

STUDENT MANUAL

M.A. in Speech-Language Pathology (Traditional and Extended Tracks)

DEPARTMENT OF COMMUNICATION SCIENCES AND DISORDERS (CSCD)

UNIVERSITY OF DELAWARE

December 12, 2023

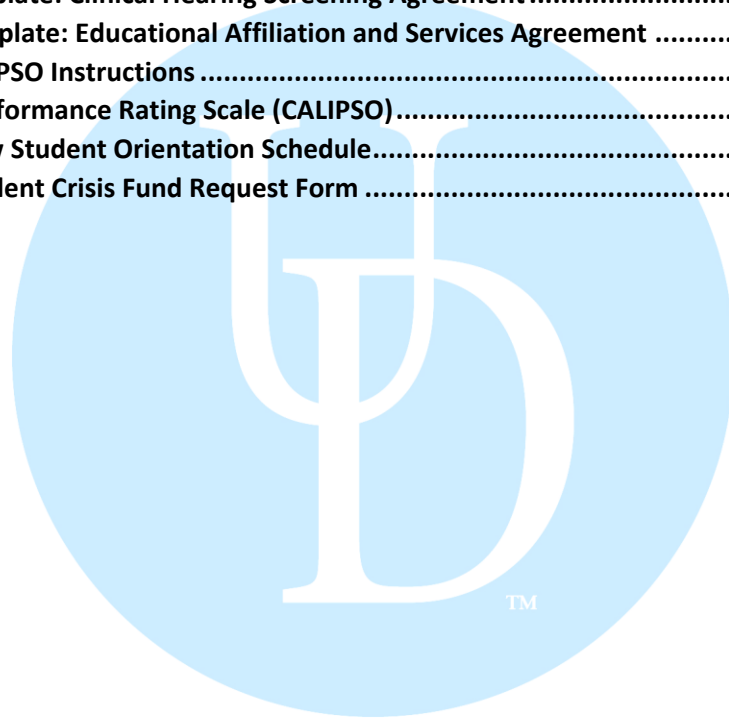


TM

Table of Contents

PURPOSE OF MANUAL.....	1
I. GENERAL ASPECTS OF THE PROGRAM.....	1
1.1 ADMISSION REQUIREMENTS	3
Degree.....	3
Prerequisite Coursework	3
Standardized Tests	4
Official Transcripts	4
Essays	5
Letters of Recommendation	5
Evaluation of Applications	5
1.2 ELIGIBILITY REQUIREMENTS & CORE FUNCTIONS.....	7
II. COUNCIL ON ACCREDITATION IN SPEECH LANGUAGE PATHOLOGY AND AUDIOLOGY	
STANDARDS	9
2.1 ADMINISTRATION & GOVERNANCE	9
Strategic Plan	9
Notice of Non-Discrimination, Equal Opportunity, and Affirmative Action (July 2022).....	10
Complaint Policy/Procedures.....	11
2.2 FACULTY	12
Faculty	12
Adjunct Faculty	12
Academic Advising	12
Documentation of Academic & Clinical Experiences	12
2.3 CURRICULUM	13
Post-Baccalaureate Coursework & The Extended Track.....	13
Plan of Study for M.A. Degree	14
Remediation Plans, Support Plans, Academic Good Standing.....	15
Clinical Education	17
2.4 STUDENT	23
Immunization Requirements	23
Medical Requirements and Legal Clearances	24
Attendance Policy	25
STAR Student Resources	26
Student Adaptations/Supports	26
Students in Crisis.....	27
Sexual Harassment.....	27
Emergency Policies and Practice.....	27
2.5 ASSESSMENT	32
Exit Survey.....	32
Employment and/or Educational Status	32

Praxis Data	32
Length of Program Completion.....	33
APPENDICES	34
Appendix A – Course of Study	35
Appendix B – Course Offerings and Objectives	40
Appendix C – Evidence-Based Capstone Project.....	52
Appendix D – Grow Model of Coaching	58
Appendix E – ASHA Code of Ethics.....	60
Appendix F – ASHA Certification Application	7
Appendix G – Template: Student Clinician and Community Clinical Educator Agreement	3
Appendix H – Frequent Externship Locations.....	11
Appendix I – Template: Externship Agreement.....	13
Appendix J – Template: Clinical Hearing Screening Agreement	23
Appendix K – Template: Educational Affiliation and Services Agreement	30
Appendix L – CALIPSO Instructions	43
Appendix M – Performance Rating Scale (CALIPSO).....	49
Appendix N – New Student Orientation Schedule.....	51
Appendix O – Student Crisis Fund Request Form	53



PURPOSE OF MANUAL

This manual provides students with information regarding policies and procedures related to the M.A. in Speech-Language Pathology (SLP) (Traditional and Extended Tracks) in the Department of Communication Sciences and Disorders (CSCD). It is to be used as a supplement to the University catalog and the Graduate College manual and is updated annually. This manual is organized into two major sections: 1) general requirements and 2) information addressing the standards from the Council on Academic Accreditation (CAA) and American Speech-Language-Hearing Association (ASHA). Students should become familiar with additional university policies and procedures provided by the [Graduate College](#).

I. GENERAL ASPECTS OF THE PROGRAM

Criteria for Graduation and Licensure

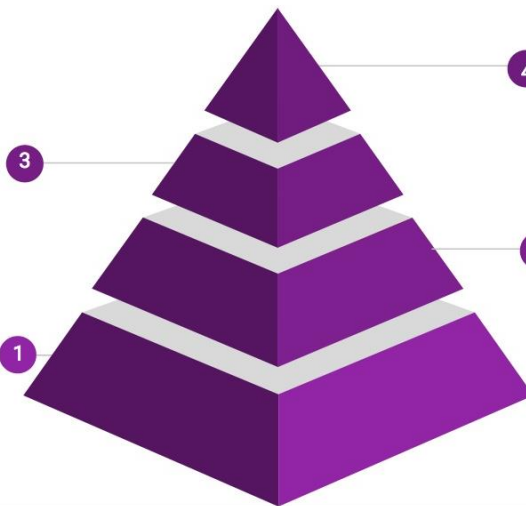
- In order to receive a M.A. from the program, students must meet criteria 1 and 2
- In order to become licensed, students must meet criteria 1, 2, 3, and 4.

Meet KASA Standards

Meeting minimum academic and clinical policies does not guarantee that students have met ASHA's Knowledge and Skill Acquisition (KASA) standards. CSCD Program Director certifies this by signing a form

Meet UD Grade Policies

Maintain a cumulative GPA above 3.0. Grades below C- will not be counted towards the course requirements for a degree, but are calculated in the student's cumulative GPA <https://grad.udel.edu/policies/graduate-academic-policies/>



Pass the PRAXIS

Meeting all other requirements does not guarantee that students will pass the PRAXIS exam

Meet CSCD Academic and Clinical Policies

Students may obtain a B- or below in 2 courses or in up to 6 credit hours. A grade of B- or below in a third course, or in more than 6 credit hours, will result in recommendation for dismissal from the program

The Department of Communication Sciences and Disorders provides academic and clinical training commensurate with a Master's degree in Speech-Language Pathology. We offer a full-time residential program with a few courses occasionally offered online to enhance access to high quality instructors. This entry-level degree program provides students the necessary coursework and practicum experiences to apply for certification in speech-language pathology (CCC-SLP) from the American Speech-Language-Hearing Association. Graduates are also eligible to apply for licensure as a speech-language pathologist in any state (see [Licensure within Section 2.3 Curriculum](#) for licensure in other states.) The M.A. in Speech-Language Pathology program is full-time, residential, and of two years duration. The Extended Track involves the inclusion of 15 credit hours of additional (500-level) classes to this curriculum. These classes are required for ASHA certification but not for conferral of the M.A. degree. Part-time

matriculation is possible only in extreme circumstances and must be approved by the Department Chair.

The curriculum is designed to provide a comprehensive balance of academic and clinical experiences that addresses all Knowledge and Skills Acquisition 2020 requirements and ASHA standards for professional certification. The curriculum encourages students to explore professional scholarship whether through clinical work, classroom assignments, or independent research. The thesis option provides additional training in research experience for students interested in pursuing doctoral study.

The Communication Sciences and Disorders Department is one of the latest graduate programs to be offered in the [College of Health Sciences](#) at the University of Delaware. The College of Health Sciences houses the Epidemiology program, the School of Nursing, and the departments of Behavioral Health and Nutrition, Kinesiology and Applied Physiology, Medical and Molecular Sciences, and Physical Therapy. The program is housed at the [Tower at STAR](#) at the University of Delaware. In addition to the University of Delaware Speech-Language-Hearing Clinic, the Health Sciences Complex houses the Nurse Managed Primary Care Center and the Delaware Physical Therapy Clinic. The program has been approved for full accreditation by the Council on Academic Accreditation of the American Speech-Language-Hearing Association.



1.1 ADMISSION REQUIREMENTS

Degree

Applicants must have completed a Bachelor's degree from an accredited institution of higher education prior to matriculation. Although applicants with any undergraduate major may apply, only students who have completed all the program prerequisites can be accepted as regular graduate students to the Traditional Track. Applicants without program prerequisites in communication sciences and disorders may apply to the Extended Track.

Prerequisite Coursework

It is preferred that applicants have completed the prerequisite courses required for certification by the American Speech-Language-Hearing Association (ASHA) and it is required for applicants to have completed the University of Delaware content prerequisites in Speech-Language Pathology before starting the M.A. program in Speech-Language Pathology.

American Speech-Language-Hearing Association (ASHA) Prerequisites for Certification:

The American Speech-Language-Hearing Association mandates certain additional course work for certification in speech-language pathology: <https://www.asha.org/certification/course-content-areas-for-slp-standards/>. These courses are not requirements or prerequisites for the M.A. program, but they are required for the Certificate of Clinical Competence and thus for entry into the profession. The requirement may be satisfied by the completion of **one full-semester undergraduate course** in each of four areas. These courses must be taken outside a department granting degrees in speech-language-hearing. Advanced placement courses taken in high school also count, as does successful performance on the College-Level Examination Program (CLEP) examination.

The four required areas are:

- biological science (e.g., biology, human anatomy and physiology, and human genetics),
- physical science (physics or chemistry),
- behavioral and social sciences (e.g., psychology, sociology, and anthropology), and
- statistics (Stand-alone course in statistics; research methodology courses in communication sciences and disorders cannot be used to satisfy the statistics requirement).

These courses are NOT offered by CSCD at the University of Delaware and must be taken through other departments at UD or through other colleges and universities if the student has not satisfactorily completed the requirements prior to enrolling. Most undergraduate university students have this background, but you should consult your academic advisor to make sure you have taken courses in all four areas.

University of Delaware – M.A. in Speech-Language Pathology Program Prerequisites:

Listed below are the prerequisite courses for the University of Delaware's Master's Degree Program in Speech-Language Pathology. Successful completion of the program prerequisite courses is required for application to the Traditional Track. Note that the exact title of these courses can vary across different programs, thus we include both a traditional course title and a brief description of core content areas that should be included in these courses in order for them to be considered relevant. If your undergraduate major is in speech-language-hearing or

communication disorders, it is highly likely that most or all of these prerequisites have already been fulfilled. Majors or minors in cognate fields such as psychology and linguistics also typically include some of this content, often distributed differently. You may demonstrate that you have met these prerequisite courses if the course titles differ by providing a syllabus for review. No matter what your background, however, it is your responsibility to demonstrate that the prerequisites have been fulfilled. They are:

1. Phonetics and Phonology, including transcription using IPA
2. Speech Science, including anatomy and physiology of speech & hearing
3. Speech-Language Development
4. Introduction to Audiology
5. Completion of 25 guided observation hours, supervised by someone holding their CCC-SLP as described in Standard V-C of the ASHA certification standards
<https://www.asha.org/certification/2020-slp-certification-standards/>

Students who will not have satisfactorily completed all 4 courses above along with their 25 guided observation hours **by the time the Traditional M.A. coursework begins** (in the fall following the admissions cycle) should be admitted through the Extended Track and enroll in the 500-level courses that are offered through the department to meet these requirements.

Standardized Tests

Graduate Record Exam (GRE) - The general test is optional for admission. If you choose to submit GRE scores, please request all official test scores to be reported directly to the Centralized Application Service for Communication Science and Disorders Programs (CSDCAS – 7459).

TOEFL/IELTS - All applicants whose native language is not English and have not completed a baccalaureate degree at a college or university where the primary language of instruction is English, must demonstrate English language proficiency through either the TOEFL or IELTS testing systems. The test must have been taken within two (2) years of the first semester of enrollment. The minimum TOEFL score required is 90 (TOEFL iBT). The TOEFL code for the University of Delaware is 5811. Score reports can be obtained by contacting Educational Testing Service. An IELTS score of 6.5 or better may be submitted in place of a TOEFL score. Students taking the TOEFL/IELTS will be required to have an interview with a member of the Admissions Committee. This interview will be face-to-face, in person or via video call.

Official Transcripts

Official transcripts from every accredited U.S. college and university attended need to be submitted. DO NOT include transcripts for study abroad classes that are itemized on a U.S. college or university transcript. Please refer to our program page in CSDCAS for additional information. All official transcripts should be sent directly to CSDCAS.

Foreign Transcripts: Applicants who did not receive an undergraduate degree in the United States must have their degree transcript evaluated by World Education Services. This evaluation must document equivalency to a U.S. baccalaureate degree. When requesting a transcript

evaluation, request a “course-by-course” evaluation with grades. Please allow for additional time for your application to be processed.

Essays

All applicants are asked to compose essays that address the applicant’s skills and experiences. The exact questions to be addressed can be found in the CSDCAS application. Essays should be submitted directly to CSDCAS.

Letters of Recommendation

Three letters of recommendation are required for admission. It is preferred that college instructors provide these recommendations, but past supervisors during employment or volunteer positions are also acceptable. Applicants will enter the names and contact information (including email addresses) of three (3) individuals into the online CSDCAS application. The application system will prompt the references to submit a reference letter and automatically send them to CSDCAS. Please refer to our program page in CSDCAS for additional information.

