator at staffing meeting.
8. Clinician prepares for session according to the approved DX plan
9. Clinic administrative assistant confirms appointment 24-48 hours before the scheduled DX appointment.

Day of the session:

10. Introduce diagnostic educator and clinician. Present assessment plan to client/caregiver
11. Interview of client and/or caregiver
12. Observation of client and/or caregiver interactions (ongoing)
13. Administration of diagnostic tests
14. Exit Conference with client/caregiver (Review of general findings, recommendations, and follow-up plan)
15. Exit staffing with diagnostic educator
16. DX room and materials disinfected and returned according to protocol.

After the session:

17. Tests scored and data/protocols filed in the clinic office in the box labeled "protocols in use/do not scan"
18. Clock hour information documented in Calipso and submitted to the diagnostic educator
19. Rough draft of written report submitted in ClinicNote to diagnostic educator within 48 hours from date of evaluation.
20. Diagnostic educator and clinicians exchange drafts until final version is approved.
21. When approved, the final written report sent to the client no later than two weeks from date of evaluation.
22. The final draft (with signatures) and supplementary info. (if applicable) are given to the administrative assistant to be mailed to the client/caregiver and/or shared in the patient portal. Client information should NOT be left scattered in the clinic office unattended. Printed reports should be handed to the administrative assistant.
23. Administrative assistant closes chart (assigns TX number or marks the file as inactive).

Diagnostic Evaluation Assignments: Student clinicians will receive an email detailing the upcoming assignment (DX #, date of evaluation, assigned clinical educator). Student clinicians are expected to complete the test administration, data collection, and complete the written report. He/she is also to conduct the follow-up procedures with the diagnostic clinical educator.

Staffing Conference: The clinician should contact the assigned diagnostic clinical educator to schedule a conference. The student clinician should be familiar with the case, the areas that require assessment, and be able to present some instruments that may be used. These appointments should be made **at least** two weeks before the scheduled evaluation.

Written Reports: The rough draft of the evaluation is due in 48 hours. **Quality work is expected on the rough draft**. As such, the knowledge/skill demonstrated on the rough draft will comprise a major portion of the DX grade. The final draft should be mailed and/or shared to the client portal from the clinic **no later than 14 days** after the evaluation is completed to receive full

credit.
Clinicians should expect several revisions on these reports and should adjust their schedules to

accommodate multiple drafts within the 14-day period. Any extensions for completing diagnostic reports will be made by the diagnostic educator. In accordance with HIPAA guidelines, any protocol that contains client data/information **must not** leave the clinic. All protocols that are in use for scoring or reporting must remain in the clinic office when not in possession of the student clinician in the clinic. Protocols will remain in the box labeled "protocols in use/do not scan" until the report has been approved by the supervising CE. Once the report has been approved by the supervising CE, the student must transfer all protocols to the box labeled "to be scanned". Once the protocols are located in the "to be scanned" box, the clinical administrative assistant will scan and place them in ClinicNote. The original protocols are then shredded.

Sequence of a Speech-Language Therapy Assignment

The HUSC provides therapy services for clients of all age ranges that represent a variety of disorders and levels of severity. Faculty members, speech-language pathologists, educators, early-intervention specialists, physicians, and individuals from within the community serve as the primary referral sources. The HUSC is available, without charge, to any individual that would benefit from the services offered. The HUSC does not require a formal referral or a specified severity level in order to receive therapy services. The steps of completing therapy at the HUSC are as follows:

<u>Prior to the session</u>:

1. The HUSC staff will complete a Client Telephone Intake Form and assign a TX number.
2. The clinic director will make clinical assignment(s), assign a room number for each session, and assign the client in ClinicNote. An email will be sent informing students of a new assignment.
3. The clinicians should read and familiarize themselves with the ENTIRE client file.
4. Clinicians should familiarize themselves with terms from the case history or DX reports, research the (suspected) disorder, and develop an evidenced-based therapy plan including skilled therapy.
5. Clinicians should be able to discuss:
    a. Diagnostic information that is available (what does it mean?)
    b. Treatment that has been conducted
        i. What type of therapy was it?
        ii. What approach was used?
        iii. What goals/objectives were implemented (met/not met?)
        iv. What recommendations were made?
        v. What procedures were beneficial?
        vi. What reinforcement techniques were useful?
        vii. What activities/behavior modifications were preferred?
        viii. What generalization/homework has been established?
6. Clinicians should prepare a proposed general outline of therapy
7. Clinicians should schedule a meeting with clinical educator(s) to discuss the therapy plan and procedures (the Initial Therapy Conference)
8. Clinicians should submit documentation (LP) to the clinical educator(s) via ClinicNote

9. Clinicians should gather tx materials.

For the session:

10. Clinicians set up TX room and wait in the clinic prep room until client arrives
11. Once the client has checked in the front desk will inform the clinician that the client is ready.
12. Clinicians should introduce themselves to client/caregiver
13. Clinicians should check the patient portal in ClinicNote to make sure the required paperwork is filled out and if it is not complete, they should request that clients/caregivers complete paperwork (new clients and each fall semester for returning clients)
14. Clinicians should conduct therapy session according to the lesson plan and take data
15. Clinicians should evaluate the client's response to therapy, general level of functioning, strengths/weaknesses, stimulability, and appropriate methods of generalization
16. Clinicians should complete the Caregiver Session review form, assign/demonstrate homework, and educate the client/caregiver about progress
17. Client attendance is recorded and client contact note (in ClinicNote) is updated

After the session:

18. TX room is disinfected and materials returned according to protocol
19. Clinicians should record attendance, update chart, and complete documentation in ClinicNote
20. Clinicians should enter clock hour information in Calipso and submit to clinical educator (Submitted once after all sessions are completed for the week)
21. CE will provide feedback to clinician in ClinicNote.
22. Clinician should read feedback and implement suggestions/changes for next session

During the semester:

23. Treatment Plans are formed based on past/current data, client's response to therapy and feedback from the clinical educator. Treatment Plans are submitted in ClinicNote. When approved, both the clinical educator and the student clinician will electronically sign the document. Once signed, the treatment plan will be mailed and/or placed in the patient portal.
24. Therapy proceeds with weekly lesson plans and S.O.A.P. notes submitted on ClinicNote and reviewed by the clinical educator weekly. Therapy will be adjusted based on the client's response to therapy, degree of progress, and feedback from clinical educator
25. Weekly clock hours continue to be recorded in Calipso and submitted to clinical educator
26. Weekly Caregiver Review Forms are provided for the client/family and documented in client chart
27. Clinicians will meet with clinical educators once a month individually or in a group to discuss strengths and opportunities.
28. Clinicians complete self-assessments via a video analysis of their sessions and submit to clinical educator for review/approval. Multiple submissions may be required throughout the semester as the clinician strives to demonstrate competency in clinical skills. Clinical educators and student clinicians review the clinician's self-assessment and personal goals.
29. Clinical educators complete mid-term evaluations of student clinicians on Calipso.
30. Student gather assessment information from clients near the end of the semester (as instructed by clinical educators).
31. Clinicians complete Semester Summaries/Discharge Summaries and submit to clinical educators via ClinicNote. Drafts are completed until the clinical educator approves the final copy. When approved, e-sign the document and print one copy. The administrative

assistant will mail the copy to the client/caregiver.

32. Clinic educators complete final evaluations of clinical performance for each student clinician in Calipso. Self-assessment and video analysis goals are reviewed.

33. Clinical educators approve clock hours weekly.
34. Clinicians complete evaluations for clinical educators through a google doc.
35. Clinicians will participate in clinic checkout where all documentation and course requirements are submitted/reviewed.

Therapy Assignments: Clinicians will receive a Therapy Assignment Form that will provide information regarding the date and time of therapy as well as the assigned clinical educator. Therapy assignments will be made to accommodate the client, the schedule of the HUSC, and the student clinician. Efforts will be made to accommodate work/personal choices of the clinicians, but are not guaranteed. **Enrollment in a clinical practicum course assumes priority**.

Client/Clinic Forms: Gather and prepare the forms needed to initiate treatment. This can be done either through the patient portal in ClinicNote or a paper form. It is the student clinician's responsibility to make sure those forms are scanned in ClinicNote or completed in the patient portal.

Initial Therapy Conference: Contact the assigned clinical educator for a conference time. If available, the clinicians should be familiar with client information and should discuss the goals, the previous techniques, and the amount of progress demonstrated by the client. Graduate students should be familiar with the disorder and provide appropriate therapy approaches to be considered.

Lesson Plans and S.O.A.P notes: Using the HUSC templates, students are expected to submit clinical documentation in ClinicNote. **All clinical documentation is due Saturday afternoons at 8 p.m.**

Objectives and Procedures Conference: This conference may be scheduled by the clinical educator or the student clinician in order to discuss the client's goals and objectives as well as the most effective approach/procedures to meet the desired objectives.

Semester Treatment Plan: This document is completed at the beginning of the semester and serves as a general outline for the course of therapy. The client's current level of ability (baseline) should be documented. The therapy goals and objectives should be identified and the evidenced-based approaches that will be used should be established. Specific therapy procedures and techniques, as well as the reinforcement schedules and behavior management plans should be described.

Semester Summary: This document serves as the final document being submitted at the end of the semester. This document will include a summary of the client's relevant history and essential background information. It should contain information regarding the most recent assessments as well as the client's goals/objectives and progress achieved. Additionally, a synopsis of therapy, documentation of the client's response to intervention, a record of family involvement and generalization as well as future recommendations should be included.

Discharge Summary: Similar to the semester summary, this document will serve as the final document summarizing the client's overall progress. This document will serve as a discharge from services through the HUSC and will include a summary of the client's relevant history, information pertaining to recent assessments, the client's goals/objectives, and progress

achieved. Additionally, a synopsis of therapy, documentation of the client's response to intervention, a record of family involvement and generalization as well as future recommendations should be included.

Client Conference: This conference may be scheduled at the discretion of the clinical educator or the student clinicians as needed throughout the semester. If elected, this conference is held with the client/caregiver present and should be conducted as a part of client/family education and generalization. Conferences should be clinician led, with the clinical educator present, and should review the client's progress, training/education (if needed), and recommendations.