Application Process

The two-step application process requires applicants to first apply through CSDCAS. Once the CSDCAS application is complete, the applicant will receive an email from the University of Delaware providing directions on how to complete the University of Delaware portion of the application. An application fee is required. Once these two parts of the application process are complete, the application will be evaluated by the departmental Admissions Committee.

Evaluation of Applications

The evaluation of applications for admission to the graduate program is the responsibility of the departmental Admissions Committee, whose members independently evaluate each application and assign a rating based on a judgment of the applicant's overall potential for successful graduate study.

This judgment is based on:

- A careful review of the individual's past academic performance, which involves not only consideration of grade-point-average (GPA), but also of the pattern of grades in various subject areas;
- Consideration of the nature of the individual’s previous undergraduate or graduate work and the institution at which it was taken;
- Review of the individual’s prior professional experiences after completion of baccalaureate degree;
- Review of the letters of recommendation supporting the individual; and
- Review of essays in response to specific prompts provided in the application.

The ratings and discussion by the committee serve as the basis for decisions concerning both admission and the offer of financial assistance. Preference is given to individuals who are current Delaware residents.

The application deadline for both the Traditional and Extended Tracks of M.A. degree program is **February 1st.**

Conditional Acceptance

By default, students admitted to the Extended Track are considered conditionally accepted for the M.A. degree in Speech-Language Pathology. This status denotes a probationary period within which a student must demonstrate satisfactory progress through the academic curriculum before being elevated to full acceptance to the M.A. program. In order to meet this standard, students must:

- Earn grades at or above B in all 500-level CSCD classes
- Achieve a cumulative GPA of 3.3

As long as these requirements are met, a student may be elevated to full acceptance upon completion of the Summer 0 pre-professional coursework (see Academic Curriculum). If a student earns grades at or above B in all Summer 0 coursework but has a cumulative GPA below a 3.3, the student will remain under conditional status until the cumulative GPA requirement is met. A student may only remain under conditional status for two terms (Summer 0, Fall 1). Those who fail to elevate to full status during this period will be counseled out of the program.

Financial Assistance

Each year a number of research assistantships, fellowships, and tuition scholarships are awarded to qualified new students. These types of awards are based on academic merit and not on financial need. The research assistantships require between 10 to 20 hours of work per week. These awards may be renewed pending availability, favorable evaluations and academic performance. Tuition scholarships do not carry any work requirements. Students are not permitted to hold two separate UD awards simultaneously without permission from the Department Chair.

An applicant who receives an offer of financial support is required to reply in writing by April 15, or one week after acceptance for applicants accepted after April 15. Earlier communication of an applicant's decision is encouraged and appreciated by the faculty.

Acceptance of an offer of financial support (such as a graduate tuition scholarship, fellowship, traineeship, or assistantship) for the next academic year completes an agreement that both student and graduate school expect to honor. If a student accepts an offer before April 15, and subsequently desires to withdraw that acceptance, the student may submit in writing a resignation of the appointment at any time through April 15. However, an acceptance given or left in force after April 15 commits the student not to accept another offer without first obtaining a written release from the institution to which a commitment has been made. Further information is available through the [Council of Graduate Studies](#).

Tuition remission funds will appear in the student's account at the end of the drop/add period of the first semester covered by the funding. During fall and spring semesters, this is approximately two weeks after the semester start.

1.2 ELIGIBILITY REQUIREMENTS & CORE FUNCTIONS

(Council on Academic Programs in Communication Sciences and Disorders 2023)

In order to acquire the knowledge and skills requisite to the practice of Speech-Language Pathology, to function in a broad variety of clinical situations, and to render a wide spectrum of patient care, individuals must have skills and attributes in five areas: communication, motor, sensory, intellectual/cognitive, interpersonal, and cultural responsiveness. These skills enable a student to meet graduate and professional requirements as measured by state licensure and national certification. Many of these skills can be learned and developed during the course of the graduate program through coursework and clinical experience. The items with an asterisk are skills that are more inherent and should be present when a student begins the program.

Communication

Statements in this section acknowledge that audiologists and 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.

- 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 audiologists and 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.

- 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 ensures the safety of clients and others

Sensory

Statements in this section acknowledge that audiologists and 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.

- 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 audiologists and 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 audiologists and 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 audiologists and 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

Students will indicate receipt and understanding of the listing by signing their name on the signature page during New Student Orientation. Students will be given the opportunity to request reasonable accommodations at that time.

When a student does not meet one or more Essential Functions, as identified by the student, an instructor, the M.A. Program Director, the Director of Clinical Education or the Director of Research and Clinical Services:

- The student's Academic Advisor and M.A. Program Director (if identified in academic setting) or Director of Clinical Education and M.A. Program Director (if identified as a part of clinical practicum) are alerted.
- A conference will be held with student, M.A. Program Director, Director of Clinical Education, and student's advisor to review the concern(s) with student and determine a recommended course of action. The Department Chair will be consulted if there are unresolved concerns as to the best course of action.
- Documentation of the conference and recommended course of action will be placed in student's file.
- As needed, the Office of Disabilities Support Services and General Counsel will be contacted to ensure compliance with related laws. A student seeking academic accommodations should first register with the Office of Disabilities Support Services and then meet privately with the course instructor.
- Failure to resolve the concern may lead to dismissal from the program.

II. COUNCIL ON ACCREDITATION IN SPEECH LANGUAGE PATHOLOGY AND AUDIOLOGY STANDARDS

2.1 ADMINISTRATION & GOVERNANCE

Strategic Plan

The department's strategic plan is a living document that guides the department goals, and activities that lead us to better achieve our missions. This document, which is revised every academic year, addresses each of our three department missions, captures the activities

necessary to achieve our yearly goals, and documents our outcomes. Relevant portions of the strategic plan are discussed at the New Student Orientation.

Mission 1

This mission is to prepare master's level speech-language pathologists who:

- use a systematic and logical approach in their assessment and treatment of individuals with communication and swallowing disorders across the lifespan;
- base their decision-making on research evidence, client values and beliefs, clinical expertise, ethical standards, and the constraints of the clinical setting; and
- possess the skills to deliver services effectively and efficiently.

Mission 2

This mission is to advance the understanding of human communication and related disorders through faculty and student research activities.

Mission 3

This mission is to provide outreach to citizens and practitioners throughout the State of Delaware.

We fulfill these missions by providing opportunities for learning the theoretical bases for clinical practice and the application of knowledge to clinical practice in a learning community that values diversity, advocates for life-long learning, promotes a culture of respect for others, and guides the development of professionals who provide competent and compassionate service to people with communication and swallowing disorders and their families through the lifespan in educational and healthcare settings.

Notice of Non-Discrimination, Equal Opportunity, and Affirmative Action (July 2022)

The University of Delaware does not discriminate any person on the basis of race, color, national origin, sex, gender identity or expression, sexual orientation, genetic information, marital status, disability, religion, age, veteran status or any other characteristic protected by applicable law in its employment, educational programs and activities, admissions policies, and scholarship and loan programs as required by Title IX of the Educational Amendments of 1972, the Americans with Disabilities Act of 1990, as amended, Section 504 of the Rehabilitation Act of 1973, Title VII of the Civil Rights Act of 1964, and other applicable statutes and University policies. The University also prohibits unlawful harassment including sexual harassment and sexual violence. See [UD Non-Discrimination Policy](#).

For inquiries or complaints related to Title IX, please contact:

Director, Institutional Equity & Title IX Coordinator
305 Hullahen Hall
Newark, DE 19716
(302) 831-8063
titleixcoordinator@udel.edu

For complaints related to Section 504 of the Rehabilitation Act of 1973 and/or the Americans with Disabilities Act, please contact:

Director, Office of Disability Support Services
Alison Hall, Suite 130,

Newark, DE 19716
(302) 831-4643
<https://sites.udel.edu/dss/>

For complaints related to Title VII and age discrimination, please contact:

Director, Employee Relations Department of Human Resources
413 Academy Street
Newark, DE 19716
(302) 831-2171
employee-relations@udel.edu

OR contact the U.S. Department of Education - Office for Civil Rights
(<https://wdcrobcolp01.ed.gov/CFAPPS/OCR/contactus.cfm>).

Complaint Policy/Procedures

The Department of Communication Sciences and Disorders is committed to equitable ethical interactions among and treatment of students, patients, staff, and faculty. Nonetheless, complaints and concerns may arise. Individuals are strongly encouraged to raise their concerns directly with the party involved if possible. If this is not possible, students may raise concerns with their advisor (all areas), with the M.A. Program Director (academic and program related concerns), the Director of Clinical Education (supervision concerns), or the Director of Clinical Services and Research (clinical policies). Although any faculty member may be approached to address any concern, the individuals holding the roles identified above are most likely to be able to help resolve the problems. Other individuals should approach their direct supervisor, or if this is not possible or their concerns are not resolved, they should raise concerns with the Department Chair. In all cases, these individuals will attempt to resolve the concern at the local level. If the concern is not resolved, the Department Chair may become involved in resolving the problem.

At that point, any student, faculty or staff member of the Department of Communication Sciences and Disorders at the University of Delaware has the right to file a written complaint against an individual or the program. Formal written complaints sent via email need to have a subject line or statement in the body of the email that indicates this is a Formal Complaint to differentiate raising concerns and queries from complaints.

The process for handling complaints is as follows:

1. When possible, the Department Chair will discuss the complaint directly with the party or parties involved within 10 business days of receipt of the complaint. If at all possible, the matter is reconciled at this point. A letter from the Department Chair acknowledging resolution of the complaint will be filed with the complaint in the Department Chair's files and a copy will be sent to the complainant.
2. If the resolution of the complaint is not achieved, or if the complaint is against the Department Chair, the involved party may submit a written complaint to the Dean of the College of Health Sciences. The Department Chair will also forward a written

summary of any previous discussions when appropriate. The Dean or Dean's designee will meet with each party separately and may meet with both parties jointly to reconcile the complaint. A letter outlining the resolution by the Dean or Dean's designee will be filed with the complaint in the Department Chair's files.

3. If a satisfactory resolution is not achieved, the involved party may submit a written complaint to the Provost of the University. A letter outlining the resolution by the Chief Academic Officer should be filed with the complaint in the Department Chair's files.

The University Office of Institutional Equity & Title IX or the Office of Disability Support Services **must be informed** of any complaint of discrimination on the basis of race, color, national origin, sex, disability, religion, age, veteran status, gender identity or expression, or sexual orientation in its employment, educational programs and activities, and admissions as required by Title IX of the Educational Amendments of 1972, the Americans with Disabilities Act of 1990, Section 504 of the Rehabilitation Act of 1973, Title VII of the Civil Rights Act of 1964, and other applicable statutes and University policies. At each stage of the process, individual(s) making the complaint will be informed of their right to file a written complaint with the Council on Academic Accreditation (CAA) following the established formal complaint process.

2.2 FACULTY

Faculty

Students will have access to faculty by appointment, before and/or after class or clinic, by email, by video meeting (such as Zoom), and by phone. All faculty members are required to have posted office hours.

Adjunct Faculty

Students will have access to adjunct faculty by appointment, before and/or after class or clinic, by email, by video meeting (such as Zoom), and by phone.

Academic Advising

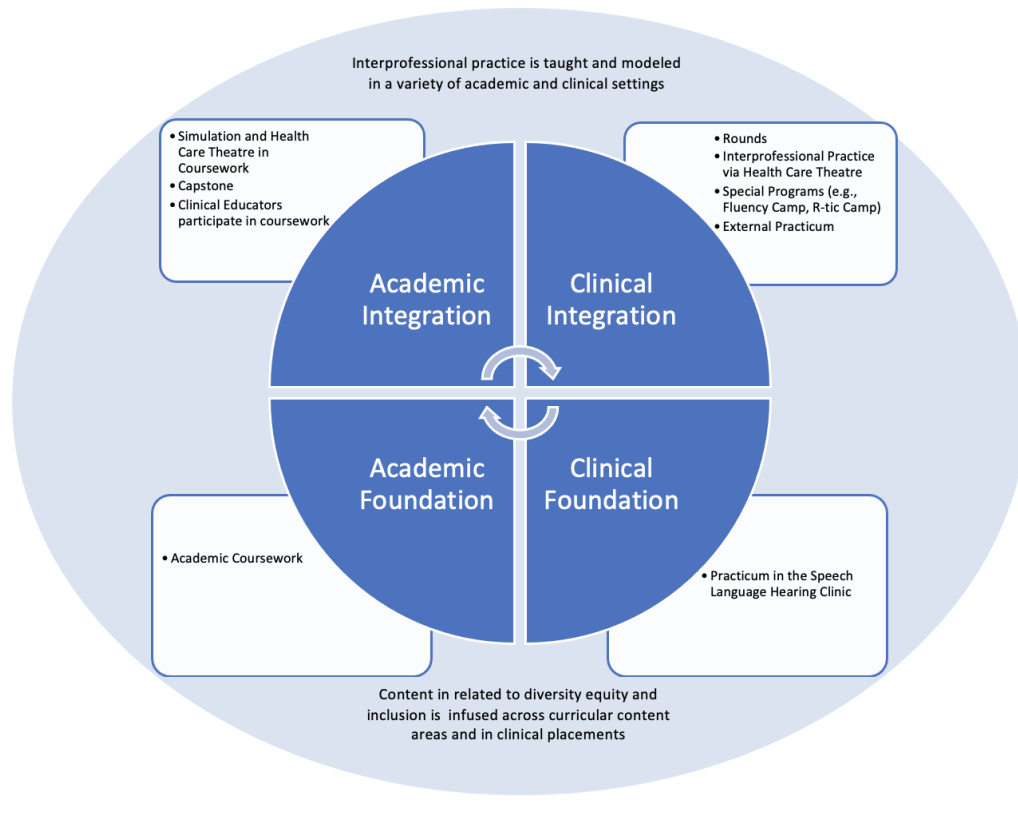
Students are assigned to a faculty member for academic advising. The student's designated advisor will be the person responsible for student programming and scheduling to ensure that all students proceed through the program in a timely manner. Students' academic advisor and the Director of Clinical Education will work collaboratively to ensure that the students' clinical experiences are appropriate for the student. Students will be required to meet with advisors during Orientation Week(s), at least once every semester, and when requested by the Faculty Advisor. Students are expected to contact their Faculty Advisor to schedule the required meetings each semester. Students should contact and meet with their advisor in the event of academic difficulty or personal issues impacting their performance in the program.

Documentation of Academic & Clinical Experiences

All academic coursework and clinical hours required for ASHA certification and licensure will be documented through CALIPSO and CALIPSO will serve as the primary record for all student concerns (essentially an electronic advising file). Our department tracks clockhours and ASHA requirements for certification via CALIPSO. The record contains information on all clinical

placements, clockhours and skills acquired each semester, as well as documentation of age level of clients, type and severity of disorder, cultural and linguistic diversity, interprofessional education opportunities and modality of communication. During Orientation week, students will be instructed on how to navigate CALIPSO and enter clinical hours. At each meeting with their advisor, the student and advisor will review entries to ensure that the record is accurate. The Director of Clinical Education will evaluate all entries prior to making any clinical assignments.

2.3 CURRICULUM



Post-Baccalaureate Coursework & The Extended Track

The combined post-baccalaureate curriculum and M.A. program (i.e., Extended Track) is designed to allow students who did not complete an undergraduate CSD major or minor to complete the content prerequisites in a manner that allows simultaneous progress towards the M.A. requirements in Speech-Language Pathology. We offer this content divided across classes offered at the 500 level. These courses do not count toward the M.A. degree but are pre-requisites for certain courses and are required for meeting Knowledge and Skills Acquisition (KASA) standards and obtaining clinical certification:

- CSCD 500 Speech and Language Development for Clinical Management
- CSCD 501 Introduction to Speech Science
- CSCD 504 Phonetics and Phonology
- CSCD 503 Assessment of Hearing Disorders
- CSCD 510 Anatomy & Physiology in Speech, Language, & Hearing Sciences

- CSCD 512 Guided Clinical Observations in Speech-Language Pathology and Audiology OR completion of 25 guided clinical clock hours in the community.

Students are encouraged to complete the required 25 hours of guided clinical observation prior to the start of their first Fall term. In general, these hours will be completed in the community. If a student needs substantial support from UD to complete more than 5 hours through UD then they may register for CSCD 512 in Fall 1, with 1 credit hour for every 10 hours required. A student may advance to taking clinical placements immediately upon completion of the 25 hours of observation pending availability of placements (clients, supervisors).

Students enrolled in the Extended Track may demonstrate satisfactory completion of these courses elsewhere by providing a syllabus and transcript that demonstrates coverage of core content areas aligned with the class content.

Plan of Study for M.A. Degree

The main objective of the M.A. degree in Speech-Language Pathology is to prepare students to competitively enter the field of Speech-Language Pathology. The M.A. is a two-year post-baccalaureate professional degree. This entry-level degree provides an academic and clinical education that attempts to meet the demands of a quickly changing, technology driven, and publicly demanding era of speech-language pathology. The M.A. program in Speech-Language Pathology meets these challenges by providing state-of-the-art clinical and academic experiences that thoroughly cover the prevention, assessment, and management of a wide array of speech, language, and swallowing disorders for all ages in a variety of settings. Please note that the plans of study for the Traditional and Extended Tracks towards the M.A. differ, with the Extended Track requiring additional coursework so that courses can be taken in sequence. See [Appendix A](#) for Courses of Study and [Appendix B](#) for Course Offerings including course descriptions and learning objectives.

Required Coursework

Students must complete all required courses and clinical practicum activities in order to obtain both their M.A. degree in Speech-Language Pathology and be eligible to apply for their Certificate of Clinical Competency (CCC) through the American Speech-Language-Hearing Association (ASHA) and Delaware state licensure in speech-language pathology. During the first year of the program, students will enroll in the majority of their required academic courses. These courses are offered in the summer, fall, winter, spring and summer sessions (Summer 0, Fall 1, Winter 1, Spring 1, Summer 1). Students are also participating in clinic at the UD SLH Clinic for treatment, screenings, and evaluations. A variety of community-based clinical opportunities are offered to students in their first year (e.g., hearing screenings, language screenings, memory screenings, school district R+I, summer minicamps, and diagnostics). During the second year, students are enrolled in additional required courses and clinical practicum. The second year includes fall, spring, and summer (Fall 2, Spring 2, Summer 2) for students in the Extended Track. See [Appendix A](#). In order to meet graduation requirements in a timely manner, students must enroll full-time every semester. All clinical courses are Pass/Fail.

Evidence-Based Capstone Project

Evidence-based practice (EBP) involves formulating important, thoughtful, and specific questions, searching for and/or collecting data to inform the clinical approach, meaningfully

synthesizing and interpreting these sources of evidence along with information about client values and preferences, and effectively communicating these EBP elements with others (Dollaghan, 2007).

The Capstone Project is an opportunity for students to either contribute new generalizable knowledge to the field or conduct a novel synthesis of existing evidence. This process will enable students to realize and demonstrate their best skills related to EBP that they have acquired throughout their education, and to acquire new skills through individualized mentorship from faculty. Although the project may take different forms, projects will have common components (for details, see: <https://www.asha.org/research/ebp/>):

- a. Recognize important gaps in academic or clinical evidence
- b. Formulate a specific question that addresses this gap.
- c. Search for and/or collect evidence related to the topic.
- d. Assess the quality of evidence and synthesize findings.
- e. Form a conclusion based on the evidence.
- f. Communicate each step of this process to others: There will be two final products, a written document and a poster or platform presentation.

Students will generally be matched to a mentor in the Spring of their 1st year in the program, turn in a penultimate draft of their paper in the first week of the second Spring of their program and present a final product at the conclusion of the second Spring. Successful completion of a capstone is a requirement for graduation. More details can be found in [Appendix C](#).

Thesis Option

A thesis option is available to any student interested in pursuing this option. Students selecting this option will likely extend their course of study by one semester. Students who have selected a thesis option must enroll in CSCD869. A master's thesis must meet graduate college requirements for committee formation and paperwork deadlines separate from internal department deadlines. For complete information on the thesis option, please see the University Graduate College policies [here](#) and consult with your advisor for [department-specific practices](#).

Remediation Plans, Support Plans, Academic Good Standing

Remediation Plans – Documentation of achieving KASA Standards

Each academic and clinical course has specific learning objectives and ASHA standards that need to be satisfactorily achieved, regardless of the grade received in the course. If a student fails to achieve any one of the objectives and/or obtains a grade of B- or below in the course as a whole, the student and the course instructor will develop a remediation plan designed to meet the particular objective.

This remediation plan will be at the discretion of the instructor and the M.A. Program Director and will target the demonstration of knowledge or skills for the unmet standard. Remediation plans can include retesting, written essays, a critical thinking discussion, retaking an entire course when it is offered again, or another option developed by the instructor and/or the student. Remediation plans must be documented in writing and filed with the student's advisor and stored on CALIPSO. The M.A. Program Director should be made aware that a remediation plan is in place.

When the student has achieved the learning objectives, written documentation will be stored on CALIPSO and the student's advisor and the M.A. Program Director will be notified. The student's grade will not be changed as a result of successful completion of the remediation plan; however, KASA standards will be documented as having been met.

Support Plans (Academic & Clinical) - Ensuring Student Success

Instructors should share concerns about a student's performance with that student and with the student's advisor **no later than** the midterm point (8 weeks into a fall/spring term or the equivalent proportion for summer/winter terms). Clinical Educators (CEs) and Community Clinical Educators (CCEs) should share concerns about a student's performance with that student, the Director of Clinical Education, and the student's advisor. A support plan will be implemented for students who demonstrate unsatisfactory progress in either an academic or clinical course or show other evidence of needing additional support for success. Difficulty completing learning objectives, danger of receiving a final grade lower than a B in more than one academic course, or failure in a clinical practicum course (all clinical practicum courses are P/F) are considered to be grounds for the implementation of a support plan.

Request for implementation of a support plan for academic course work will be discussed between the student, their academic advisor, and the instructor(s) in question. If an instructor and advisor are the same person, then the M.A. Program Director will be included in the meeting as a third-party observer. Request for implementation of a support plan for clinical course work will be discussed between the student, their CE or CCE and the Director of Clinical Education.

In any case, a written plan will be communicated to the M.A. Program Director and Director of Clinical Education and filed in CALIPSO under student documents. The support plan may be initiated using the Whitmore GROW model of personal and professional performance improvement or similar coaching and development model (see [Appendix D](#)). The student's advisor will monitor the effectiveness of the plan and the advisor, in conjunction with the M.A. Program Director and/or the Director of Clinical Education. These individuals will be attentive to the need for a larger discussion of student success based on limited success with a particular support plan.

Academic Good Standing

Extended Track Only (500 Level Classes): The UD CSCD 500-level coursework serves as a foundation for and is woven tightly into the M.A. curriculum. Difficulty with these courses (a grade of B- or below) will prevent the student from integrating into the M.A. program because 500-level courses are prerequisites for multiple 600 and 700 level classes. Therefore, a grade of B- or below in one 500-level class will result in students enrolled in the Extended Track being encouraged to leave the program.

All students may obtain a B- or below in up to 2 courses, or up to 6 semester hours across all levels of coursework. Receiving a grade of B- or below in a third course, or in more than 6 semester hours, will result in recommendation for dismissal from the program. Courses in which a B- or lower is obtained may not count for KASA standards. The student must work with the instructor and the M.A. Program Director to develop a remediation plan (see above). Grades will not be changed as a result of a remediation plan.

In addition to meeting KASA standards, students must meet UD graduate school requirements, which include maintaining a GPA above a 3.0. Courses in which a student obtains below a C- will not count toward the degree but are calculated in the student's cumulative GPA. See policies here: <https://www.udel.edu/academics/colleges/grad/current-students/academic-support/policies/>.

Individual students who obtain a B- in one 500-level course or three or more B- in 600 or 700 level courses and wish to remain in the program may petition for exceptions under extenuating circumstances with the understanding that they may need to take a leave of absence or extend their program by more than a year. This is because courses are sequenced to ensure that content is provided in a logical manner. Retaking coursework would require delaying coursework in sequence and also delaying related clinical experiences. Petitions for exceptions to the above policy are not guaranteed, require meaningful action plans for future success to be documented in writing and successfully implemented, and may result in funding being forfeited.

Clinical Education

Code of Ethics

The American Speech-Language Hearing Association formalized the first Code of Ethics in 1952. The code has been modified and adapted to fit the ever-changing needs and demands of the profession. The latest version of the Code of Ethics was effective March 1, 2023 (refer to [Appendix E](#)). This framework of information identifies what we value as professionals and establishes expectations for our scientific and clinical practice based on principles of duty, accountability, fairness, and responsibility. The Code of Ethics is intended to protect the consumer and safeguard the integrity of the profession. Please note that individuals who are applying for certification, or for membership and certification from ASHA are expected to uphold the principles in the Code of Ethics.

Code of Ethics for each state may be found [here](#). Please refer to the UD Speech-Language-Hearing Clinic Manual for more detail regarding Delaware law and grounds for discipline.

ASHA Certification

In order to be ASHA-certified in the field of Speech-Language Pathology, an individual must obtain a Certificate of Clinical Competence (CCC; see [Appendix F](#)). This nationally recognized professional credential represents a high level of excellence in regard to rigorous academic and professional standards. During New Student Orientation, students are introduced to the current Application for Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP) 2020 Standards, revised in 2023 (see <https://www.asha.org/certification/slpcertification/>). By familiarizing themselves with this application, students will recognize the knowledge, skills, and expertise they must obtain during their course of study and clinical experiences to meet the requirements to earn their CCC's. Please note an individual must complete their 1260 hours Clinical Fellowship Experience (CF), in addition to the requirements below, before being granted their CCC's.

The Standards for the CCC's in Speech-Language Pathology are listed below:

- Standard I: Degree
- Standard II: Education Program
- Standard III: Program of Study

- Standard IV: Knowledge Outcomes
- Standard V: Skills Outcomes
- Standard VI: Assessment
- Standard VII: Speech-Language Pathology Clinical Fellowship
- Standard VIII: Maintenance of Certification

(Please refer to [2020 SLP Certification Standards \(revised in 2023\)](https://www.asha.org/Certification/2020-SLP-Certification-Standards/): <https://www.asha.org/Certification/2020-SLP-Certification-Standards/> for detailed information about each of these Standards.)

When the student applies for CCC, they submit an application which triggers a request for information to our program from ASHA. The program then attests that standards were met by the student and the program during the student's training in our clinical M.A. degree and that the student met the requirements for degree conferral. The student submits additional required documents which include:

- Official Transcripts – send directly to ASHA from UD registrar.
- Passing score from the Praxis exam – sent directly to ASHA from ETS.
- Speech-Language Pathology Clinical Fellowship Report and Rating Form (after CF Experience) – completed online as part of the CCC application.
- Disclosure Statements.

It is suggested that students submit their online application to ASHA upon graduation and pay the required dues and fees described on the ASHA website for their particular circumstance and then document their CF experience as it happens rather than wait until the conclusion of their CF to begin this documentation process.

Once an individual's application is complete, ASHA website states to allow approximately 6 weeks for processing.

In order to maintain your CCCs, you must pay annual dues, complete ethics attestations, and submit regular CEU documentation on a three-year cycle. More information can be found here: <https://www.asha.org/certification/maintain-ccc/>

National NSSLHA Membership

It is strongly encouraged that students obtain National NSSLHA Membership through ASHA. Membership provides students with the ability to stay current on advancements in the field, network with other students at the national level, and save money on products and services. For those students that have already been a member of NSSLHA, be sure you are in the National NSSLHA Membership category and not the Introductory Membership. Membership is yearly. Please enroll after September 1st in order to get membership benefits for the following year. A student must be a National NSSLHA Member for 2 years in order to get the NSSLHA-to-ASHA Conversion Discount.