Discharge Conference: This conference may be scheduled at the discretion of the clinical educator when a client has completed therapy services through the HUSC. If elected, this conference should be conducted within the final two weeks of therapy. These conferences should be clinician led, with the Clinical educator present, and should review the client's progress, current level of functioning and recommendations following therapy.

Final Conference: This conference may be scheduled at the discretion of the clinical educator or the student clinician. This conference is to review the student's performance for the semester, to discuss the clinician's level of clinical competency, and to make a plan for the continued acquisition of clinical knowledge and skills. If needed, clinical educators may review, approve and sign documentation of clinical clock hours.

Clinic Check Out: This process will occur every semester during finals week. The student clinicians will schedule a time to meet with the clinic director to submit all of the documentation completed for the semester. Clinicians should have completed all reports and have achieved approval on all clock hours before attending this meeting.

File Contents and Organization

Diagnostic (DX) and therapy (TX) files contain confidential information pertaining to the client and should be handled in accordance to the rules and regulations of HIPAA. The HUSC files contain HIPAA information and are not allowed to leave the clinic area.

File Retention and Destruction Policy

Prior to 2019:

The HUSC retains all adult client files for eight years following the termination of services. The client files for minors are retained until the individual reaches the age of 21 or eight years, whichever is longer. All client files that exceed these time frames are destroyed according to HIPAA standards. Public notices with HUSC contact information are published in the local newspaper and on Pipeline to alert previous clients who desire to retain their file. The paper and digital files for student clinicians remain active while the student is enrolled in the CSD program at Harding University, but are suppressed, locked, and archived 6 months following a student's graduation. The Calipso files are maintained for a period of 8 years and the remainder of the file is digitized and stored on the HU server.

2019 to present:
All client files are kept in the electronic medical record, ClinicNote. Once a client is no longer receiving services, that electronic chart is marked as "inactive" and can only be viewed by administrators in ClinicNote (the clinic director and clinical administrative assistant).

Clinician Evaluations

During each practicum experience, the HUSC student clinicians will participate in self-assessment activities to improve their awareness of their personal strengths and areas of difficulty. Additionally, each clinician will receive an evaluation from their clinical educator at mid-term and at the end of the semester. The evaluation conducted by the clinical educator will be focused on the acquisition of the clinical knowledge and skills (clinical competencies) of each clinician. Onsite clinical educators will conduct evaluations based on a rubric which can be viewed in the Canvas course. These evaluations can be viewed on Calipso.

Based on the assessment rubric completed by the clinical educator, each student clinician receives a total score from each clinical educator. This score reflects all aspects of clinical performance. The total scores from each clinical educator are weighted according to the amount of time the student clinician spent on each clinical assignment. These total scores from the clinical practicum are compiled and factored into the final grade in the clinical practicum course for which the student clinician was enrolled.

Remediation

If a student is failing to achieve course learning objectives or CFCC standards as determined by the clinical educator and clinic director the student will be notified and will meet with the clinical educator and clinic director to develop a written individualized remediation plan. The remediation plan is to include identified weaknesses supported by evidence. In addition, the remediation plan will include specific tasks, outcomes, and timelines.

The written plan composed by the clinical educator and clinic director will be shared and signed by the student graduate advisor, student, clinical educator, and clinic director. A copy of the plan will be placed in the student's Calipso account and the course will be marked as "in remediation" on their KASA. Upon completion of the remediation plan the clinical educator, clinical director, student, and advisor will sign the form acknowledging the completion of the remediation plan then digitally file the form in the student's KASA in Calipso and the course can then be marked as completed.

If necessary assigning the final course grade may be deferred until completion of the remediation plan. If the student does not successfully complete the remediation plan or the student elects not to complete the remediation plan, then the student will fail the course.

Offsite Practicum

Undergraduate clinicians must earn an A or B in CSD 3850 and 3860 to be eligible for a clinical externship (CSD 4210). Graduate clinicians must earn an A or B in CSD 6190 to progress to

CSD 6290 and must earn an A or B in 6290 to progress to CSD 6390. The externship director will arrange all off-site placements. Most students enrolled in off-site practicums will need to commute up to an hour and a half and are expected to provide their own transportation. Once assignments are made, it will not be possible to change placement locations.

In order to ensure the quality of external facilities, an ongoing evaluation of each site will be conducted. The ongoing evaluation will be comprised of information provided by the facility describing their typical caseload, service offerings, and physical environment. The externship director conducts on-site visits. In addition, students are required to complete an evaluation of each clinical educator at the externship site as well as of the facility. Based on the information received from these sources, the department of CSD continually evaluates the appropriateness of each external facility. Contracts are established or reestablished with approved facilities that have been determined to meet the needs of the program.

If a student wishes to request a specific site, they must inform the externship director by e-mail well before the assignments are made. The e-mail must include the name of the desired site, the contact person, a phone number, and an e-mail address. In the event that more than one student has requested the same site, the externship director will take into consideration several factors including: who made the request first, the knowledge and skills of the clinicians, the needs of the practicum site, and the individual needs of the clinicians (educational and personal).

When an externship site is established, the department signs a contract with the facility/clinical educator defining the roles of each party. The clinical administrative assistant uploads the signed contract to Calipso. As a part of that agreement, the student clinician will remain at the site for the entire semester unless the University or the facility has cause to terminate the contract. Therefore, a student's practicum does NOT end when he/she has accumulated the minimum number of clock hours for the semester. All clock hours accumulated during a given semester may count towards the student's overall total number of hours.

A suggested time frame for off-site clinical practicum is as follows:

Skill/Activity	Timeline for Achievement*
• Orientation	within 2 weeks
• Therapy Observation	within 2 weeks
• Chart/file Review	within 2 weeks
• Provide therapy part-time	within 2-3 weeks
• Accurate completion of billing	within 3 weeks (as needed)
• Selections of appropriate diagnostic tools	within 3 weeks
• Provide therapy full-time	within 3-4 weeks
• Accurate diagnosis of clients/patients	within 4 weeks

Each student and clinical educator may adjust as needed based on the level of clinical experience and the severity of the caseload.

Immunizations

Clinicians working in the HUSC are entering a profession that works within the healthcare

and/or educational profession; therefore, people who are not immunized may pose a significant public health risk to their patients, co-workers, and themselves. The HUSC adheres to the public health requirements for healthcare providers and requires student clinicians to have and maintain all of the immunizations required by law for the State of Arkansas and those recommended for healthcare providers by the Centers for Disease Control and Prevention (CDC).

Immunizations must be up to date upon entering the program and must be maintained throughout enrollment in all practicum courses. Documentation of the required immunizations must be provided to the clinic director(s) in the fall of each year. If a student fails to comply with the maintenance of immunizations, drug screenings, or CPR certification, the student's acceptance at a medical and/or educational clinical practicum site is not guaranteed. This could affect the timely progression through the program, prevent participation in a variety of clinical experiences, impede or prohibit the required acquisition of knowledge and skills, and ultimately prevent graduation.

Infection Control Policy

The Department of CSD, and the staff of the HUSC honor and abide by the policies and procedures for infection control outlined in the University's Health Sciences Graduate Handbook. In addition to these policies, the HUSC designed the following plan to address the most relevant concerns for the HUSC. The purpose of this plan is to prevent transmission of infectious organisms among clients and clinicians. In accordance with OSHA's Blood borne Pathogens Standard (29 CFR 1910.1030), this plan has been developed to minimize the risk of exposure to blood borne pathogens, as well as, other potentially infectious bodily substances. While direct exposure to blood is unlikely, this plan is written to protect the clinicians and clients from that possibility and to reduce exposure of personnel to non-blood borne pathogens as well.

All blood and bodily substances must be regarded as infectious or hazardous. Bodily substances include all bodily fluids, excretions, secretions, tissues, sputum, or any other drainage from a patient or colleague. Every student and clinical educator is required to execute cautionary procedures in preparation for any possible eventuality of bodily substance contact. Standard precautions will be taken for all client interactions to prevent contact with potentially infectious substances. These recommendations are consistent with the recommendations from the Centers of Disease Control, Joint Commission for Accreditation, and Occupational Safety and Health Administration.

Student clinicians are responsible for disinfecting the therapy rooms and therapy supplies according to the environmental and human infection controls following **each** session.

Environmental Precautions

The clinic facility and all therapy rooms are equipped with gloves, paper towels, tissues, antibacterial hand sanitizer/soap, disinfectant sprays/wipes, and alcohol wipes. Safety information about the chemicals in the HUSC may be found in the Material Safety Data Sheets

(MSDS) notebook located in the clinic office.

Each student clinician is responsible for:

- Cleaning table and chair surfaces with disinfectant spray following each therapy session
- Cleaning all toys and therapy materials with disinfectant spray/wipes following each therapy session
- Placing toys to be washed in the mesh bags in the dishwasher for cleaning and placing other toys in the bin in the materials room designated for "items to be cleaned"
- Cleaning electronics (iPad, AAC devices, computers etc.) with a disinfectant wipe following each use
- Cleaning audiometric equipment with disinfectant following each use
- Cleaning the Computerized Speech Lab (CSL) by wiping the headphone bands with disinfectant after each use and replacing the ear pads when evidence of wear (cracking) occurs. The microphone should be wiped with alcohol after each use.
- Cleaning the Nasometer by wiping the separation plate, the plastic seal and the headphone bands with a disinfectant wipe after each use.
- Cleaning the Spirometer by washing the mouthpiece and hose with antibacterial soap and water after each use. The manufacturer recommends that one mouthpiece be used per child/adult and that the tubing be replaced as needed.
- Returning the laryngeal mirrors after each patient use. Mirrors should be returned to the individual receptacle, with the handle sticking out, and placed in the plastic container marked "items to be sterilized." All items in the sterilization bin will be taken to the autoclave for complete sterilization and returned to the department when finished.