With your membership, you will receive a free print subscription to *The ASHA Leader* and online access to all ASHA journals. Discounted rates are given to NSSLHA members for the ASHA Convention. Please refer to the ASHA website for additional information regarding [NSSLHA](https://www.asha.org/nsslha/).

Licensure

Every state has its own policy and procedure on obtaining a state license to practice as a Speech-Language Pathologist. The ASHA website has compiled all the state information into an ASHA State Database (<http://www.asha.org/advocacy/state/>). In accordance with federal requirements and as a State Authorization Reciprocity Agreement (SARA) participating institution, the University of Delaware provides public and direct professional licensure and certification disclosure statements. For more information, please refer to this [list of programs that the University has identified as leading to a license or certification, or advertising as such](#). The information comes from the licensure boards or regulatory agencies responsible for regulating the professions of SLP and/or AUD. ASHA makes it clear, as does the UD CSCD Department, that the information shared on licensing is only intended for informational use and should not be construed as legal advice. For the exact licensure, certification, or registration requirements in your jurisdiction, you must contact the licensure board, or regulatory agency. This is your professional responsibility.

Universal licensure (also referred to as comprehensive licensure) ensures the protection of individuals of all ages who need the services of speech-language pathologists by allowing one licensing body in each state to maintain jurisdiction over the practice of the professions. Several states require one license to practice speech-language pathology. Delaware is one of those states. The remaining states require a separate license or teacher's certification to work as a speech-language pathologist in the schools. Please note that some of the surrounding states (i.e., New York, Pennsylvania, New Jersey) will require teacher certification to practice in the school system. Although you may not be sure where you will practice after graduation, it is suggested to familiarize yourself with some of the required coursework needed to apply for teacher certification. Some states require a school-based practicum experience (e.g., Colorado, New Jersey).

If you decide to start your career in Delaware upon graduation and accept a position as a Speech-Language Pathologist Clinical Fellow, you will need a temporary license. You will submit an electronic application, transcripts, a clinical fellowship plan, criminal background check/fingerprinting and payment/fees to obtain a temporary license, which is valid for one year. Extensions can be granted up to another year based on certain circumstances (part-time status, ASHA delays). Upon completion of your 1260 hours Clinical Fellowship Experience, you will submit your Speech-Language Pathology Clinical Experience Rating Form to ASHA and receive your ASHA card. In order to apply for your permanent license in Delaware, you will need to submit: an application, a copy of your ASHA card, PRAXIS scores directly to the board, a letter from your CF Mentor documenting completion of your CF Experience, and payment/fees. A permanent license in Delaware is valid for two years. In order to maintain your license in Delaware you must complete 30 CEUs per 2 years and submit payment/fees. The licensing board conducts audits on a percentage of the licensed SLPs in the state and requires documentation of the 30 hours.

Clinical Practicum

Students will rotate through a variety of clinical sites during the graduate program in order to ensure that you are exposed to a variety of clinical settings, client/patient populations, and age groups. The policy for our department and the UD Speech-Language-Hearing Clinic clearly states that we do not discriminate on the basis of race, color, national origin, sex, disability, religion,

age, veteran status, gender identity or expression, or sexual orientation. No student will be assigned to an external clinical that does not abide by a similar policy.

University of Delaware Speech-Language-Hearing (SLH) Clinic

The UD SLH Clinic is located at the STAR Health Science Complex (540 South College Ave. Suite 102, Newark, DE 19713), with operating hours from 8:00 am to 7:00 pm Monday through Thursday and 8:00 am to 6:00 pm on Friday. The UD SLH Clinic, as well as the Physical Therapy Clinic and Nurse Managed Primary Care Center, are open to the public. The UD SLH Clinic and the PT Clinic are considered rehabilitation facilities under Medicare guidelines. The SLH Clinic accepts private pay as well as all insurances. It is in network with many, but not all, insurances. All Medicare patients seen with a graduate student are supervised 100% of the time with a clinician in the session (live or telepractice). Under certain circumstances for non-Medicare clients, students may not receive 100% supervision. This is determined on a case-by case basis with the best interest of the patient driving this care decision making. The billing department utilizes a fee schedule to inform clients and families about their financial responsibilities for their services.

The communication and swallowing function of children and adults are screened, evaluated, and treated. The hearing function of children and adults are screened and evaluated. Individual treatment sessions are provided according to the needs of the client and family. Group sessions, support groups, and workshops are created in order to meet the needs of clinical hours for the students as well as the demands of neighboring community. The UD SLH Clinic is a vendor for the early intervention program in Delaware and also participates in home-based services for this program.

Supervision

Roles and Responsibilities:

Student Clinician (SC) – The SC will engage in clinical hours as early as their first semester in the M.A. program and can continue to earn clinical hours throughout their academic program. The amount of support needed by a SC will range according to their academic coursework completed, their amount of time in the program, the previous clinical experiences of the student clinician, and their rate of learning. The SC's responsibilities will be discussed and agreed upon with the clinical educator prior to each session. The SC will submit daily logs on CALIPSO to document their direct time with clients.

Clinical Educator (CE) – The CE is an ASHA-certified and DE-licensed speech-language pathologist or audiologist working in the UD SLH Clinic that will be matched to a client based on experience, expertise, and style. CEs are required to complete supervision training prior to working in the UD SLH Clinic. CEs will remain physically present for all services and determine the amount of support the SC needs to provide high-quality services at all times. A combination of the CE's and the SC's time and decisions will comprise a complete session. It is anticipated that as the SC gains knowledge, skills and confidence, more time and decision-making will be completed by the SC. The CE will review clock hours to verify SC's time as accurate. Ultimately, the CE is responsible for the services provided and the documentation associated with the case.

Community Clinical Educator (CCE) – The CCE is an ASHA-certified and state-licensed clinician working in the community who is willing, interested, and approved by their administrative

authorities at their site to support an SC. In addition, generally CCE will have at least 3 years of experience as an ASHA-certified Speech Language Pathologist and complete required supervision training. CCEs are provided with a manual that serves as a guide and offers efficient and effective ways to document SC progress and performance. CCEs are offered periodic CEUs from the CSCD program, opportunities to participate in research and access to borrow from the diagnostic and treatment materials library at the UD SLH Clinic. CCEs are also reducing support to the SC as independence and competence increase. The CCE will review and approve SC's clock hours on a weekly basis.

UD Supervisor – All SCs (usually second year SC's) working with CCEs will have a UD Supervisor. The primary UD Supervisor will be the Director of Clinical Education. The UD Supervisor serves as a third-party participant in the externship experience to oversee the process, periodically check in (e.g., phone call, email) to the SC and CCE, as well as attend a mid-semester meeting to ensure progress and success of the SC. Please note, additional contact will take place with SCs and CCEs if concerns arise. Depending on the placement, a specific CE from the UD SLH Clinic with similar experience and expertise will provide additional supports (e.g., face to face meetings with SCs and more frequent site visits).

UD SLH Clinic Supervision

Students in the Traditional Track will matriculate in a practicum course each semester of the program. During the first four semesters (including winter and summer), traditional students will be assigned to the UD SLH Clinic. Students in the Extended Track will matriculate in a practicum course each semester of the program beginning in the winter of year 1 (note: students with 25 observation hours completed *may* be assigned to clinical practicum in Fall of Year 1 while still enrolled in CSCD 502 provided there is availability of patients and supervisors).

All students will be assigned to a Life Participating Group (LPG) in the first fall semester of the program. Life Participating Groups (LPGs) are student-led experiences for community members that are dealing with communication and swallowing differences. Each LPG has at least one CE associated with the group that supervises the planning, implementation, and discussions regarding the direct interactions of the group. Students will rotate to a different LPG in winter of Year 1 and again in summer of Year 1.

UD SLH Clinic patients are assigned to an CE based on expertise, experience, and availability. SCs in their first practicum semester will be assigned to one in-person or telepractice patient. The CEs and the SCs will move through the continuum of supervision (From *The Supervisory Process in Speech-Language Pathology and Audiology*, p.25, by E. S. McCrea and J.B. Brasseur, 2003, Boston, Allyn and Bacon) for each patient and each session. The CE and the SC create a schedule for discussion/case management outside of the treatment sessions.

Students enroll in CSCD 629: Grand Clinical Rounds during the fall session of their first year which integrates classroom and clinic with the assistance of CEs in group discussions.

Students will be offered additional patients and experiences based on their schedule, academic and clinical performance, and interests. Students will also be provided with an opportunity to participate in providing hearing screenings to private and parochial schools/early childhood programs in the community with an CE audiologist.

All clinical education documentation is housed within the CALIPSO system (more details regarding CALIPSO below). Although weekly meetings take place to discuss performance and

areas to develop, a mid-term evaluation and final evaluation are completed each semester to document performance. CEs are expected to contact the Director of Clinical Education if any concerns exist with carryover, progress, or professionalism. A support plan will be implemented if needed (Please refer to [Support Plan](#) for details).Externship Supervision

The Director of Clinical Education will be responsible for making all clinical assignments. It will be the Director of Clinical Education's responsibility to place students in clinical experiences that are consistent with the students' abilities and needs. Central to the placement decision will be the need to ensure that the student is provided with the breadth and depth of clinical experiences required by the program. Each externship location will have an active Externship Agreement in place. These agreements will be provided by UD ([Appendix I](#)) or provided by the externship location. With the support of UD Legal department, agreements will ensure protection of all parties involved. CCEs will be selected using the requirements of 3 years CCC experience, active license in the state of practice, supervision training and support from administration at the site. Externships will predominantly take place in the State of Delaware, including all three counties (New Castle, Kent, and Sussex). A list of frequent externship locations is found in [Appendix H](#). Students may speak to the Director of Clinical Education if interested in placements that are not currently under agreement¹, however initial contact will be made by the Director of Clinical Education to ensure a partnership that supports all parties involved with clinical education. Please note students are NOT to solicit their own externship placements. Second-year students might need to participate in patient sessions at the UD SLH Clinic in order to obtain the broad distribution of speech-language-hearing experiences required by our program (e.g., voice, fluency).

Once a CCE and a SC are matched, they will complete a 2-page agreement ([Appendix G](#)) of their partnership. This agreement will delineate the roles and responsibilities of the SC, CCE and the UD Supervisor. Other areas addressed on the agreement include: schedule, client types, ages and populations anticipated to see in the placement, dress code, learning styles, communication preferences and goal setting. Two evaluations will be completed during a semester (mid-term and final) by the CCE, whether the placement is external or internal. At least one on-site visit will take place by the UD Supervisor with the SC and the CCE. It is clearly stated to all parties (SCs, CCEs and UD supervisors) that any and/or all concerns should be immediately reported to the Director of Clinical Education. Support plans will be instituted as soon as concerns are identified, discussed by all parties, and not reconciled with a conversation (Please refer to [Support Plan](#) for details).

Second year students (students placed in externships) will participate in a Clinical Practicum Seminar (CSCD 750) in Winter 2. This Seminar will provide content regarding the Clinical Fellowship Experience, preparation for the job search and interview process as well as engage in a mock interview experience with community partners.

Clinical Education Clock Hours

Students must upload and submit at least 25 hours of guided observation in CALIPSO prior to earning direct contact clock hours. Students are able to earn the required 375 direct clock hours

¹ **IMPORTANT NOTE:** The University of Delaware is required to comply with state and federal laws regarding the delivery of distance education (e.g., clinical externship practicum). Please see the [University's State Authorization page](#) for more information.

in various ways throughout the program. Courses may include clinical simulation assignments (i.e., Simucase, Healthcare Theatre) that offer clockhours to be submitted to CEs associated with the particular course for approval. Simulation clock hours will not exceed 75 hours. Clock hours are earned when students are in direct contact with individuals in LPGs, hearing screenings at schools/daycares and when providing services in the UD SLH Clinic and in their community externships. Please note students may provide these clock hours through telepractice. However, the mode of telepractice is limited to 125 hours out of the 375 total clock hours. The Director of Clinical Education and the Student's Faculty Advisor periodically monitors clock hours. The Program Director will ensure standards are met prior to graduation and verify at the Exit Interview.

CALIPSO

UD Department of CSCD uses CALIPSO. CALIPSO is a web-based application that manages key aspects of academic and clinical education designed specifically and exclusively for speech-language pathology and audiology training programs. It was created by a Communication Sciences and Disorders University Clinical Director and has demonstrated proven success. The application offers the unique feature of interactive and customized data dashboards that enable knowledge management between the faculty advisor, clinical administrator, supervisor, and student.

Each student is required to create an account with a username and password prior to arriving on campus for New Student Orientation. Once an account is created, the student is able to complete the following tasks:

- Enter contact information
- View immunization and compliance records
- View/upload clinical placement files
- Enter daily clock hours
- Submit clock hours for supervisor approval
- View clinical performance evaluations
- View cumulative evaluation
- View performance summary
- View progress in meeting the clinical requirements for graduation

Detailed instructions can be found in [Appendix L: CALIPSO Instructions for Students](#). Clinical practicum courses are pass/fail. Please refer to the Performance Rating Scale (see [Appendix M](#)) to understand the rubric for grading clinical courses.

List of Resources (equipment, tests and software)

Within the UD SLH Clinic, the Materials Room (102) houses the majority of diagnostic tools and intervention materials for evaluation and treatment. Please see [this linked document](#) for a comprehensive list of the assessments. Room 110 houses the voice lab equipment. The Student Work Room (102P) houses the software programs that require a license. The audiology suite, located across the hall of the main doors the SLH Clinic, houses the hearing equipment.

2.4 STUDENT

Immunization Requirements

There are certain public health requirements to which our program expects you to adhere. Immunizations that are required by Centers for Disease Control and Prevention (CDC) for health

care workers must be up to date when you enter our program. People who are not properly immunized pose a significant public health risk to their patients, co-workers, and themselves. If immunizations and TB tests are not up to date, we cannot guarantee that you will be accepted at any of our clinical sites. This could impact your timely progression through the program, prevent you from participating in a variety of clinical experiences, and ultimately prevent you from graduating.

Required immunizations:

See (<http://www.cdc.gov/vaccines/adults/rec-vac/hcw.html>) for dosage

- Hepatitis B
- Tdap (Tetanus, Diphtheria, Pertussis)
- Varicella (Chickenpox)
- Flu (Influenza)
- MMR (Measles, Mumps, & Rubella)
- TB/Mantoux Test Result
- [COVID-19](#)

Medical Requirements and Legal Clearances

Upon acceptance into the M.A. in Speech-Language Pathology program, students are notified of additional requirements necessary to be a graduate student at the University of Delaware, as well as to participate in clinical education in the program. The tasks and necessary forms are sent to students throughout the summer for students to start addressing the items on the list prior to New Student Orientation. The Department of CSCD collaborates with the University of Delaware Graduate School, Student Health Services; Delaware State Police; State of Delaware; and Sterling Backcheck to complete the following items:

- Final Transcripts sent to UD Office of Graduate and Professional Studies.
- UD Account/UD Email set up.
- Updated Contact information sent to CSCD program.
- Professional Portfolio stored in CALIPSO.
- Child Protection Registry (State of DE).
- Criminal Background Check (Sterling Backcheck) through UD.
- Fingerprinting (DE State Police/Office of Clinical Studies).
- Drug Screening (Sterling Backcheck) through UD CSCD Program.
- Medical Insurance (Student Health Services).
- Immunization, TB Test Records (Student Health Records).
- Observation Hours documentation (must acknowledge in CALIPSO that all hours were active observations – prebrief, observation, post-discussion).
- Eligibility Requirements & Essential Functions (acknowledgement signature).
- Parking – Red Permit needed for STAR Health Sciences Complex.

Failure to comply with these requirements may result in students not being able to enroll in courses or participate in clinical education courses.

Prior to the beginning of the fall semester, the first-year cohort will be required to attend a mandatory 6-day orientation that will familiarize students with the university, the program, and

the clinic. Faculty, staff, and students will come together to address a variety of essential topics and participate in trainings they will need prior to their first practicum. The orientation sessions are essential for the students to familiarize themselves with the academic program and receive the training they will need to start working with clients at the UD SLH Clinic. Please see [Appendix N](#) for orientation details.

Attendance Policy

Attendance is mandatory. The student is expected to work the assigned hours of the clinical education site (including in-house clinic hours, intensive summer placements, and external placement sites during year 2). More than three absences (even if excused) during any rotation may preclude an on-time completion of the clinical education experience and extend your overall program by a semester.

In the first year, clinical education assignments will follow the university calendar and university policies regarding absences. Students are expected to be available for in-person class and clinic (in person and telepractice) when the university is in session. Clinical education assignments include preparatory and concluding meetings related to clinical placements, supervision meetings, as well as time when clinical clock hours are being earned.

In the second year, the student is expected to adhere to the policies and procedures of the clinical education site even if it varies from the University of Delaware calendar. Absences affect our program's relationships with placement sites and our ability to place students at sites in the future as well as student progress toward degree. Excused absences during this time should be exceptionally rare and students may be excluded from certain placement sites if they have planned absences during their second year due to known site-specific policies about absences.

The University of Delaware policies regarding excused absences for student illness, religious observances, athletic participation, family emergencies or death, and military duty can be found [here](#). Notice of planned absences for religious holidays should be given with as much notice as possible and no later than the first two weeks of the term to all academic and clinical instructors as well as the Director of Clinical Education. Notice of absences for athletic participation should be given with as much advance notice as possible and ideally at least two weeks prior to the event.

In the event of clinical education site holiday closure that coincides with a University of Delaware observed holiday, the student does not need to inform the Clinical Education Director.

If the clinical education site closes due to weather or in observance of a holiday that is not observed by the University of Delaware, the student must inform the Clinical Education Director as soon as they learn of the closure.

In the event of an extenuating circumstance necessitating the student to request a day off, the student must inform the Director of Clinical Education and the Program Director of the circumstance and rationale for their request **prior to** engaging in discussions with their CE, CCE, or clinical education site. After the student has received approval from the Director of Clinical Education and the Program Director, they may then discuss the situation with their CE or CCE and clinical education site to receive final approval. A proposal to make up time missed must be

on-hand at the time of discussion. It is suggested that the student provide the clinical education site with as much notice as possible (at a minimum 2 weeks, preferably 2 months). It should be noted there is no guarantee the clinical education site will grant the time off. Requests for time off will only be considered for students in good standing.

In the event of illness-related absence, the student must call or email (mode of communication to be discussed with clinical education site at the start of the experience) their CE and/or CCE and notify them of the circumstances prior to the start of the workday. The student must also contact the Director of Clinical Education to inform him/her of the situation, at the same time that the CE and/or CCE are notified. The clinical education site, in conjunction with the Director of Clinical Education, will determine whether time missed must be made up, including a schedule for such make up. Additionally, the student must follow the clinical education site's guidelines for return to practice following missed time.

STAR Student Resources

Student Workspace

Room 102P is reserved for students working in the UD Speech-Language-Hearing Clinic. The STAR atrium, as well as the north and south side of the STAR building, is also open to all students. The Tower at STAR has numerous areas where students can work individually or in a group. Each floor has open space areas and floors 5 and 6 have "touch-down" areas that are open to students. Students are also encouraged to use the CSCD classroom (Room 513) when not in use.

Lockers

Students can be assigned a locker for their personal use. These lockers are located in the copier room of the 5th floor of the Tower. Students interested in a locker should contact the department Academic Support Coordinator.

Copier Access

The copier and printer located in the 5th floor of the Tower are available for student use within reason. Please refrain from printing in excess and be considerate of other users by collecting printed documents in a timely manner. Students have additional access to the clinic copier for evaluations and treatment related work.

Key Fobs

Students will receive two key fobs. The first fob allows entry to the main doors at the Tower at STAR outside of business hours, 6:00am – 6:00pm. It also allows students to enter floors 2-6 from the stairwell or main elevator doors. The second fob allows entry to the main doors at the Health Sciences Complex as well as the Speech Clinic door outside of business hours, 7:00am – 7:00pm.

Student Adaptations/Supports

The department makes reasonable adaptations in curriculum, policies and procedures to accommodate differences among individual students. Students who are otherwise qualified and have a documented disability that will require accommodation to successfully complete our program are STRONGLY encouraged to register with the [Office of Disability Support Services](#). Modifications and adjustments will be made on a case-by-case basis with DSS documentation.

Students will be informed about student support services at the student orientation meeting. Information is also provided in the University catalog, as well as on our website <http://www.udel.edu/cscd>.

Students in Crisis

A student who is experiencing financial, mental, or emotional concerns may reach out to any academic or clinical faculty member to receive support. These individuals will assist the student in identifying relevant community and university financial, mental, and physical health supports that they can access. In addition, the department maintains a student crisis fund and students may request access to this fund [here](#) and the request will be reviewed by the chair and department administrative staff.

Sexual Harassment

We strive to create and maintain a campus community where respect and personal safety are valued by everyone and where community members work individually and together to ensure a safe environment. The University has clear policies in place intended to keep the University community free from sexual misconduct, including sexual harassment, stalking, dating violence and domestic violence. This ensures a safe and nondiscriminatory environment that protects the rights of students, faculty, staff, vendors, guests, visitors and volunteers. The policy is available online at www.udel.edu/sexualmisconduct.

Students will receive an email from Office of Equity and Inclusion in July containing a link to a mandatory training, EverFi – kNow MORE. It is expected for students to complete this training prior to coming to campus for new student orientation. Please save and provide a PDF for upload into CALIPSO. Students will receive reminder email to assist with completion of the training by the set deadline.

Emergency Policies and Practice

UD Alert

It is strongly recommended to sign up for UD Alert, which notifies members of the UD community of major emergencies, situations of imminent danger, or if a state of emergency is declared. Notices are sent as voice messages, texts, and/or emails. Consult [these instructions](#) to set up your notifications.

Things to Remember

1. Remain calm, use common sense, and provide aid. Take time to think before acting.
2. Always evacuate the building immediately when you hear an audible alarm or see a visible alarm, when directed by authorities, or when the building becomes life-threatening, e.g., smelling natural gas.
3. Proceed to the emergency gathering point for further instructions.
4. Do not use the telephone for reasons other than emergency purposes.
5. Do not enter elevators during an emergency. If stuck in an elevator do not attempt to force open stalled elevator doors, use the emergency phone to contact Public Safety.
6. Keep a flashlight handy if you are in an area that does not have emergency lighting or natural lighting.
7. Know the location of all marked exits from your working area.

Emergency Reporting

Dial 911 to reach the emergency dispatcher who can summon medical, fire or police response. These individuals can also contact emergency personnel who are not first responders but will oftentimes be needed to assist the first responders with incident resolution.

1. If you are in a hazardous situation, don't endanger yourself further. Avoid unstable structures, smoke, electrical hazards, fire, radiation, chemical, or biological exposure, etc. Do not risk your well-being to save personal or University property.
2. When you call, give your name, telephone number and location, and the nature and location of the emergency.
3. Don't hang up until the dispatcher ends the conversation.
4. If phone lines are dead, take the message to 413 Academy Street in person or use a cell phone if available and dial 831-2222.

Medical Emergencies

1. Summon help by dialing 911 to report the illness or injury.
2. Provide the level of first aid for which you are trained and equipped.
3. Whenever possible, have someone meet the ambulance or Public Safety officer at a clearly visible location to quickly direct them to the injured person.
4. Never put yourself at risk to help the injured or ill person.
5. Whenever possible, have someone accompany the injured or ill person to the emergency care facility.
6. Inform department personnel about the incident to assure proper documentation and investigation of the incident are performed.

Fire Emergencies

1. Be prepared. Practice by holding a fire drill in your building at least once a year.
2. Know where the fire alarm pull stations are and how to activate them.
3. Know your evacuation routes and keep them clear at all times.
4. Know where your emergency telephones are to contact Public Safety.
5. Know where the closest fire extinguishers are and how to use them.
6. Never use the elevator to evacuate.

If fire or smoke is detected:

1. Activate the building alarm system.
2. Evacuate the building moving a distance of at least 200 feet from the building. Check your building evacuation plan to determine your gathering point. When outside notify public safety by using a blue light phone or cell phone giving as much information as possible. Persons knowing the reason for the fire should go to the command post established by Public Safety to provide this information.
3. If there is no alarm system, notify others as you leave the building by shouting "fire" and knocking on doors.
4. If possible, close doors and windows as you leave to prevent the fire from spreading.

5. If there is smoke in the area, get down on the floor and crawl out of the building.
6. Feel all doors before opening them. If a door is hot, don't open it. Move to a second exit, or if one is not available, stay there and try to open a window for fresh air.
7. Open doors slowly. If you encounter smoke, close the door quickly and stay in the room. Call 911 and give your location. Try to do something to help identify your location from the outside of the building.
8. Never try to fight a fire alone unless it is required to exit the building.

What to do:

The College of Health Sciences conducts fire drills quarterly. Follow procedure listed below. Evacuation plans are posted throughout the STAR Campus. See following sample evacuation posting for STAR campus which serves as a guide.

When notified of fire by emergency alarm system orally, personnel must evacuate the building and move to an area at least 200 feet from the building. Do not reenter the building until advised by the person in charge.

Supervisory personnel should assist in the evacuation of persons from the building. In specific, for faculty/supervisors of persons with disabilities, note the area of refuge your student/employee has occupied and communicate this information to Public Safety at the Command Post once outside the building. Remain at the command post to provide additional information as necessary for the Fire Department.

Fire Drills

The College of Health Sciences' Safety Committee is responsible for coordinating facility fire drills. Environmental Health and Safety will coordinate with Public Safety who will be responsible for sounding the alarm and monitoring the evacuation with the Safety Committee Chair and Facilities Electronics who resets the fire alarm system.

Sample evacuation plan, posted on all floors: TM



Your Response in a Shooting

Active Shooter Video. <https://www.youtube.com/embed/BWlqhvKNoKg?rel=0>

Please note that such incidents are highly unpredictable, and your response will depend on the exact circumstances. Your first priority is to have an "out" strategy. If you can do so safely, leave the building or area immediately, via door, window or emergency exit. Move away from the immediate path of danger, and take the following steps:

1. Notify anyone you may encounter that they should leave the building or area immediately.
2. Get to a safe area away from the danger and take protective cover. Stay there until assistance arrives.
3. Call 911, providing dispatchers your name, the location of the incident (be as specific as possible), the number of shooters (if known), identification or description of the shooter or shooters, the number of persons who may be involved, your exact location, and information about wounds and injuries to anyone, if known.
4. If you are not immediately affected by the situation, take protective cover, staying away from windows and doors until notified otherwise.

If you are directly involved in an incident and cannot leave the building:

1. Go to the nearest room or office, close and lock the door, turn off the lights and seek protective cover. If possible, barricade the door. Students should scatter when in the same room, rather than huddle in a corner, which can provide an easy target for a shooter.
2. Keep quiet, act as if no one is in the room, and do not answer the door.
3. If possible, pull the fire alarm to alert authorities to an emergency situation.
4. If you have a cell phone at hand and if it is safe to do so, notify 911, providing dispatchers with as much pertinent information as possible.
5. Wait for University Police and other police officials to assist you out of the building.

Bomb Threats

1. Take all calls seriously and report them to Public Safety at 911 immediately.
2. Notify your supervisor or the person responsible for the building.
3. Try to obtain as much information from the caller as possible, such as location of the bomb; detonation time; reason for threat; information about the caller, age, affiliation with any organization, etc.
4. Do not try to locate the bomb and never touch suspicious objects.
5. Do not use portable radios in the facility where the bomb is located.