Human Precautions

Each student clinician is responsible for:

- Washing their hands before and after each client contact. When water is not available, a no-rinse antibacterial hand disinfectant should be used.
    - Following the hand washing procedure: remove jewelry, start the water, and lather the soap. Scrub palms, the backs of hands, between fingers, under fingernails, over wrists, and onto the forearms for a minimum of 30 seconds. Rinse the soap off with running water; dry the hands using a paper towel, then turn off the water using the damp towel (not your clean hands).
    - Washing hands after removing gloves, applying cosmetics, using the toilet, and routine cleaning. Also wash hands before eating and adjusting contacts.
- Wearing gloves when in a therapy or evaluation procedure that may allow exposure to bodily substances. Hearing screenings and admittance screenings will begin with a thorough inspection of the ear and surrounding scalp and face. A determination of the need for gloves will be made. If the client has visible ear drainage, sores, or lesions, gloves should be worn while conducting the screening.
- Disposing of potentially contaminated waste material in a manner that reduces the risk to clients and clinicians and the outside environment. All trash containers will contain disposable plastic bags serving as a liner. Waste contaminated with cerumen, drainage, saliva, etc. will be placed in a plastic sealable bag then placed in the regular trash. Diapers, or materials used to clean up vomit or any bodily substance other than blood, will be handled in this way, as well.

Graduate Assistants are responsible for:

- Cleaning /Disinfecting the clinic lobby daily

- Checking the temperature of the clinic refrigerator and documenting it weekly on the chart in the ADL room
- Disinfecting toys/materials placed in the materials room box labeled “disinfect”

Infractions of Professionalism

If a student does not adhere to the policies established by the HUSC, a HUSC staff member will complete an incident report for refractions of professionalism form and submit it to the clinic director. Incidents are divided into minor infractions and major infractions, with each being determined by the severity of the incident. These violations include, but are not limited to: tardiness, incomplete or late documentation, disrespectful attitude, violations of the dress code, poor hygiene, unexcused absences from therapy, breach of confidentiality, breach of HIPAA or OSHA policies, client neglect/maltreatment, and/or inadequate performance. If minor infractions occur, the student’s practicum grade will be reduced in increments for each infraction (1=2%, 2 = 5%, 3=10% etc.). Major infractions will receive consequences such as the lowering of the course grade by one letter grade for each violation, dismissal from the clinical courses, dismissal from the program and/or the university, and/or legal sanctions. In some cases, the clinician may be removed from therapy before the end of the semester. If a clinician is removed from therapy, a final grade of an “F” will be recorded for the clinical practicum portion of the course and all clock hours accrued during the semester will be revoked.

HUSC Client Policies

The HUSC is a training facility associated with Harding University. As such, the HUSC follows the primary schedule of the University (two semesters per year, holidays, conferences, etc.). Each client of the HUSC will be provided with a schedule of dates that the HUSC will be available for services each semester. To accommodate the needs of the clients and clinicians, the following additional policies have been implemented:

- Client Attendance: A client that presents with two absences or routine tardiness (more than three tardies or equal to one session) may be dropped from services at the HUSC. The decision to terminate therapy will be made by the clinical educator and/or the clinic director. If a client must miss therapy, the HUSC should be notified prior to the scheduled therapy time. If a client misses a session without contacting the clinic, the clinic staff should contact the client and document the correspondence in the client’s chart.
- Client Punctuality: Student clinicians are required to wait for one-third of the designated session time (up to 15 minutes). For clients that arrive late to therapy, the session cannot extend past the designated time due to subsequent therapy sessions in the therapy rooms and the regulations pertaining to client supervision.
- Inclement Weather: In the case of inclement weather, clients participating in on-site therapy services will be notified in accordance with the notifications allowed on the means of

contact

August 1, 2026

form. If approved by the client, phone calls, e-mails, and notifications via Remind application will be used.

- Privacy Practices: In accordance with the HIPAA regulations, it is the HUSC's responsibility to protect client policy. Each client will be informed of the HUSC's policies to protect their personal information and provided with a copy of the rights.

Each of these policies should be presented to the client or client's parent/guardian upon the first session of therapy.

Inclement Weather

- On-site practicum: If Harding University and/or the Harding Academy school closes due to inclement weather, the HUSC will also be closed. If inclement weather occurs during the day, but does not cancel school, the HUSC reserves the right to cancel therapy sessions. In the case of a clinic closure, the HUSC will attempt to contact all clients and clinicians via phone, e-mail, or the Remind app (text).

- Off-site practicum: Clinicians in off-site practicum experiences should follow the protocol established by the facility and/or their clinical educator, and not the decisions of Harding University and/or the HUSC. Should the clinician determine that he/she is unable to attend off-site practicum due to road conditions, the clinician may use their PTO. If the use of PTO is elected, the clinician must notify the clinical educator and the externship director prior to the scheduled start time for the workday and complete the google form.

Basic Fees

At the current time, the HUSC does not charge for clinical services. The clinic's goal is to serve children and adults who may not qualify for services from other agencies. An equipment fee to cover the use of disposable medical equipment will be charged, as needed, to clients participating in services for dysphagia. These fees will be discussed and defined in writing before the time a patient is enrolled in the clinical services of the HUSC.

Parking

Visitor parking spots for client parking are located in the front of the building. Clients are not allowed to park in the designated handicapped spaces without proper documentation or in areas that are not designated for parking (ex: under the drive through awning).

HUSC Staff and Client Safety

The HUSC staff should:

- Adhere to ASHA's Code of Ethics by holding the welfare of the client paramount. If a HUSC

staff member is felt to pose a risk to clients in any way, s/he will be asked to leave the facility

and may receive a failing grade.

- Read and be familiar with the National Center for Infectious Disease guidelines found at www.cdc.gov/ncidod/dhqp/guidelines.html
- Implement Standard Precautions and infection control policies.
- When clients need to use the restroom, the student clinician should notify the clinical educator or the administrative assistant. If a parent/caregiver is not available to take the individual, two HUSC staff members should escort them to the restroom and assist as needed. Standard Precautions should be used to prevent transfer of body fluids.
- NEVER leave a child alone.
- Consult the allergy alert form and receive permission from the clinical educator to use food in a session.
- Maintain CPR certification
- Participate in a state and federal criminal background check and/or child maltreatment check.
- Maintain documentation of immunizations.
- Do not transfer clients without training (i.e. bed to chair, sitting to standing).
- Be familiar with the protocols for emergency responses.
- Abide by the departmental and building curfews established by Harding University. Non-compliance with curfews may result in punishment up to and including dismissal from the program.

Emergency Policy and Procedures

When an emergency occurs, the HUSC staff will alert the Harding University Campus Security Department (501-279-5000) who will notify participants through their campus alert system.

Based on the type of emergency, the HUSC will execute the following designated emergency procedures:

Fire and/or Explosion: Building evacuations will occur when an alarm sounds (i.e. fire alarm) and/or upon notification by the Campus Security Department or the building coordinator. Campus Security and the Building Coordinators are responsible for assisting with the building evacuation when the notice is given. The emergency service personnel, in conjunction with the Campus Security Department, is responsible for ensuring that the building is cleared of all occupants and to determine if/when the building is safe to re-enter.

When the building evacuation notice is given during an emergency, all occupants are required to leave and should alert others to do the same. Faculty and staff members should assist with evacuation procedures, but do NOT attempt to conduct room-to-room searches in the event of a fire! The fire department has been specially trained and equipped to conduct building searches while minimizing danger to themselves and others.

DO NOT USE ELEVATOR IN CASES OF FIRE, TORNADO OR EARTHQUAKE!!
USE THE STAIRWAY!!

During an evacuation, the streets, fire lanes, hydrant areas, and walkways should be kept clear for emergency vehicles and emergency personnel. Occupants of the HUSC should

report to the light pole that is located in the grassy area in front of the building and remain at least 500 feet away from the building. Occupants that are in the HUSC should exit through the back doors of the clinic and walk to the front of the building. Occupants that are in the waiting room or clinic office should exit through the front of the building.

Once there, designated personnel will begin to account for those present at the assembly area. Any missing persons will be immediately reported to the authorities. All reports will be forwarded to the Incident Command Center and the Emergency Operations Center for tallying.

Do NOT return to an evacuated building unless told to do so by a Harding official. Buildings must be declared safe to re-enter by appropriate emergency services personnel (i.e. the Searcy Fire Department) and/or by Harding University Officials (i.e. Physical Resource Department, Campus Security Department, or under the direction of the president of Harding University).

Tornado Emergency Procedures: In the event of a tornado warning, seek shelter immediately. Consult the nearest Severe Weather Map for safe building locations in which to seek shelter. In the clinic, seek shelter in the adult therapy rooms, group therapy room, CE hallway or audiology suite. If a tornado siren sounds, remain calm and do not panic. Remain in the building unless instructed to evacuate by the Building Manager, Public Safety, or administration.

Earthquake: In the event of an earthquake, seek shelter in a doorframe or under sturdy furniture. Do not attempt to evacuate the building while the earthquake is occurring. After the earthquake has subsided, remain calm, do not panic, do not leave a safe area. Follow all instructions given by the Building Manager, Public Safety, or administration.

Flood: In the event of a major flood on campus, remain calm, do not panic, or leave a safe area. Remain inside the classroom or building if appropriate or evacuate the building in a safe and orderly manner. If outside during a flood, do not attempt to cross swift moving flood waters either in a vehicle or on foot. Pay attention to downed power lines that are underwater.

Medical Emergency Procedures: In case of an accident or illness of a client receiving services, the clinician will notify the clinical staff. The clinical staff will notify the client's parent/guardian or, if necessary, the Campus Security Department (ext. 5000). **A client who is ill or injured must never be left unattended.** The clinical staff will assume responsibility for the client's welfare until the parent/guardian or emergency personnel can assume responsibility of the situation. In the case of a life-threatening emergency of a client or clinic personnel, the clinician will call for help. Another member of the clinic staff, a CPR certified first responder, will assess the situation and initiate care if needed. The clinician will then notify the Campus Security Department (ext. 5000) for immediate medical assistance. Immediately thereafter, the client's family member and the CSD department chair and clinic director will be notified.