Robbery/Assault

1. Cooperate, giving the person exactly what they are asking for, nothing more.
2. Try to notice distinguishing traits: clothing, race, height, weight, age, eye color, facial hair, or other identifying features such as scars, moles, etc.
3. Pay attention to the type of weapon used, if applicable.
4. Listen carefully to their voice for distinguishing characteristics.
5. Record what direction they go after the confrontation. If they use a vehicle, record the license plate number and make and model of the vehicle.
6. Call Public Safety at 911 immediately following the confrontation.

Motor Vehicle Accidents

1. Report all accidents involving University vehicles immediately to Public Safety at 911 and to Transportation Services at 831-1187 regardless of the amount of damage.

2. Collisions that occur after hours are reported to Transportation Services on the next business day.
3. If you collide with a parked vehicle, stop immediately and attempt to locate the owner after notifying Public Safety while on campus. If the collision occurs on the street, notify Newark Police Department.

Severe Weather

It is the policy of the University of Delaware to remain open except under the most extreme weather conditions. The decision to excuse or dismiss employees from work due to extreme weather conditions rests with the Vice President for Administration in consultation with the President

Faculty and students are not expected to take unnecessary risks to meet their teaching and learning obligations due to inclement weather. When classes have not been cancelled, it is a matter of personal judgment whether traveling to campus is hazardous. Faculty should notify their department offices when weather precludes them from meeting their teaching obligations; similarly, students should notify their professors when inclement weather precludes them from class attendance. In such cases, students should be allowed to make up missed class time and, whenever possible, canceled classes should be rescheduled.

1. The Vice President for Administration in consultation with the President decides when to cancel class and dismiss employees from work due to extreme weather. Unit managers are not authorized to make this decision unilaterally.
2. In general, the University will remain open unless the conditions are very severe. However, if an employee believes they are placed at unnecessary risk by staying at work or coming to work during severe weather they are permitted to take annual leave or leave without pay, whichever is appropriate.
3. Listen to local radio stations for notifications regarding cancellation of campus activities. Other options include checking the University's [home page](#) or calling 302-831-2000.

Utility Failure

When a building loses power, it is no longer considered a controlled environment. Normally emergency power is supplied to buildings to provide for safe evacuation and not for continued occupancy. Except in situations where leaving the building would be more hazardous, take the following steps:

1. Evacuate laboratory buildings immediately since most fume hoods will not operate when building power ceases.
2. Persons in non-laboratory buildings may occupy for periods up to one hour provided they have a sustainable source of emergency lighting or natural lighting to allow for continued occupancy and safe evacuation. Battery powered emergency lighting generally lasts only 90 minutes.
3. Report the outage to Facilities by calling 302-831-1141.

More information regarding power outages procedures is found at <http://www1.udel.edu/ehs/generalhs/power-outage.html>.

Fumes, Vapors or Gas Leaks

1. If an odor of gas, toxic or noxious material is detected in your work area, leave the area immediately and call Public Safety at 911.
2. If the hazard is thought to place all occupants at risk, i.e., natural gas, pull the building fire alarm to evacuate the building.
3. Do not re-enter the building until it is determined safe by the emergency responders.

Reporting Unsafe Conditions

The University is committed to maintaining a safe campus environment. To this end, everyone in the campus community is urged to help by reporting conditions that may pose a serious risk of injury or property damage. Do not assume that someone else will report observed concerns. Report them to one of the following departments:

Facilities Management 302-831-1141
Public Safety 302-831-2222

Hazardous Material Spills

1. Report the spill or other incident involving these hazards to Public Safety immediately at 911.
2. Leave the area taking precautions to contain the spill without putting yourself at additional risk if possible and if you know how.
3. Secure the area to prevent others from entering.
4. Remain in a safe area until emergency responders arrive and release you from the scene. Provide all information requested by emergency responders including MSDSs if available. Notify department personnel as appropriate.

2.5 ASSESSMENT

Exit Survey

Graduate students are required to complete an anonymous exit survey before graduation. This survey provides the program valuable feedback on the experience at the University of Delaware and information on your future plans.

Employment and/or Educational Status

Graduates of the program will be contacted and asked to provide their employment status and/or educational status one year after graduation.

Praxis Data

The average Praxis score for each graduating class and their pass rate will be posted on the CSCD website.

Length of Program Completion

The length of program completion will be posted on the website. The percentage of students completing the program is expected to be greater than 90% and will be monitored closely.



APPENDICES



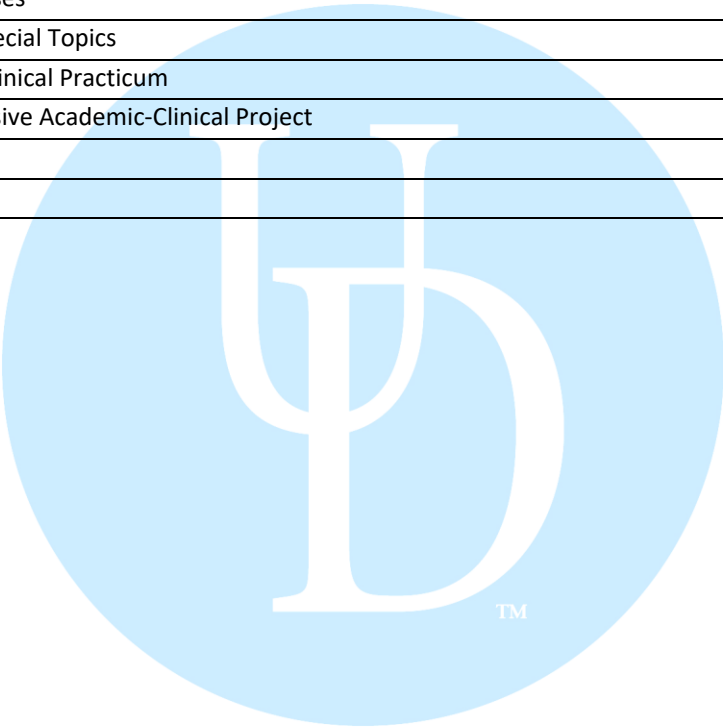
Appendix A – Course of Study



Traditional Track Course of Study 2023-2025

Year 1 FALL	
CSCD 611 Language Disorders in Children (Birth-5)	3
CSCD 612 Acquired Language Disorders	3
CSCD 613 Speech Sound Disorders	3
CSCD 625 Voice and Resonance Disorders	3
CSCD 627 Communication in Autism Spectrum Disorders	1
CSCD 651 Clinical Practicum	1
CSCD 629 Grand Clinical Rounds	1
TOTAL	15
Year 1 WINTER	
CSCD 615 Cultural Humility in Clinical Practice	2
CSCD 620 Professional Practice in Speech-Language Pathology	2
CSCD 651 Clinical Practicum	1
TOTAL	5
Year 1 SPRING	
CSCD 610 Introduction to Clinical Assessment	2
CSCD 621 Fluency Disorders	2
CSCD 622 Language Disorders in Children-School Age	3
CSCD 623 Acquired Cognitive-Communication Disorders	3
CSCD 651 Clinical Practicum	3
CSCD 711 Neurogenic Disorders of Speech	2
TOTAL	15
Year 1 SUMMER	
CSCD 624 Dysphagia	2
CSCD 626 Alternative and Augmentative Communication	2
CSCD 651 Clinical Practicum	3
TOTAL	7

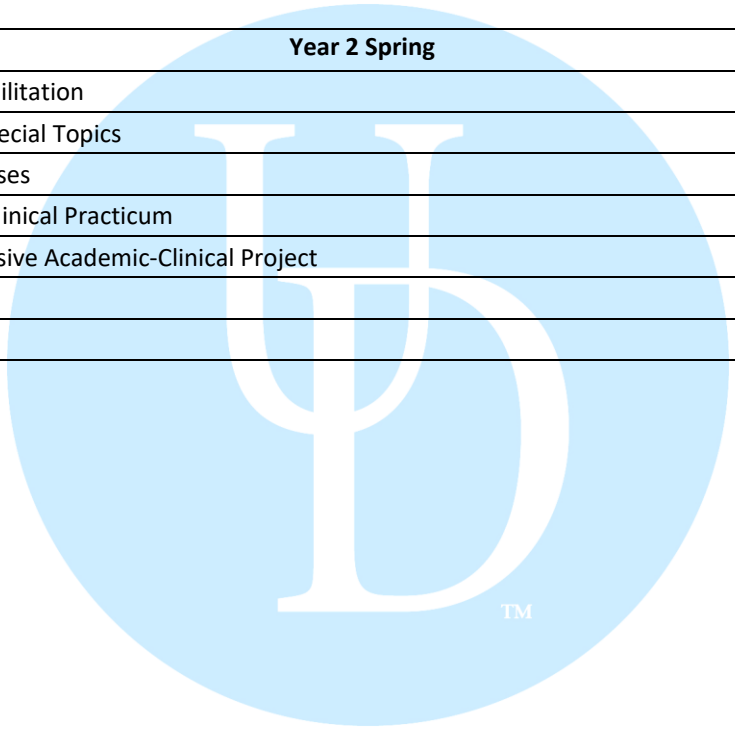
Year 2 FALL	
CSCD 665 Counseling Skills for Speech-Language Pathologists	1
CSCD 710 Advanced Topics in Evidence-Based Practice	1
CSCD 715 Interprofessional Practice in a Specialty Area (Pediatric Feeding)	1
CSCD 717 Management of Individuals with Voice and Resonance Disorders (Cleft Palate)	1
CSCD 751 Advanced Clinical Practicum	4
CSCD 780 Comprehensive Academic-Clinical Project	1
TOTAL	9
Year 2 Winter	
CSCD 750 Advanced Clinical Practicum Seminar	0
Year 2 SPRING	
CSCD 628 Aural Rehabilitation	2
CSCD 716 Complex Cases	1
CSCD 713 Seminar: Special Topics	1
CSCD 751 Advanced Clinical Practicum	4
CSCD 780 Comprehensive Academic-Clinical Project	1
TOTAL	9
Track TOTAL CREDITS	60



Extended Track Course of Study 2023-2025

Courses in red are 500 Level and do not count toward degree Courses highlighted in yellow are off cycle from the traditional degree track Course NUMBERS in () in Year 1 must be successfully completed prior to beginning this course work.	
Year 0 Summer	
CSCD 500 Speech and Language Development for Clinical Management	3
CSCD 501 Introduction to Speech Science	2
CSCD 504 Phonetics and Phonology	2
CSCD 510 Anatomy & Physiology of Speech, Language, & Hearing Sciences	3
TOTAL	10
Year 1 Fall	
CSCD 512 Guided Observation Hours (if needed)	(1-2)
CSCD 611 Language Disorders in Children (Birth-5) (Prereq: CSCD 500)	3
CSCD 612 Acquired Language Disorders (Prereq: CSCD 510)	3
CSCD 613 Speech Sound Disorders (Prereq: CSCD 501)	3
CSCD 625 Voice and Resonance Disorders (Prereq: CSCD 501)	3
CSCD 627 Communication in Autism Spectrum Disorders (may be delayed to Fall 2 if enrolled in 512)	1
CSCD 651 Practicum	1
CSCD 629 Grand Clinical Rounds	1
TOTAL	15
Year 1 Winter	
CSCD 615 Cultural Humility in Clinical Practice	2
CSCD 620 Professional Practice in Speech-Language Pathology	2
CSCD 651 Clinical Practicum (Prereq: 25 hours observed)	1
TOTAL	5
Year 1 Spring	
CSCD 610 Introduction to Clinical Assessment	2
CSCD 621 Fluency Disorders (Prereq: CSCD 501)	2
CSCD 622 Language Disorders in Children-School Age (Prereq: CSCD 500)	3
CSCD 623 Acquired Cognitive-Communication Disorders (Prereq: CSCD 510)	3
CSCD 651 Clinical Practicum (Prereq: 25 hours observed)	3
CSCD 711 Neurogenic Disorders of Speech (Prereq: CSCD 501, 510)	2
TOTAL	15
Year 1 Summer	
CSCD 624 Dysphagia (Prereq: CSCD 501, CSCD 510)	2
CSCD 626 Alternative and Augmentative Communication	2
CSCD 651 Clinical Practicum (Prereq: 25 hrs observed)	3
TOTAL	7

Year 2 Fall	
CSCD 627 Communication in Autism Spectrum Disorders (if delayed due to Fall 1 load)	(1)
CSCD 665 Counseling Skills for Speech-Language Pathologists	1
CSCD 710 Advanced Topics in Evidence-Based Practice	1
CSCD 715 Interprofessional Practice in a Specialty Area (Pediatric Feeding)	1
CSCD 717 Management of Individuals with Voice and Resonance Disorders (Cleft Palate)	1
CSCD751 Advanced Clinical Practicum	4
CSCD 780 Comprehensive Academic-Clinical Project	1
TOTAL	9
Year 2 Winter	
CSCD 503 Assessment of Hearing Disorders (Audiology)	3
CSCD 750 Advanced Clinical Practicum Seminar	0
TOTAL	3
Year 2 Spring	
CSCD 628 Aural Rehabilitation	2
CSCD 713 Seminar: Special Topics	1
CSCD 716 Complex Cases	1
CSCD 751 Advanced Clinical Practicum	4
CSCD 780 Comprehensive Academic-Clinical Project	1
TOTAL	9
Track TOTAL CREDITS	73-75



Appendix B – Course Offerings and Objectives



M.A. in Speech-Language Pathology

Course Offerings and Objectives

PREREQUISITE COURSES (Extended Track only)

CSCD 500 - Speech and Language Development for Clinical Management

This course is designed to accomplish three major goals: 1) to develop students' ability to describe the major milestones and developmental processes of speech, language, and communication development in typical children; 2) to develop students' ability to identify malleable influences on speech and language development in typical children, such that students have an intuition about how to alter behavior to improve speech/language in clinical settings; 3) to develop students' ability to analyze naturalistic speech/language behaviors in typical children.

CSCD 501 – Introduction to Speech Science

This course will provide an introduction to basic physiology, acoustics, and perception of speech and its implications for speech disorders.

CSCD 502 - Clinical Management of Speech-Language Pathology

This course is an introduction to the foundations of professional practice, assessment, treatment, and counseling in the field of speech-language pathology.

CSCD 503 – Assessment of Hearing Disorders

This course is designed to give students an introduction to hearing, hearing disorders, and (re)habilitation. Students will learn about hearing science and how this science relates to the assessment and treatment of hearing loss. Students will also learn about the anatomy (structure) and physiology (function) of the auditory system. Emphasis will be placed on learning the types, degrees and configuration of hearing loss as well as the diagnostic methods used to obtain test results. Students will also be provided an overview of different habilitation and rehabilitation methods used as interventions for people diagnosed with hearing loss.

CSCD 504 Phonetics and Phonology

This course will provide an overview of clinical phonetics, including training in transcription of American English speech sounds along with an introduction to phonology and articulation. Students will learn to transcribe and analyze speech sound production using the International Phonetic Alphabet. Students will also learn to code differences in speech sound production within and across languages and learn to compare and contrast sound productions.

CSCD 510 – Anatomy and Physiology of Speech, Language, and Hearing Sciences

This course is an introductory anatomy and physiology course designed to provide an in-depth overview of current knowledge pertaining to the structure and function of the central nervous system and speech subsystems. A strong emphasis is placed on intuitively understanding the interactive nature and real-world performance features of the anatomical material.

CSCD 512 - Guided Clinical Observations in Speech-Language Pathology and Audiology

This course is designed as an enriched overview of the foundations of professional practice, assessment, treatment, and counseling in the field of speech-language pathology (SLP). The SLP's scope of practice is expansive, and our course will use this broad scope as a lens to explore best practices as they exist today, challenges to our current model, and potential best practice solutions to meet the evolving needs of the communities we serve.

CORE COURSES (Extended & Traditional tracks)

CSCD 610 Introduction to Clinical Assessment

This course will cover the essential elements of evidence-based practice in speech-language pathology. This includes searching for existing evidence, appraising the quality of evidence, and synthesizing multiple sources of evidence. This course will also provide a strong theoretical and practical foundation for the clinical measurement of individual clients, as well as aspects of clinical reasoning and decision making based on data and other evidence.

Objectives

- Students will become more informed consumers and producers of clinical evidence.
- Students will be better able to read and understand the technical manual of a standardized test.
- Students will be ready to apply the principles and methods of single-case experimental design to their clients

CSCD 611 Language Disorders in Children (Birth to 5)

Assessment and intervention strategies for children ages birth to 5 years with semantic, pragmatic, and morphosyntactic receptive and expressive problems deficits Language differences and disorders in various populations are covered, as well as means of assessment and intervention.

Objectives

- Student will demonstrate knowledge of the nature of receptive and expressive language (phonology, morphology, syntax, semantics, and pragmatics) language disorders in children ages 0-5, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates of the disorder.
- Student will demonstrate knowledge of the principles and methods of prevention, assessment, and intervention for children (0-5) with language disorders.
- Student must demonstrate knowledge of the process used in research and the integration of research principles into evidence-based practice.
- Student will demonstrate knowledge of the social aspects of communication (challenging behavior, ineffective social skills, lack of communication opportunities).
- Student must demonstrate knowledge of delivery of services to culturally and linguistically diverse populations.

CSCD 612 Acquired Language Disorders

Overview of acquired neurogenic language disorders, their classification, features, assessment, and treatment. Course provides a review of the neurological bases for language impairment, clinically useful models of cognitive-linguistic processing, principles of and approaches to evidence-based assessment and treatment, and factors that contribute to rehabilitation and communicative function.

Objectives

- Students will demonstrate knowledge of the etiologies, neurological bases, classifications, and features of aphasia.
- Students will demonstrate knowledge of clinically useful models of cognitive-linguistic of language processing and impairment.
- Students will demonstrate knowledge of the fundamental principles and methods of assessment and treatment of neurogenic language disorders.

- Students will demonstrate knowledge of personal and environmental factors that contribute to the rehabilitation and recovery of individuals with neurogenic language disorders.
- Students will demonstrate knowledge of delivery of services to culturally and linguistically diverse populations.
- Students will demonstrate knowledge of techniques that maximize communicative success for individuals with neurogenic language disorders.

CSCD 613 Speech Sound Disorders

Current theoretical approaches to phonetic analysis and typical speech acquisition applied to assessment and intervention with children who have articulation and phonological disorders. Practice with formal and informal articulation/phonological analysis procedures.

Objectives

- Student will demonstrate knowledge of the nature of articulation disorders, including their etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates
- Student will demonstrate knowledge of the principles and methods of prevention, assessment, and intervention for children who have phonological disorders.
- Student must demonstrate knowledge of the process used in research and the integration of research principles into evidence-based practice.
- Student will demonstrate knowledge of the social aspects of communication (challenging behavior, ineffective social skills, lack of communication opportunities)
- Student must demonstrate knowledge of delivery of services to culturally and linguistically diverse populations

CSCD 615 Cultural Humility in Clinical Practice

The content of this course explores how both micro- and macro-cultures influence attitudes, behavioral norms, communication, policies, and clinical practice. Students will identify and examine their own cultural norms, beliefs, and practices; discuss historic and current racism, ableism, ageism, genderism, and other forms of discrimination along with related biases and microaggressions; discuss disparities in service access and delivery; and investigate varying approaches to advocacy and culturally responsive clinical practice.

Objectives

- Students will define culture, both micro- and macro-.
- Students will describe Ecological Systems Theory and its components.
- Students will explain norms, beliefs, cultural practices and their development.
- Students will apply Ecological Systems Theory to their own experiences, in relation to discrimination and biases, and in approaches to culturally responsive clinical practice.
- Students will define the ADA and the WHO/ICF model.
- Students will learn ethnographic observation/interviewing methods.
- Students will discuss discrimination at multiple levels and for multiple cultures.
- Students will investigate and explain culturally responsive assessment and treatment approaches.
- Students will evaluate ethical questions regarding culturally responsive clinical care.
- Students will learn how to be an ally and advocate of their clients/families.

CSCD 620 Professional Practice in Speech-Language Pathology

Concepts of clinical practice related to Scope of Practice, ethical practice, insurance and reimbursement of services, and differences in service delivery models (including telepractice) and documentation related to individuals with speech, language, and hearing disorders. Students address practical exercises related to

presenting oneself clinically and professionally in written form (resume and application) as well as in verbal form (interviews). Students gain foundational knowledge about ASHA certification, state licensing, and the clinical fellowship experience.

Objectives

- Student will demonstrate knowledge of standards of ethical conduct and knowledge of the ASHA Code of Ethics
- Student will demonstrate knowledge of certification, specialty recognition, licensure, and other professional credentials
- Student will demonstrate knowledge of contemporary professional issues and advocacy
- Student must demonstrate knowledge of delivery of services to culturally and linguistically diverse populations

CSCD 621 Fluency Disorders

Theoretical perspectives on the nature of stuttering, including onset and development, and maintenance of disfluent speech; differentiation of normal vs. stuttered disfluencies; approaches to assessment and intervention across age range, settings, and severity levels; familial considerations, counseling, and environmental modifications; treatment principles.

Objectives

- Student will demonstrate knowledge of the nature of fluency disorders, including their etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates.
- Students will possess knowledge of the principles and methods of prevention, assessment, and intervention for people with fluency disorders.
- Student must demonstrate knowledge of the process used in research and the integration of research principles into evidence-based practice.
- Student will demonstrate knowledge of the social aspects of communication (challenging behavior, ineffective social skills, lack of communication opportunities)
- Student must demonstrate knowledge of delivery of services to culturally and linguistically diverse populations.

CSCD 622 Language Disorders in Children-School Age

A review of research in oral and written language development of school-age children; and contemporary literature on management of language disorders of school age children and adolescents. Emphasis on assessment and service delivery models; classroom management; and teaching, adaption, and implementation of IEPs.

Objectives

- Student will demonstrate knowledge of the nature of receptive and expressive language in school-age children, including their etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates.
- Student will demonstrate knowledge of the principles and methods of prevention, assessment, and intervention for school-age children with language disorders.
- Student must demonstrate knowledge of the process used in research and the integration of research principles into evidence-based practice.
- Student will demonstrate knowledge of the social aspects of communication (challenging behavior, ineffective social skills, lack of communication opportunities)
- Student must demonstrate knowledge of delivery of services to culturally and linguistically diverse populations

CSCD 623 Acquired Cognitive-Communication Disorders Theoretical overview of cognitive domains and application to clinical assessment and treatment for adults with cognitive-communication disorders. Particular emphasis will be placed on the counseling, assessment, and treatment of adults at-risk for and who experience mild and major neurocognitive disorders from right hemisphere stroke, acquired brain injury and concussion, and Alzheimer's disease and related dementias.

Objectives:

- Students will demonstrate advanced knowledge of the relationship between cognition and communication.
- Students will describe cognitive domains (e.g., attention, memory, executive functions, and social communication) and the functional impact of damage to these systems.
- Students will possess knowledge of the principles and methods of prevention for various cognitive communicative disorders.
- Students will identify the impact of normal aging processes on language and cognition.
- Students will describe formal and informal assessment techniques and tools relevant to evaluating people with right hemisphere disorder, traumatic brain injury, and dementia.
- Students will display knowledge of memory, attention, executive functioning, problem solving, and cognitive communication skills, as well as evidence-based treatment approaches for addressing various corresponding clinical presentations and functional difficulties.
- Students will integrate knowledge of the research process and evidence-based practice into assessment and treatment of cognitive communicative disorders.
- Students will recognize the social aspects of cognitive-communicative disorders and the impact these facets have on life participation for individuals living with these diagnoses and their care partners.
- Students will deliver services that are sensitive to culturally and linguistically diverse populations.
- Students will utilize techniques to maximize life participation for individuals with a wide variety of cognitive-communicative deficits.

CSCD 624 Dysphagia

Presents information on the anatomy, physiology, and neural bases of normal swallowing, the various diseases that can affect swallowing function, the nature of swallowing dysfunction and ways to assess it, and treatment options for patients with swallowing disorders.

Objectives

- Student will demonstrate knowledge of the nature of swallowing disorders, including their etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and cultural correlates.
- Student will demonstrate knowledge of the principles and methods of prevention, assessment, and intervention for people with dysphagia.
- Student must demonstrate knowledge of the process used in research and the integration of research principles into evidence-based practice.
- Student must demonstrate knowledge of delivery of services to culturally and linguistically diverse populations.

CSCD 625 Voice and Resonance Disorders

Basic foundations for management of voice disorders. Techniques applicable to children and adults with disorders of voice, both functional and organic in origin.

Objectives

- Student will demonstrate knowledge of the nature of voice and resonance disorders, including their etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates.

- Student will demonstrate knowledge of the principles and methods of prevention, assessment, and intervention for people with voice and resonance disorders.
- Student must demonstrate knowledge of the process used in research and the integration of research principles into evidence-based practice.
- Student will demonstrate knowledge of the social aspects of communication (challenging behavior, ineffective social skills, lack of communication opportunities).
- Student will demonstrate knowledge of delivery of services to culturally and linguistically diverse populations.

CSCD 626 Augmentative and Alternative Communication

Approaches to development of alternate modes of communication for individuals with significant motor, cognitive, and/or perceptual disabilities. System design (hardware and software) useful in building augmentative and alternative communication devices for the profoundly impaired.

Objectives

- Student must demonstrate knowledge of the nature communication modalities (including oral, manual, augmentative and alternative communication techniques, and assistive technologies).
- Student will demonstrate knowledge of the principles and methods of assessment, and intervention for individuals who might benefit from augmentative or alternative communication devices.
- Student must demonstrate knowledge of the process used in research and the integration of research principles into evidence-based practice.
- Student will demonstrate knowledge of the social aspects of communication (challenging behavior, ineffective social skills, lack of communication opportunities).
- Student must demonstrate knowledge of delivery of services to culturally and linguistically diverse populations.

CSCD 627 Communication in Autism Spectrum Disorders

Basic theories and principles associated with communication assessment and intervention for individuals with Autism Spectrum Disorders are addressed.

Objectives

- Student will demonstrate knowledge of the nature of Autism Spectrum Disorders, including their etiologies, characteristics, psychological, developmental, and linguistic and cultural correlates.
- Student must demonstrate knowledge of the principles and methods of prevention, assessment, and intervention individuals with autism.
- Student must demonstrate knowledge of the process used in research and the integration of research principles into evidence-based practice.
- Student will demonstrate knowledge of the social aspects of communication (challenging behavior, ineffective social skills, lack of communication opportunities).
- Student must demonstrate knowledge of delivery of services to culturally and linguistically diverse populations.

CSCD 628 Aural Rehabilitation

Theory, procedures for assessment, (re)habilitation of speech, hearing, and language deficits of people with hearing impairment.

Objectives

- Student must demonstrate knowledge of the nature of hearing loss and deafness, including the impact on speech and language, including their etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates.

- Student will demonstrate knowledge of the principles and methods of prevention, assessment, and intervention for people with hearing loss or deafness.
- Student must demonstrate knowledge of the process used in research and the integration of research principles into evidence-based practice.
- Student will demonstrate knowledge of the social aspects of communication.
- Student must demonstrate knowledge of delivery of services to culturally and linguistically diverse populations.

CSCD 629 Clinical Grand Rounds

Provide students in speech-language pathology exposure to clinical decision making in a safe learning environment. Using a system-based approach, students will become comfortable with and more skilled at communicating with clients/patients and their families, assessing speech and language skills in children and adults, and developing evidence-based interventions.