Exposure Incident: If an individual is involved in an exposure incident, clinic personnel should call Harding University Public Safety (ext. 5000) as needed. Under no circumstances will a student clinician place themselves in a situation where contact with the blood of a client or colleague could occur without the use of standard precautions. The clinic director, or a clinical educator, will provide emergency assistance

Canine Interactions

The HUSC currently has a facility dog from Canine Companions. Canine Companions is the owner of the animal and maintains insurance. In order to utilize the canine in a therapy session, the student clinician must:

- Discuss the intent with the assigned CE.
- Inform the clinic director of request to utilize the canine. The clinician must give session dates and times.
- Meet with one of the handlers, Mrs. April Watson or Mrs. Laura Mulvany, prior to the session. The clinician and handler will formulate a session outline and how best to utilize the canine
- A release MUST be obtained from either the client and/or guardian prior to any interactions with the animal. The release will be placed or remain in the client chart in ClinicNote.



Appendix A

Core Functions

August 1, 2026

DEPARTMENT OF COMMUNICATION SCIENCES AND DISORDERS
BACHELOR OF ARTS IN COMUNICATION SCIENCES AND DISORDERS
MASTER OF SCIENCE IN SPEECH-LANGUAGE PATHOLOGY

Core Functions

Technical Standards

In addition to the academic requirements for admission, applicants for the CSD/SLP program must possess and be able to demonstrate the skills, attributes, and qualities set forth below, without unreasonable dependence on technology or intermediaries. The following Core Functions are consistent with the American Speech-Language and Hearing Association clinical skill performance guidelines. All core functions are introduced and coached within CSD/SLP coursework and practicum. If you are uncertain about your abilities to meet these technical standards, please consult the CSD Department Chair to discuss your individual situation.

Communication

Statements in this section acknowledge that speech-language pathologists must communicate in a way that is understood by their clients/patients and others. It is recognized that linguistic, paralinguistic, stylistic, and pragmatic variations are part of every culture, and accent, dialects, idiolects, and communication styles can differ from general American English expectations. Communication may occur in different modalities depending on the joint needs of involved parties and may be supported through various accommodations as deemed reasonable and appropriate to client/patient needs. Some examples of these accommodations include augmentative and alternative communication (AAC) devices, written displays, voice amplification, attendant-supported communication, oral translators, assistive listening devices, sign interpreters, and other non-verbal communication modes.

The student must:

- Employ oral, written, auditory, and non-verbal communication at a level sufficient to meet academic and clinical competencies.
- Adapt communication style to effectively interact with colleagues, clients, patients, caregivers, and invested parties of diverse backgrounds in various modes such as in person, over the phone, and in electronic format.

Motor

Statements in this section acknowledge that clinical practice by speech-language pathologists involves a variety of tasks that require manipulation of items and environments. It is recognized that this may be accomplished through a variety of means, including, but not limited to, independent motor movement, assistive technology, attendant support, or other accommodations/modifications as deemed reasonable to offer and appropriate to client/patient needs.

The student must:

- Engage in physical activities at a level required to accurately implement classroom and

clinical responsibilities (e.g. manipulating testing and therapeutic equipment and technology,

client/patient equipment, and practice management technology) while retaining the integrity of the process
- Respond in a manner that ensure the safety of clients and others.

Sensory
Statements in this section acknowledge that speech-language pathologists use auditory, visual, tactile, and olfactory information to guide clinical practice. It is recognized that such information may be accessed through a variety of means, including direct sensory perception and /or adaptive strategies. Some examples of these strategies include visual translation displays, text readers, assistive listening devices, and perceptual descriptions by clinical assistants.
The student must:

- Access sensory information to differentiate functional and disordered auditory, oral, written, and visual communication
- Access sensory information to correctly differentiate anatomical structures and diagnostic imaging findings
- Access sensory information to correctly differentiate and discriminate text, numbers, tables, and graphs associated with diagnostic instruments and tests

Intellectual/Cognitive
Statements in this section acknowledge that speech-language pathologists must engage in critical thinking, reasoning, and comprehension and retention of information required in clinical practice. It is recognized that such skills may be fostered through a variety of means, including assistive technology and /or accommodations/modifications as deemed reasonable and appropriate to client/patient needs.

- Retain, analyze, synthesize, evaluate, and apply auditory, written, and oral information at a level sufficient to meet curricular and clinical competencies
- Employ informed critical thinking and ethical reasoning to formulate a differential diagnosis and create, implement, and adjust evaluation and treatment plans as appropriate for the client/patient's needs
- Engage in ongoing self-reflection and evaluation of one's existing knowledge and skills
- Critically examine and apply evidence-based judgment in keeping with best practices for client/patient care

Interpersonal
Statements in this section acknowledge that speech-language pathologists must interact with a diverse community of individuals in a manner that is safe, ethical, and supportive. It is recognized that personal interaction styles may vary by individuals and cultures and that good clinical practice honors such diversity while meeting this obligation.

- Display compassion, respect, and concern for others during all academic and clinical interactions
- Adhere to all aspects of relevant professional codes of ethics, privacy, and information management policies
- Take personal responsibility for maintaining physical and mental health at a level that ensures safe, respectful, and successful participation in didactic and clinical activities

Cultural Responsiveness

Statements in this section acknowledge that speech-language pathologists have an obligation to practice in a manner responsive to individuals from different cultures, linguistic communities, social identities, beliefs, values, and worldviews. This includes people representing a variety of abilities, ages, cultures, dialects, disabilities, ethnicities, genders, gender identities or expressions, languages, national/regional origins, races, religions, sexes, sexual orientations, socioeconomic statuses, and lived experiences.

- Engage in ongoing learning about cultures and belief systems different from one's own and the impacts of these on healthcare and educational disparities to foster effective provision of services.
- Demonstrate the application of culturally responsive evidence-based decisions to guide clinical practice

Each student must continue to meet all of the **Technical Standards** set forth above. A student may be denied permission to continue in the CSD/SLP program at Harding University should the student fail at any time to demonstrate all of the required **Technical Standards**.

*****My signature below indicates that I have read, understood, and agree to maintain the requirements of the above **Core Functions** (posted online and mailed with the application materials) for the successful completion of the CSD/SLP program.

SIGNED_____ **DATE** _____



Appendix B

DX and TX File Forms

August 1, 2026

HARDING UNIVERSITY SpeechClinic

Box 10872 Searcy, AR 72149-0872
501-279-4599 Fax 501-279-5960
husc@harding.edu

CLIENT TELEPHONE INTAKE INFORMATION

DATE :_____**TIME:** _____

CLIENT NAME: _____

CLIENT DATE OF BIRTH: _____

PARENT/GUARDIAN NAME: _____

CONTACT NUMBER: _____

EMAIL ADDRESS: _____

MAILING ADDRESS:

_____

REASON FOR REFERRAL: _____

_____

COMMENTS:_____

_____

HARDING UNIVERSITY SpeechClinic

Box 10872 Searcy, AR 72149-0872
501-279-4599 Fax 501-279-5960
husc@harding.edu

Admission Contract for Clinical Services at the HUSC

I,_____, am requesting admission to the clinical services offered by the Harding University Speech Clinic (HUSC) for:

_____myself (name):_____

_____other (name):_____Relationship_____

I (or someone in my care) will be participating in:

_____A diagnostic evaluation. I understand that participation in a diagnostic evaluation does not commit me to intervention services nor is the HUSC under any obligation to provide intervention services.

_____Therapy services. I understand that the therapy sessions are scheduled for _____ from_____to_____for the_____semester of 20____.

By participating in the services at the HUSC, I understand and consent to the following:

- Information pertaining to the clinical services provided is protected by **the Health Insurance Portability and Accountability Act of 1996 (HIPAA).** The HUSC will not release my information without my written consent; however, observers to the HUSC and Harding Academy may gain general information about my association with the HUSC.
- The clinical services are conducted by student clinicians working under the direct supervision of professional speech-language pathologists and audiologists licensed in the State of Arkansas and certified by the American Speech-Language-Hearing Association (ASHA).
- The HUSC is an educational program; therefore, faculty and students in the CSD program may observe the clinical sessions conducted by the HUSC staff and information from diagnostic and therapy reports and/or clinical sessions (audio/video recordings, observation information) may be used for educational and research purposes within the department of CSD.
- The clinical sessions may be audio/video recorded and used for education purposes
- Authorized persons within the department of CSD may read diagnostic and therapy reports.
- All research will be conducted under the regulations of the Institutional Review Board (IRB).
- The services provided by the HUSC are free. Neither myself, nor my insurance /Medicaid/ Medicare account will be billed for the services received.
- The HUSC is not under obligation to provide services, that the services provided are offered as the schedule of the HUSC allows and that services may be terminated at any time.
- The HUSC staff respects the dignity, rights, and interests of its clients. Staff has been educated to avoid discrimination, favoritism, or bias.

- My attendance and my timeliness to the appointments are important. **I agree to notify the**

HUSC (501-279-4599) if I am unable to attend a session or if I know that I will be late.

- I acknowledge that there are limited appointments available for diagnostic evaluations. If I miss my scheduled appointment, I will be provided with the next available appointment, which may result in a delay of several months.
- **I understand that services will be terminated if I miss two therapy sessions without notification or if my tardiness to sessions throughout the semester equals the duration of one session.** Furthermore, I acknowledge that sessions may not be extended to make up for minutes missed due to tardiness and that the missed therapy time may not be made up. In addition, I understand that the HUSC staff has the discretion to cancel a session should I arrive after one-third of the scheduled therapy time has lapsed.
- In the case of illness, we respectfully ask that you cancel your scheduled services for that day. Out of consideration for other clients and clinicians, we ask that you be symptom free for 24 hours before returning to the HUSC. To accommodate vacations, we kindly ask that you notify the HUSC of any sessions that you will be unavailable.
- The HUSC primarily adheres to the schedule of Harding University, but clients will be provided with a schedule of dates that the clinic will be closed each semester.
- In the case of inclement weather, the HUSC reserves the right to cancel services, but every effort will be made to contact the clients upon receipt of the decision. When inclement weather occurs, the HUSC will abide by the decision of **Harding University**. If Harding University closed due to inclement weather, the HUSC will also be closed.
- The clinic cannot be responsible for children who arrive early for their therapy session or for those that are not picked up immediately after a therapy session. Parents may not leave their children unattended in the waiting room or in the lobby area.
- Clients (under the age of 18) may not be released to anyone without prior written consent.
- Questions or complaints may be directed to the HUSC at 279-4599.

I acknowledge that I have received the information regarding the policies required for participation in the HUSC and I agree to abide by these stipulations.

Client/Guardian Signature _____ Date _____

HARDING UNIVERSITY SpeechClinic

Box 10872 Searcy, AR 72149-0872
501-279-4599 Fax 501-279-5960
husc@harding.edu

Admission Contract for Clinical Services—Harding Academy

_____is scheduled to receive speech and/or language therapy services at Harding Academy for the _____school year. The therapy times are determined based on the availability of the student clinicians and the clinical supervisor. In determining the schedule of the clients, every effort has been made to accommodate the individual classroom schedules and the general schedule of the school.

During the time that your child is enrolled in therapy services through the Harding University Speech Clinic (HUSC), it is our desire to partner with you and with the administration at Harding Academy to best meet the needs of your child in the areas of speech and/or language development. In order to do that, you will receive a copy of your child's therapy plan at the beginning of each semester, periodic updates on his/her progress throughout the semester, and a copy of his/her therapy results at the conclusion of each semester.

By allowing your child to participate in the clinical services provided by the HUSC, you understand and consent to the following:

- The clinical services provided by the HUSC are conducted free of charge by student clinicians working under the direct supervision of professional speech-language pathologists licensed in the State of Arkansas and certified by the American Speech-Language-Hearing Association (ASHA); neither your insurance company nor Medicaid will be billed.
- Information pertaining to the clinical services provided is protected by **the Health Insurance Portability and Accountability Act of 1996 (HIPAA)** and will not be released in any form without your written consent except to the administration and faculty of Harding Academy; however, observers to the HUSC and Harding Academy may gain general information about my association with the HUSC.
- Students in the Communication Sciences and Disorders program may observe the clinical services and therapy sessions may be audio/video recorded for educational use in the HUSC program.
- Authorized persons in the CSD program may read the reports and use the information from the diagnostic and therapy sessions for educational purposes.
- All information pertaining to the diagnostic assessments and therapy interventions may to be shared with the administration and faculty at Harding Academy.
- The HUSC staff respects the dignity, rights, and interests of its clients. Staff has been educated to avoid discrimination, favoritism, or bias
- Questions or complaints may be directed to the HUSC at 279-4599.

If you have any specific questions about therapy, please feel free to contact Laura Mulvany, M.A., CCC-SLP at 279-5291 or by email at lmulvany@harding.edu

_____ _____

Parent/Guardian Signature Date

August 1, 2026

Adult Case History Form

Name:_____ Date of Birth: _____

Address: _____

_____

Phone Number: _____

Email: _____

Occupation/Employer: _____Phone Number: _____

Referred by: _____

Family Physician: _____Phone Number: _____

Single: _____ Widowed: _____Divorced: _____Spouses Name: _____

Children (including names, gender, and ages):

_____

_____

_____

_____

What languages do you speak? If more than one, which one is your dominant language?

What was the highest grade, diploma, or degree you earned?

Describe your difficulty with communication and/or swallowing.

What do you think may have caused the problem?

Has the problem changed since it was first noticed? If so, how?

Have you seen any other speech-language pathologists? Who and when? What were their conclusions or suggestions?

Have you seen any other specialists (physicians, audiologists, psychologists, neurologists, etc.)? If yes, indicate the type of specialist, when you were seen, and the specialist's conclusions or suggestions.

Are there any other speech, language, or hearing problems in your family? If yes, please describe.

Medical History

Provide the approximate ages at which you experienced any of the following illnesses and conditions:

Adenoidectomy _____	Asthma _____	Chicken Pox _____
Colds _____	Croup _____	Dizziness _____
Draining Ear _____	Ear Infections_____	Encephalitis _____
German Measles _____	Headaches _____	Hearing Loss _____
High Fever _____	Influenza _____	Mastoiditis _____

Measles _____	Meningitis _____	Mumps _____
Noise Exposure _____	Otosclerosis _____	Pneumonia _____
Seizures _____	Sinusitis _____	Tinnitus _____
Tonsillectomy _____	Tonsillitis _____	Anxiety _____
ADD/ADHD _____	Other _____	

Please list any allergies and, if applicable, the treatment that is provided for relief of symptoms?

Please list all of your medications.

Are you having any negative reactions to these medications? If yes, describe.

Describe any major surgeries, operations, or hospitalizations (include dates).

Do you have any eating or swallowing difficulties? If yes, describe.

Describe any major accidents in which you have been involved.

Provide any additional information that might be helpful in the evaluation or remediation process.

Printed Name:_____Relationship to client: _____

Signed:_____ Date:_____

August 1, 2026



Child Case History Form

General Information

Name: _____ Date of Birth: _____
Address: _____ Phone: _____
City: _____ E-mail: _____ Zip Code: _____

Does the Child Live With Both Parents? _____
Mother's Name: _____ Age: _____
Mother's Occupation: _____
Business Phone: _____
Father's Name: _____ Age: _____
Father's Occupation: _____
Business Phone: _____
Referred by: _____ Phone: _____
Address: _____
Pediatrician: _____ Phone: _____
Address: _____
Family Doctor: _____ Phone: _____
Address: _____
Brothers and Sisters (include names and ages)

What languages does the child speak? What is the child's dominant language?

What languages are spoken in the home? What is the dominant language spoken?

With whom does the child spend most of his or her time?

Describe the difficulty with communication, feeding or swallowing.

How does the child usually communicate (gestures, single words, short phrases, sentences)?

When was the problem first noticed? Who first recognized the problem?

What do you think may have caused the problem?

Has the problem changed since it was first noticed? If yes, please describe.

Is the child aware of the problem? If yes, how does he or she feel about it?

Have any other speech-language pathologists seen the child? Who and when? What were their conclusions or suggestions?

Have any other specialists (physicians, audiologists, psychologists, special education teachers, etc.) seen the child? If yes, indicate the type of specialist, when the child was seen, and the specialist's conclusions or suggestions.

Are there any other speech, language, or hearing problems in your family? If yes, please describe.

Prenatal and Birth History

Mother's general health during pregnancy (illnesses, accidents, medications, etc.)

Length of pregnancy:_____ Length of labor: _____

General condition:_____ Birth weight:_____

Circle type of delivery: head first feet first breech Caesarian

Were there any unusual conditions that may have affected the pregnancy or birth?

Medical History

Provide the approximate ages at which the child suffered the following illnesses and conditions:

Asthma _____

Chicken pox _____

Colds _____

Croup _____

Dizziness_____

Encephalitis_____

High fever _____

Draining ear _____

Ear infections _____

Measles_____

German measles _____

Headaches _____

Pneumonia_____

Tinnitus_____

Influenza _____

Mastoiditis _____

Anxiety_____

Meningitis _____

Mumps _____

Seizures _____

Sinusitis _____

Tonsillitis _____

ADD/ADHD _____

Other _____

_____

_____

Has the child had any surgeries? If yes, what type and when (e.g., tonsillectomy, tube placement)?

Describe any major accidents or hospitalizations.

Is the child taking any medications? If yes, identify.

Have there been any negative reactions to medications? If yes, identify.

Developmental History

Provide the approximate age at which the child began to do the following activities:

Crawl _____ Sit _____

Stand _____ Walk _____

Feed Self _____

Dress Self _____ Use Toilet _____

_____

Use single words (e.g., no, mom, doggie) _____

Combine words (e.g., me go, daddy shoe) _____

Name simple objects (e.g., dog, car, tree) _____

Use simple questions (e.g., Where's doggie?) _____

Engage in a conversation _____

Does the child have difficulty walking, running, or participating in other activities that require small or large muscle coordination?

Are there or have there ever been any feeding problems (e.g., problems with sucking, swallowing, drooling, chewing)? If yes, describe.

Describe the child's response to sound (e.g., responds to all sounds, responds to loud sounds only, inconsistently responds to sounds).

Educational History

School: _____

Grade:

Teacher(s): _____

How is the child doing academically (or pre-academically)?

How does the child interact with others (e.g., shy, aggressive, uncooperative)?

Does the child receive special services? If yes, describe.

If enrolled for special education services, has an Individualized Educational Plan (IEP) been developed? If yes, describe the communication goals and provide a copy to the HUSC.

Provide any additional information that might be helpful in the evaluation or remediation of the child's difficulties.

Printed name of person completing form: _____

Relationship to client: _____

Signed: _____ Date: _____

HARDING UNIVERSITY Speech Clinic

Box 10872 Searcy, AR 72149-0872
501-279-4599 Fax 501-279-5960
husc@harding.edu

AUTHORIZATION TO REQUEST HEALTHCARE INFORMATION

Patient's Name: _____ Date of Birth: _____

Previous Name: _____ Social Security #: _____

I request and authorize_____
to release healthcare information of the patient named above to:

Harding University Speech Clinic 915 E. Market, HU 10872
Searcy, AR 72149

This request and authorization applies to:

□ Healthcare information relating to the following treatment, condition, or dates: _____

_____

□ All healthcare information

□ Other: _____

□ Yes □ No I authorize the release of any records regarding neurological, speech, language, voice, fluency, cognition, feeding, swallowing or educational evaluations treatments to the authorized persons of the clinic listed above.

I understand that I may revoke this authorization at any time by sending a written notice to the Harding University Speech Clinic.

I understand that any release which has been made prior to such revocation and which was made in reliance upon this authorization shall not constitute a breach of my rights to confidentiality.

Patient Signature:_____Date_____

THIS AUTHORIZATION WILL AUTOMATICALLY EXPIRE IN ONE YEAR AFTER IT IS SIGNED

August 1, 2026

HARDING UNIVERSITY Speech Clinic

Box 10872 Searcy, AR 72149-0872
501-279-4599 Fax 501-279-5960
husc@harding.edu

AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION

Patient's Name: _____ Date of Birth: _____

Previous Name: _____ Social Security #: _____

I hereby request and authorize **Harding University Speech Clinic** to release healthcare information of the patient named above to:

_____

_____

This request and authorization applies to:

□ Healthcare information relating to the following treatment, condition, or dates: _____

_____

□ All healthcare information

□ Other: _____

□ Yes □ No I authorize the release of any records regarding any neurological, speech, language, voice, fluency, cognition, feeding, swallowing and/or educational evaluations/treatments to the person(s) listed above.

I understand that I may revoke this authorization at any time by sending a written notice to the Harding University Speech Clinic.

I understand that any release which has been made prior to such revocation and which was made in reliance upon this authorization shall not constitute a breach of my rights to confidentiality.

Patient Signature:_____Date:_____

THIS AUTHORIZATION WILL AUTOMATICALLY EXPIRE IN ONE YEAR AFTER IT IS SIGNED.

August 1, 2026

HARDING UNIVERSITY Speech Clinic

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Allergy Alert and Administration of Emergency Medication

Client's Name:_____ Date: _____

Does the client have any known food, drug, or environmental allergies? If so, please list below:

Please describe the anticipated response to each allergen, should contact occur.

Please describe the desired actions to be taken in case of contact with the allergen(s) listed above.

I,_____, hereby grant permission for the faculty and staff of the Harding University Speech Clinic (HUSC) to administer the following medication(s) to _____in case of emergency. I agree to provide the HUSC with the prescribed medications and step-by step instructions to ensure the proper administration of all authorized medications. I agree to keep the dosage information and administration instructions current according to the advice of the prescribing physician.

I understand that the HUSC policy requires two (2) faculty/staff members to be present during the administration of any medications. Furthermore, I understand that the HUSC staff adheres to the policies of Harding University for emergency situations. As such, the HUSC staff will administer first aid and/or CPR as needed, and obtain further medical assistance from campus security and local responders, if required.

Medications to be administered:	**Administer this medication when:**
_____	_____
_____	_____

List the step-by-step instructions to administer each medication on the back of this form.

Authorized Signature_____ Date_____

Relationship to Client:_____

THIS AUTHORIZATION WILL AUTOMATICALLY EXPIRE IN ONE YEAR AFTER IT IS SIGNED. CLIENTS/CAREGIVERS SHOULD UPDATE THIS FORM AS

NEEDED.

August 1, 2026

HARDING UNIVERSITY SpeechClinic

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husc@harding.edu

Involvement and Means of Communication

Client Name:_____**Date of Birth**: _____

The HUSC believes that communication between the staff and the client's family is a key factor in the progression of the client's communication skills; therefore, we would like to know the authorized parties that may be involved and the best way to communicate with each party. The HUSC strives to make all reasonable efforts to protect the rights and privacy of its clients, but the transmission of information may be overheard or intercepted by third parties. The HUSC staff may present verbal information before/after sessions and the HUSC will use the United States Post Office (USPS) for the delivery of all clinical reports. If you desire private conversations or a different form of transmission, please let us know.

Persons Involved in Communication

Protected health information may be ***disclosed*** to the following people:

Name	Relationship to Client
_____	_____
_____	_____

The Harding University Speech Clinic may communicate with the authorized parties in regards to appointments, test results, intervention plans, breach notification, or any other matter related to diagnosis/treatment as identified below. Please answer all questions below and **at least one must be marked as "YES."** If you decline to give such permission, please check "NO."

YES	NO	
☐	☐	By calling my home phone number_____
☐	☐	By leaving messages on my home answering machine/voice mail
☐	☐	By calling my work phone number_____
☐	☐	By leaving messages on my work voice mail
☐	☐	By calling my cell phone number_____
☐	☐	By leaving messages on my cell phone voice mail
☐	☐	By e-mail (I understand that this may not be encrypted)_____
☐	☐	By leaving a message with anyone who answers my phone(s)
☐	☐	By sending a Remind 101 Notification, of which I voluntarily joined

_____ _____ _____

Signature of Client or Relationship to Client Patient Representative

Date

August 1, 2026

HARDING UNIVERSITY SpeechClinic

Box 10872 Searcy, AR 72149-0872
501-279-4599 Fax 501-279-5960
husc@harding.edu

Child Custody Release

I,_____, hereby give permission to the Harding University Speech Clinic to release my child,_____, into the custody of the following people:

Name	Phone Number	Relationship to Child

I understand that my child will not be released to anyone that is not listed above without written permission from the child's guardian and that the clinician may ask for identification of the person listed above. I also understand that I will not be able to call to make these arrangements, but that this form may be altered by the parent/guardian at any time.

Signature:_____ Date: _____

THIS AUTHORIZATION WILL AUTOMATICALLY EXPIRE IN ONE YEAR AFTER IT IS SIGNED.

HARDING UNIVERSITY SpeechClinic

Box 10872 Searcy, AR 72149-0872
501-279-4599 Fax 501-279-5960
husc@harding.edu

Emergency Contact Information

Client's Name: _____

Date of Birth: _____

Parent's Name(s): _____

Address: _____

_____

Home Phone: _____

Cell Phone(s): _____

Work Phone(s): _____

Email Address: _____

Emergency Contact: _____

Relationship to Child: _____

Emergency Contact's Phone: _____

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Diagnostic Observation Information Form

DX Number:_____ Date of Evaluation: _____

Clinician: _____

Behavioral Observations Prior to evaluation:

During intake interview:

During session:

Articulation (spontaneous vs. structured, single vs. connected, intelligibility)

Language (mlu, # and type of morphemes, syntax, pragmatics, need for context, type of clauses)

Voice

Fluency

Hearing

Reinforcements used:

Sensory input used:

Oral Peripheral Examination Form

Name:_____Age:_____Date:_____

Examiner's Name: _____

Instructions: Check and circle each item noted. Include descriptive comments in the right-hand margin.

Evaluation of Face

_____Symmetry: normal/droops on right/droops on left _____

_____Abnormal movements: none/grimaces/spasms _____

_____Mouth breathing: yes/no _____

_____Other _____

Evaluation of Jaw and Teeth

Tell client to open and close mouth.

_____ Range of motion: normal/reduced _____

_____ Symmetry: normal/deviates to right/deviates to left _____

_____ Movement: normal/jerky/groping/slow/asymmetrical _____

_____ TMJ noises: absent/grinding/popping _____

_____ Other_____

Observe dentition.

_____ Occlusion (molar relationship): normal/neutroclusion (Class I)/ distoclusion (Class II)/mesioclusion (Class III) _____

_____ Occlusion (incisor relationship): normal/overbite/underbite/crossbite _____

_____ Teeth: all present/dentures/teeth missing (specify) _____

_____ Arrangement of teeth: normal/jumbled/spaces/misaligned _____

_____ Hygiene _____

_____ Other _____

Evaluation of Lips

Tell client to pucker.

_____ Range of motion: normal/reduced _____

_____ Symmetry: normal/droops bilaterally/droops right/droops left _____

_____ Strength (press tongue depressor against lips): normal/weak _____

_____ Other _____

Tell client to smile.

_____ Range of motion: normal/reduced _____

_____ Symmetry: normal/droops bilaterally/droops right/droops left _____

_____ Other _____

Tell client to puff cheeks and hold air.

_____ Lip strength: normal/reduced _____

_____ Nasal emission: absent/present _____

_____ Other _____

Evaluation of Tongue

_____ Surface color: normal/abnormal (specify) _____

_____ Abnormal movements: absent/jerky/spasms/writhing/fasciculations _____

_____ Size: normal/small/large _____

_____ Frenum: normal/short _____

_____ Other _____

Tell client to protrude the tongue.

_____ Excursion: normal/deviates to right/deviates to left _____

_____ Range of motion: normal/reduced _____

_____ Speed of motion: normal/reduced _____

_____ Strength (apply opposing pressure with tongue depressor): normal/reduced _____

_____ Other _____

Tell client to retract the tongue.

_____ Excursion: normal/deviates to right/deviates to left _____

_____ Range of motion: normal/reduced _____

_____ Speed of motion: normal/reduced _____

_____ Other _____

Tell client to move tongue tip to the right.

_____ Excursion: normal/incomplete/groping _____

_____ Range of motion: normal/reduced _____

_____ Strength (apply opposing pressure with tongue depressor): normal/reduced _____

_____ Other _____

Tell client to move the tongue tip to the left.

_____ Excursion: normal/incomplete/groping _____

_____ Range of motion: normal/reduced _____

_____ Strength (apply opposing pressure with tongue depressor): normal/reduced _____

_____ Other_____

Tell client to move the tongue tip up.

_____ Movement: normal/groping _____

_____ Range of motion: normal/reduced _____

_____ Other_____

Tell client to move the tongue tip down.

_____ Movement: normal/groping _____

_____ Range of motion: normal/reduced _____

_____ Other_____

Observe rapid side-to-side movements.

_____ Rate: normal/reduced/slows down progressively_____

_____ Range of motion: normal/reduced on left/reduced on right _____

_____ Other _____

Evaluation of Pharynx

_____ Color: normal/abnormal _____

_____ Tonsils: absent/normal/enlarged _____

_____ Other _____

Evaluation of Hard and Soft Palates

_____ Color: normal/abnormal _____

_____ Rugae: normal/very prominent _____

_____ Arch height: normal/high/low _____

_____ Arch width: normal/narrow/wide _____

_____ Growths: absent/present (describe) _____

_____ Fistula: absent/present (describe) _____

_____ Clefting: absent/present (describe) _____

_____ Symmetry at rest: normal/lower on right/lower on left _____

_____ Gag reflex: normal/absent/hyperactive/hypoactive _____

_____ Other_____

Tell client to phonate using /α/.

_____ Symmetry of movement: normal/deviates right/deviates left _____

_____ Posterior movement: present/absent/reduced _____

_____ Lateral movement: present/absent/reduced _____

_____ Uvula: normal/bifid/deviates right/deviates left _____

_____ Nasality: absent/hypernasal _____

_____ Other _____

Comments:

Summary of Findings:

HARDING UNIVERSITY SpeechClinic

Oral Peripheral Examination for the Young Child

Client's Name:_____ Date: _____

Client's DOB:_____Client's CA: _____

Procedure/Items Needed

1. Baby Doll
   a. Child and clinician play with baby
   b. kiss the baby
   c. make the baby cry
   d. Tell baby "shhh"
   e. Smile at the baby
   f. Baby is sleeping….whisper

2. Peanut Butter/Fun Dip/pudding/whip cream
   a. Put peanut butter on corners of mouth and lower lip
   b. Hold peanut butter away from mouth and ask child to stick out tongue
   c. Give child something to eat
   d. Use tongue depressor to initiate gag reflex
   e. Elicit "mmm", "mmm"

3. Bubbles/confetti
   a. Child blows bubbles (vary distance
   b. from mouth
   c. Child says "pop" while popping bubbles

4. Flashlight
   a. Ask to look in child's mouth
   b. Let child look in clinician's mouth
   c. Use puppet to hold flashlight
   d. Ask what he/she had for breakfast
   e. Elicit "ah"
   f. Make faces by moving tongue, lips

Assessment

_____lip protrusion

_____laryngeal function

_____bilateral lip retraction

_____tongue mobility

_____tongue protrusion
_____frenum/frenulum
_____bolus manipulation
_____gag reflex present
_____lip closure

____adequate exhalation
____noisy/air escape
____length of exhalation
_____bilabial (CVC)

_____lingual size/shape
_____nasality
_____hard palate/soft palate
_____uvula at rest
_____uvula/phar. wall move
_____# & form of teeth
_____oral health

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501-279-4599 Fax 501-279-5960
husc@harding.edu

Audiometric Screening

Client Name: _____ Age_____ Date: _____

Ear Canal Clear:_____Right _____Left

Using a portable digital audiometer, all frequencies were screened at_____dB

	500 Hz	1000 Hz	2000Hz	4000Hz
Right				
Left				

+ = Client responded

NR= Client did not respond

Using portable Otoacoustic Emissions (OAE), the following results were obtained: Right

	2000	*3000*	*4000*	*5000*
D.P.				
N				

Left

	2000	*3000*	*4000*	*5000*
D.P.				
N				

	Right	Left
Pass		
Fail		

Using portable tympanometry, the following results were obtained:

	Tymp	MEP	Mobility	ECV
Right				
Left				

_____ **Pass**: No follow up required.

_____ **Fail**: No response was obtained at one or more of the pure-tone screening levels or irregular findings were detected with OAE and/or tympanometry.

_____ **Rescreen in two weeks**. Please make an appointment at the HUSC clinic.

_____ **Refer** to an audiologist/ENT.

Clinician:_____

Clinical Educator:_____

August 1, 2026

Speech and Language Diagnostic Report

File#:

Name:
Date of Birth:
Parent's Name(s): (If applicable)
Address:

Telephone Number:
Date of Evaluation:
Diagnosis:

REASON FOR REFERRAL: This section, usually only one paragraph in length, reports the type and place of the evaluation, those attending, the person or agency making the referral, and the reason for the evaluation (often, the presenting complaint). The individual's communication difficulties are cited briefly as reported by the client or other informant.

BACKGROUND: This section presents a detailed summary about the client's history, as it is relevant to the client's communicative difficulties. The source of this information must be specified. The client's history is documented in chronological order (birth-present). Relevant information regarding the client's pre-natal and birth history is provided (if applicable). Additional information regarding the developmental milestones, medical background, education, family, and social history should be reported. All client history information should be grouped by category and reported sequentially. If information is being used from previous diagnostic/therapy reports, a citation referring to the original source should be included.

ASSESSMENT: In this section, the tests administered during the evaluation are listed in order of occurrence and grouped according to type. A brief description of each assessment instrument including the purpose of each instrument should be provided. The name of each instrument should be underlined, and the psychometric information should be provided. Following the test description, the client's scores should be presented in an easy to read format (table, tabs). Following the scores for each instrument, a narrative paragraph that interprets the findings and lists the client's strengths and areas of difficulty should be provided. If more than one type of instrument per category is administered (ex: two articulation tests), a comparison of the findings should be included. This section should conclude with information regarding required cues and/or reinforcements needed or modifications that were required in order to complete the assessments.

OBSERVATIONS and IMPRESSIONS: This section is intended to support the findings from the assessment as well as to disclose information that will support referrals. It is used to describe the client's behavior, generalized ability to communicate during activities of daily life, and any

necessary accommodations/modifications used during the evaluation. Information regarding

pragmatic skills, sensory deficits, visual difficulties, handwriting etc. may be noted here. A generalized statement as to the accuracy of the findings in relation to the client's level of

function in everyday activities should be considered.

DIAGNOSTIC SUMMARY: This section is a generalized summation of the assessment and observation sections above. This may be the only section that a caseworker or a physician reads. All relevant information should be disclosed, but additional information may not be introduced. This section should not re-cap the scores, but should provide a summation of the findings that lead to the diagnosis/recommendations.

CONCLUSIONS AND RECOMMENDATIONS: A diagnosis based on the assessment section is provided. A prognosis for improvement should be included. Recommendations for additional testing, referral, or therapy services should be stated.

_____	_____
Name	Name
Student Clinician	Diagnostic Supervisor

HARDING UNIVERSITY Speech Clinic

Box 10872 Searcy, AR 72149-0872
501-279-4599 Fax 501-279-5960
husc@harding.edu

Date: August 11, 2025
To: Parents of Harding Academy Clients
From: Laura Mulvany, M.A., CCC-SLP

The Harding University Speech Clinic (HUSC) is coordinating speech and language services to be offered at Harding Academy for the 2025-2026 school year. Therapy for your child was suggested based on your child's performance during a recent screening, recommendations from previous intervention, or at the request of his/her classroom teacher. The HUSC offers evaluation and therapy services in the areas of articulation, language, fluency, voice, feeding, swallowing, cognition, social skills, alternative communication, and hearing. Services will vary depending on the needs of your child, but it is our desire to partner with you and with the administration at Harding Academy to best meet the needs of your child in the areas of speech and/or language development. Sessions are conducted on Monday, Tuesday. Wednesday and Thursday mornings, with the classroom teachers/principal assisting with the scheduling. All services are provided by student clinicians from Harding University under the direct supervision of ASHA certified, state licensed, speech- language pathologists.

Your signed permission is required for participation. By authorizing your child to participate in these services, you allow the HUSC to release information pertaining to your child's speech/language therapy to the administration and faculty at Harding Academy. If you desire for your child to participate, please complete and sign the form below and return it to your child's teacher by **August 22, 2025.**

Services will be initiated on **Monday, September 8, 2025**. If you elect for your child to participate, you will receive a follow up letter containing specific information regarding your child's therapy time and a treatment plan outlining the services. There is no charge for services at this time, but space is limited and your spot may not be guaranteed. If you have any questions, please contact the clinic at 279-4599 or husc@harding.edu .

Child's Name:_____ Date of Birth: _____

Grade & Teacher:_____ Parents name: _____

____ I give permission for my child to participate in the free speech and language services through the HUSC during the 2025-2026 school year. I understand that these services may include treatment and/or assessment and that the results will be shared with the administration and faculty at Harding Academy.

____ I do not give permission for my child to participate in the free speech and language services through the HUSC during the 2025-2026 school year, and I understand that these services may not be offered again in the future.

Signed:_____ Date: _____

HARDING UNIVERSITY SpeechClinic

Box 10872 Searcy, AR 72149-0872
501-279-4599 Fax 501-279-5960
husc@harding.edu

PHOTO/DESIGN RELEASE FORM

NAME_____

_____

AGE_____

_____

SCHOOL_____

_____

PHOTO/DESIGN RELEASE FORM

Subject's name: _____

I,_____of_____, hereby give HARDING UNIVERSITY and/or the Department of COMMUNICATION SCIENCES AND DISORDERS, their legal representatives, and assigns, the right and permission to publish, without charge, photographs and/or designs taken/designed on (Month/Date/Year)_____at (Locations or Events) _____

These photographs/designs (see attached) may be used in brochures, newsletters, and magazines used for recruiting or education. Harding University and/or the Department of Communication Sciences and Disorders may use these pictures in any medium (paper, digital, websites) for recruiting and/or education purposes.

I hereby waive any right to inspect or approve the finished photographs or printed or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the photograph/design.

August 1, 2026

I hereby agree to release, defend, and hold harmless Harding University, the Department of Communication Sciences and Disorders, and its agents or employees, including any firm publishing and/or distributing the finished product in whole or in part, whether on paper, via electronic media, mailings, or on web sites, from and against any claims, damages or liability arising from or related to the use of the photographs/designs, including but not limited to any misuse, distortion, blurring, alteration, optical illusion or use in composite form, either intentionally or otherwise, that may occur or be produced in taking, processing, reduction or

August 1, 2026

production of the finished product, its publication or distribution.

CIRCLE ONE: Name, age, and class of Subjects MAY/MAY NOT be given.

I hereby warrant that I am over eighteen (18) years of age, and I grant permission to use these photographs/designs in print or online materials designed for news, informational or educational purposes related to Harding University and/or the Department of Communication Sciences and Disorders.

Signature: _____

Address: _____

City:_____State/Zip Code: _____

Primary contact can be contacted at (circle one): work home

Telephone: _____

(optional) E-mail: _____

Month/Date/Year: _____

Disclaimer: Above information is held in confidence and is never released or sold.

HARDING UNIVERSITY Speech Clinic

Box 10872 Searcy, AR 72149-0872
501-279-4599 Fax 501-279-5960
husc@harding.edu

Incident and Accident Report Form

Client or Student Name:
Date, Time, and Location of Incident:
Description of Incident:
Actions taken to remedy event:
Information was given to parents/caregiver:

CE/Clinician's signature_____**Date:** _____

Student or Client/Caregiver signature_____**Date:**_____

HARDING UNIVERSITY SpeechClinic

Canine Assisted Therapy

The Harding University Speech Clinic has a canine companion facility dog named Verdi. Canine Companions is an accredited program. Founded in 1975, Canine Companions is a non-profit organization that enhances the lives of people with disabilities by providing highly trained assistance dogs and ongoing support to ensure quality partnerships.

These dogs are expertly trained to work in a healthcare or education setting. They can perform over 40 commands designed to motivate and inspire clients with special needs.

Laura Mulvany and April Watson are Verdi's facilitators. They received two weeks of training with the professional trainers and undergo regular follow up trainings to ensure program success. Verdi is monitored at all times with assistance from the facilitator. Balance, mobility, range of motion, fine motor skills, cognitive goals/activities, maintaining a positive attitude, socialization, agitation/awareness are just some of the things that Verdi will be able to assist with. One of the most valued qualities for the Facility Dog is the unconditional love and attention he gives to the clients with whom he interacts.

Further information can be found at www.CCI.org

I understand that I have the opportunity to interact with a Canine Companion for Independence(CCI) facility dog during the semester(s) that I am enrolled in the HUSC. I will not hold Harding University, it's students, staff, or faculty liable for any injuries acquired while interacting with the CCI dog. I have the right to refuse further interactions at any time. It is my responsibility in inform the HUSC if allergies are present or develop during my enrollment at the HUSC.

_____
Client Signature

_____ _____
Signature of guardian(if client is a minor) Name of Minor

August 1, 2026

Appendix C

Office Forms

August 1, 2026

Application for Undergraduate Clinical Practicum

Deadline for Fall Semester: March 15 Deadline for Spring Semester: October 22

Name:_____H#:_____Box #_____
LAST FIRST MI

Current Address: _____
STREET/BOX NUMBER

_____
CITY STATE ZIP

Email Address:_____Home Phone: _____

Cell Phone:_____Work Phone: _____

Date of Birth:_____Classification:_____
MM/DD/YYYY

Provisional admission to the CSD Clinical Track requires the following:

- Junior or senior in good standing at Harding University.
- Minimum 3.0 overall GPA.
- Minimum 3.0 GPA in the major, with all CSD grades being a C or higher.
- Completion of (or current enrollment) in CSD 1240, 2000 (SLPA), 3000 (SLPA) 2900, 3250, 3260, and 3810.
- Completion of 15 hours of clinical observation in SLP and/or audiology.
- Possess the skills necessary to maintain the Essential Skills as defined by the department of Communication Sciences and Disorders (available online).
- Completion of admission packet, available upon request from the Harding University Speech Clinic.

Students receiving provisional acceptance will be given instructions to complete:

- Any outstanding course and observation requirements from above.
- A 2-step TB skin test. Results must be negative; positive results require physician clearance.
- State (Arkansas), federal, and Child Maltreatment Central Registry background checks with no disqualifying factors noted.

Once all documentation has been received, the Clinic Director will determine if a student qualifies for full acceptance into the clinical track and enrollment in CSD 3850 or CSD 3100 (SLPA). Students gaining full admission into the clinical track must achieve a grade

of a “B” or better in all clinical practicum courses in order to progress in the sequence of clinical courses.

Course	Taken? (Circle One)	Grade
CSD 2000 (SLPA)	Yes No	
CSD 3000 (SLPA)	Yes No	
CSD 1240	Yes No	
CSD 2900	Yes No	
CSD 3250	Yes No	
CSD 3260	Yes No	
CSD 3810	Yes No	

Overall GPA: _____ Major GPA: _____ Number of Observation Hours: _____

Personal Statement: In 200 words or fewer, provide a brief explanation of your desire to be a speech language pathologist or SLPA and your interest in serving in the CSD practicum sites.

HUSC THERAPY ASSIGNMENT

CLINICIAN NAME: _____

TX#_____CHILD/ADULT_____ROOM#_____

DAY(S)_____TX TIME: _____

TX START DATE:_____CLINICAL EDUCATOR:_____

COMMENTS:

Schedule an appointment with your Clinical Educator today!!!

****

******* **HUSC THERAPY ASSIGNMENT**

CLINICIAN NAME: _____

TX#_____CHILD/ADULT_____ROOM#_____

DAY(S)_____TX TIME: _____

TX START DATE:_____CLINICAL EDUCATOR:_____

COMMENTS:

Schedule an appointment with your Clinical Educator today!!!

HARDING UNIVERSITY Speech Clinic

Box 10872 Searcy, AR 72149-0872
501-279-4599 Fax 501-279-5960
husc@harding.edu

DATE XXXX

Dear XXX,

I hope you enjoyed your experience at the HUSC and found our services to be beneficial. Enclosed you will find the report summarizing XXX's evaluation completed on XXX. Please review the report and let me know if you have any questions regarding the results. If XXX was recommended for therapy, the HUSC would be happy to assist you with the intervention needed. If you would like to pursue services through the HUSC, please call us to obtain the next available opening.

I want to personally thank you for using the Harding University Speech Clinic and I hope that the services you received fulfilled your expectations. If we can be of any further service, please do not hesitate to contact us.

Sincerely,

Laura Mulvany, M.A., CCC-SLP
Clinic Director

August 1, 2026

Confidentiality and Ethical Conduct Statement

For students enrolled in the

Communication Sciences and Disorders Program
Harding University

Box 10872
Searcy, AR 72149-0872

As a student in the Communication Sciences and Disorders program at Harding University, I understand that I am bound by the policies and procedures of the Health Insurance Portability and Accountability Act as well as the ASHA Code of Ethics regarding confidentiality. To honor my commitment, I affirm that I understand and agree to the following:

- I have read the ASHA Code of Ethics and I understand that:
  - It is my responsibility to hold paramount the welfare of the persons served in the HUSC.
  - I am expected to achieve and maintain the highest level of professional competence and performance.
  - It is my duty to advocate for the unmet communication and swallowing needs by providing accurate information.
  - I am expected to uphold the dignity/autonomy of the profession, maintain collaborative and harmonious relationships, and accept the professions' self imposed standards.
- To implement these tenants, I understand that:
  - Permanent files and the file contents, which contain client information, may not leave the Harding University Speech Clinic or an extern practicum site.
  - Documents must be signed out and returned to a secured location according to facility policy, and they must remain in my direct oversight while in my possession.
  - Access to client information on a personal computer is prohibited.
  - Information contained in the file is the property of the client and may not be discussed in any form with anyone other than the HUSC staff or authorized individuals for which the client has granted consent.
  - Any information regarding the client and/or the client's family will be kept confidential during and following the conclusion of the practicum experience.

I,_____, have read the above statements and the current ASHA Code of Ethics. I agree to follow the principles listed above to the best of my

August 1, 2026

ability. I understand that failure to follow these principles will result in disciplinary actions as outlined in the HUSC handbook.

Signature of CSD Student _____ Date _____

Infraction of Professionalism

Date of Infraction:_____Type of Infraction:____Major____Minor

Student Name:_____Clinical Educator:_____

This document serves as official documentation that an infraction of the policies and procedures outlined in the Communication Sciences and Disorders (CSD) student handbook and/or the Harding University Speech Clinic (HUSC) clinic manual has occurred.

Description of Incident:

_____

_____

_____

_____

_____

Infraction(s): (check all that apply)

_____ASHA Code of Ethics	_____Professional conduct
_____HIPAA Policies	_____Confidentiality
_____HU Handbook	_____Punctuality
_____CSD Handbook	_____Professional appearance
_____HUSC Clinic Handbook	_____Attendance
_____OSHA Policies	_____Professional communication
_____Infection control policies	_____Professional standards for paperwork/record keeping
_____Universal Health precautions	_____Essential Skills

_____Other_____

_____

Outcome of meeting with Clinical Educator/Clinic Director_____

_____

_____

_____

Student's Signature_____Date_____

Clinical Educator's Signature_____Date_____

HARDING UNIVERSITY SpeechClinic

Evaluation of Clinical Services

Date: _____

5-Excellent, 4-High Average, 3-Average, 2-Low Average, 1-Poor, 0-Does Not Apply

1. Courteous treatment by all clinic personnel.	5	4	3	2	1	0
2. Special problems noted and assistance provided	5	4	3	2	1	0
3. Considerate answers to all questions	5	4	3	2	1	0
4. Appointments begun at scheduled time	5	4	3	2	1	0
5. Instruction or materials provided to reinforce speech goals in other environments	5	4	3	2	1	0
6. Referral to other appropriate service facilities if necessary	5	4	3	2	1	0
7. Reports provided clear objectives, and recommendations	5	4	3	2	1	0
8. Student clinician conducted himself/ herself in a professional manner	5	4	3	2	1	0
9. Professional appearance of student clinician	5	4	3	2	1	0
10. Overall acceptability of services received at the Harding University Speech and Hearing Clinic	5	4	3	2	1	0

Additional Comments:



Appendix D

TX and DX Clock Hour Forms

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HARDING UNIVERSITY Speech Clinic

Semester Summary of Observation Hours

Last Name:_____First Name: _____ Semester: _____Course Number: _____

H Number:_____ Instructor: _____

On Calipso, any observation hours obtained in the areas of articulation, fluency, voice, swallowing, or communication modalities should be entered under speech. Any hours obtained in receptive, expressive, pragmatic (social) language, or cognition should be entered under language. Hours obtained in aural re/habilitation or audiology should be entered under hearing.

	Child Treatment	**Adult Treatment**	**Child Evaluation**	**Adult Evaluation**
Speech				
Language				
Hearing				
TOTAL				

_____My signature below verifies that these hours are an accurate representation of time, that this documentation has been entered in Calipso, and that I submitted the documentation to the appropriate HUSC staff. I understand that 25 hours of observation are required for ASHA certification, and that the HUSC recommends these hours be complete before the beginning of treatment/evaluation clock hours.

_____I have NOT entered these hours in Calipso, but the information documented in the chart is an accurate representation of time and that I submitted the documentation to the appropriate HUSC staff. I understand that 25 hours of observation are required for ASHA certification and that the HUSC recommends these hours be complete before the beginning of treatment/evaluation clock hours.

Observer's Signature:_____Date: _____

My signature verifies that I have reviewed these hours and have approved them in Calipso.

Faculty Signature:_____Date:_____

Observation Report Form

Client Initials/Number:_____Client Age: Child/Adult Date: _____

Type of session: _____ Treatment _____ Evaluation_____

Time:_____min. Location_____Facility Type _____

What were the goal(s) of the session?

Provide an outline of the session:

What activities were used to target the goals/objectives?

What specific things allowed the clinician to maximize the time?

What would you have done differently?

What materials, tests, etc. were unfamiliar to you? You should take the time to look at these materials.

_____**Yes,**_____**No,** these hours have been documented in Calipso and submitted to the appropriate Clinical Educator.

Observer's Signature _____

SLP's/Clinical Educator's Signature _____

I have discussed this observation with the student observer. _____

ASHA # (8 digits)_____**(copy of ASHA card if outside of White County)**