Objectives

- Student will demonstrate knowledge of standards of ethical conduct.
- Student will demonstrate knowledge of contemporary professional issues.
- Student will demonstrate skills in oral and written or other forms of communication sufficient for entry into professional practice.

CSCD 651 Clinical Practicum

Student clinicians participate in the evaluation and treatment of individuals demonstrating medical necessity in the areas of communication and swallowing through in-person and telepractice sessions in an outpatient medical facility (UD SLH Clinic). Student clinicians are trained in case management, documentation, collaboration, billing, and reimbursement. Student clinicians are also assigned opportunities supporting the community such as hearing screenings in schools and life participation groups, targeting populations in need of communication and swallowing support.

Objectives

- Student must demonstrate the ability to conduct screening and prevention procedures (including prevention activities).
- Student must demonstrate the ability to collect case history information and integrate information from clients/patients, family, caregivers, teachers, relevant others, and other professionals.
- Student must demonstrate the ability to select and administer appropriate evaluation procedures, such as behavioral observations non-standardized and standardized tests, and instrumental procedures.
- Student must demonstrate the ability to interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention.
- Student must demonstrate the ability to complete administrative and reporting functions necessary to support evaluation.
- Student must demonstrate the ability to refer clients/patients for appropriate services.
- Student must demonstrate the ability to develop setting-appropriate intervention plans with measurable and achievable goals that meet clients'/patients' needs. Collaborate with clients/patients and relevant others in the planning process.
- Student must demonstrate the ability to implement intervention plans (involve clients/patients and relevant others in the intervention process).
- Student must demonstrate the ability to select or develop and use appropriate materials and instrumentation for prevention and intervention.
- Student must demonstrate the ability to measure and evaluate clients'/patients' performance and progress.

- Student must demonstrate the ability to modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients.
- Student must demonstrate the ability to complete administrative and reporting functions necessary to support intervention.
- Student must demonstrate the ability to identify and refer clients/patients for services as appropriate
- Student must demonstrate the ability to communicate effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the client/patient, family, caregivers, and relevant others.
- Student must demonstrate the ability to collaborate with other professionals in case management.
- Student must demonstrate the ability to provide counseling regarding communication and swallowing disorders to clients/patients, family, caregivers, and relevant others.
- Student must demonstrate the ability to adhere to the ASHA Code of Ethics and behave professionally.

CSCD 665 Counseling Skills for Speech-Language Pathologists

Overview of interpersonal communication and counseling skills to improve assessment practices, treatment relevance and adherence in a range of clinical environments. This course reviews the application of skills and approaches suitable within the scope of practice of speech-language pathologists to meet the needs, values, and cultural background of the client.

Objectives

- Students will demonstrate knowledge of interpersonal communication and basic counseling skills applicable to a range of clinical populations, contexts, and situations.
- Students will demonstrate knowledge of boundaries of counseling, with consideration of the ASHA Code of Ethics.
- Students will demonstrate knowledge of personalized service delivery to culturally and linguistically diverse populations.

CSCD 710 Advanced Topics in Evidence-Based Practice

Advanced Topics in Evidence-Based Practice builds on **Introduction to Clinical Assessment** and covers advanced topics related to evidence-based practice (EBP). In particular, it emphasizes aspects of EBP that are relevant to students' work on their Evidence-Based Capstone Project. This includes finding "external" evidence, critically consuming that evidence, synthesizing evidence, and reporting well-reasoned positions orally and in writing.

Objectives

- Students will be able to strategically find external evidence, critically appraise that evidence, and reason about how to apply it to a particular client.
- Students will be able to present (orally and in writing) a well-reasoned synthesis about external data for EBP.

CSCD 711 Neurogenic Disorders of Speech

Review of neuroanatomy and neurophysiology of brain motor systems. Characteristics of the dysarthrias and apraxia in children and adults due to congenital or acquired etiologies, including degenerative diseases. Focus on diagnosis and prognosis, and development of treatment goals.

Objectives

- Student will demonstrate knowledge of the neurological bases of speech.
- Student will demonstrate knowledge of the nature of neurogenic disorders of speech, including their etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates.

- Student will demonstrate knowledge of the principles and methods of prevention, assessment, and intervention for people neurogenic disorders of speech.
- Student must demonstrate knowledge of the process used in research and the integration of research principles into evidence-based practice.
- Student must demonstrate knowledge of delivery of services to culturally and linguistically diverse populations.

CSCD 713 Seminar: Special Topics

Lecture with or without laboratory component on current topics in normal aspects of communication or identification, treatment and research in speech-language pathology and audiology.

Objectives

- Student will demonstrate knowledge of basic human communication and swallowing processes, including their biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases.
- Student will demonstrate knowledge of the nature of speech, language, hearing, and communication disorders and differences and swallowing disorders, including their etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates.
- Student will demonstrate knowledge of the process used in research and the integration of research principles into evidence-based practice.

CSCD 714 Directed Research

Supervised laboratory experience in conducting research in communication sciences and disorders.

Objectives

- Student will demonstrate knowledge of the process used in research and the integration of research principles into evidence-based practice.

CSCD 715 Interprofessional Practice in a Specialty Area

This course will look at the skills and perspective needed to support individuals with communication and/or feeding disorders within a multi-disciplinary model. The importance of a multidisciplinary perspective, along with partnering with caregivers, will be reviewed. Case studies along with discussion regarding the roles of other professional disciplines will be provided in order to facilitate a broader perspective of the scope of feeding issues and treatment.

Objectives

- Student will demonstrate knowledge of behavioral, sensory, and positional factors that contribute to communication and feeding disorders.
- Student will demonstrate knowledge of the different roles of other professional disciplines within the scope of communication and/or feeding disorders.

CSCD 716 Complex Cases

This course combines interprofessional presentations from various medical specialists, ethical debates, and practical labs to apply new learning. The course includes medical rounds in hospital setting. Focus will be on increasing knowledge of our health care partnerships for best-practice patient centered care. Instructional methodology includes lectures, class discussion, demonstrations, audio and video presentations, collaborative peer presentations, clinical rounding and hands-on experiences / labs.

Objectives

- Student will demonstrate knowledge of health care partnerships necessary for best-practice patient centered care.

CSCD 717 Management of Individuals with Voice and Resonance Disorders (Cleft Palate)

Lecture with a focus on primarily cleft lip and palate, one of the most frequently occurring congenital anomalies found in infants. Using a developmental approach, a number of aspects of the cleft condition and coexisting problems are discussed, with the major aim of assessment and treatment of speech disorders and velopharyngeal function.

Objectives

- Student will demonstrate knowledge of voice and resonance disorders, including their biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases.
- Student will demonstrate knowledge of the process used in research and the integration of research principles into evidence-based practice.

CSCD 750 Advanced Clinical Practicum Seminar

Course is taken during winter of year two and is intended to provide sessions for the preparation of the praxis, the Clinical Fellowship Experience and the job search. Opportunity provided for resume review and interview practice with community partners.

Objectives

- The student will demonstrate the ability to analyze, synthesize and evaluate knowledge regarding contemporary professional issues and advocacy.
- The student will demonstrate the ability to analyze, synthesize and evaluate knowledge regarding certification, specialty recognition, licensure, and other relevant professional credentials.
- The student will demonstrate skill in oral and written or other forms of communication sufficient for entry into professional practice.

CSCD 751 Advanced Clinical Practicum

Supervised practicum in health care facility or school setting.

Objectives

- Student must demonstrate the ability to conduct screening and prevention procedures (including prevention activities).
- Student must demonstrate the ability to collect case history information and integrate information from clients/patients, family, caregivers, teachers, relevant others, and other professionals.
- Student must demonstrate the ability to select and administer appropriate evaluation procedures, such as behavioral observations non-standardized and standardized tests, and instrumental procedures.
- Student must demonstrate the ability to interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention.
- Student must demonstrate the ability to complete administrative and reporting functions necessary to support evaluation.
- Student must demonstrate the ability to refer clients/patients for appropriate services.
- Student must demonstrate the ability to develop setting-appropriate intervention plans with measurable and achievable goals that meet clients'/patients' needs. Collaborate with clients/patients and relevant others in the planning process.
- Student must demonstrate the ability to implement intervention plans (involve clients/patients and relevant others in the intervention process).
- Student must demonstrate the ability to select or develop and use appropriate materials and instrumentation for prevention and intervention.
- Student must demonstrate the ability to measure and evaluate clients'/patients' performance and progress.
- Student must demonstrate the ability to modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients.

- Student must demonstrate the ability to complete administrative and reporting functions necessary to support intervention.
- Student must demonstrate the ability to identify and refer clients/patients for services as appropriate
- Student must demonstrate the ability to communicate effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the client/patient, family, caregivers, and relevant others.
- Student must demonstrate the ability to collaborate with other professionals in case management.
- Student must demonstrate the ability to provide counseling regarding communication and swallowing disorders to clients/patients, family, caregivers, and relevant others.
- Student must demonstrate the ability to adhere to the ASHA Code of Ethics and behave professionally.

CSCD 780 Comprehensive Academic-Clinical Project (Capstone Registrations)

This is the course associated with the Capstone Project (see [Appendix C](#)).

Passing this course requires that the student demonstrate the ability to:

- Recognize important gaps in academic or clinical evidence.
- Formulate a specific question that addresses this gap.
- Search for and/or collect evidence related to the topic.
- Assess the quality of evidence and synthesize findings.
- Form a conclusion based on the evidence.
- Communicate each step of this process to others, orally and in writing.

CSCD 869 Thesis

For complete information on the thesis option, please see the University Graduate College policies [here](#) and consult with your advisor for [department-specific practices](#).

Objectives

- Student must demonstrate knowledge of the process used in research and the ability to integrate research principles into evidence-based practice.

Appendix C – Evidence-Based Capstone Project



Evidence-Based Capstone Project

Evidence-based practice (EBP) involves formulating important, thoughtful, and specific questions, searching for and/or collecting data to inform the clinical approach, meaningfully synthesizing and interpreting these sources of evidence along with information about client values and preferences, and effectively communicating these EBP elements with others (Dollaghan, 2007).

The Capstone Project is an opportunity for students to either contribute new generalizable knowledge to the field or conduct a novel synthesis of existing evidence. This process will enable students to realize and demonstrate their best skills related to EBP that they have acquired throughout their education, and to acquire new skills through individualized mentorship from faculty. Although the project may take different forms, projects will have common components (for details, see:

<https://www.asha.org/research/ebp/>):

- a. **Recognize important gaps in academic or clinical evidence**
- b. **Formulate a specific question that addresses this gap.** This may be a PICO question: P- Patient or Population or Problem, I- Intervention, C- Control, O- Outcome. Or another form of question with well defined independent and dependent variables)
- c. **Search for and/or collect evidence related to the topic**
- d. **Assess the quality of evidence and synthesize findings**
- e. **Form a conclusion based on the evidence**
- f. **Communicate each step of this process to others:** There will be two final products, a written document and a poster or platform presentation, that will be completed in the spring of the second year with checkpoints beginning over a year earlier.

Students will generally be matched to a mentor in the Spring of their 1st year in the program, turn in a good penultimate draft in the first week of the second Spring of their program and present a final product at the conclusion of the second Spring.

Types of Projects and Matching to a Mentor: This is a student-led project, but will involve guidance and support from at least one faculty mentor. The primary capstone advisor will be a core faculty member in CSCD (i.e., not an adjunct faculty member or one with a joint appointment in CSCD). See the CSCD website for a description of who is considered core faculty or look in Table 2 in the full capstone document provided later). The primary faculty member may invite the participation of an adjunct faculty member, affiliated faculty member, or Clinical Educator to serve a supporting role, but this should be done after the student matches to an advisor who is core faculty.

There are different types of projects that students may pursue. It is expected that most students will pursue a critically appraised topic (CAT) in any topic area of their choosing. A CAT is a literature review that is focused on a very specific (typically clinical) question. Students will be matched to a faculty mentor based on the general content area of the CAT as well as other factors.

Alternatively, instead of writing a CAT, students may pursue a project that is strongly aligned with a specific faculty member's research interests, and propose a Reasonable Alternative to a CAT (i.e., a RAT). At the end of the Fall-1 semester, faculty members will describe specific examples of projects that they could mentor. Students may pitch other ideas (i.e., that are not in Table 2 of that document) to faculty members, but it is up to the faculty mentor to decide whether to mentor it or not. It is possible that some ideas will not find a 'home' and the student will need to change their idea to something more

closely aligned with existing expertise or switch to completing a CAT of their own choosing. Students should only pursue a RAT option if they are extremely committed to the work, will remain committed to the work despite increasing responsibilities and academic fatigue, are doing well in their classes, and are capable of leading such a project. In other words, doing a more complicated, RAT project does not lead to a better grade or more credit. It must be a labor of love.

Examples RAT projects include

- A case study or a single case experimental design
- An original analysis of data
- A pilot group study
- A documentary
- Program development

For examples of past projects, see

<https://www.udel.edu/academics/colleges/chs/departments/cscd/research/capstone-projects/>.

Students pursuing a RAT must follow ethical guidelines for human subjects research, if that is relevant to the RAT, and must allot enough time for the project to undergo IRB review. IRB deadlines can be found at <http://www1.udel.edu/research/researchers/calendar.html>.

Written Document: The student will demonstrate their ability to clearly and concisely communicate complex ideas through writing. There is no minimum or maximum page requirement for the written document. However, a project that is challenging but feasible will most likely result in a document that is about 10-30 double-spaced pages (not including references, tables, and figures). This work may be publishable, but that is not a core requirement of the project. The final written document should follow APA guidelines and will be evaluated both in regards to the quality of the written communication and in regards to the quality of the review, study, or analysis completed. Students who need extra assistance writing are encouraged to make contact with the UD Graduate Student Writing Center early in the course of their project (<https://www.writingcenter.udel.edu/for-graduate-students/graduate-student-writing-center>). APA guidelines can be found in the APA Publication Manual or at <https://owl.english.purdue.edu/owl/>

Presentation: In ~May of the second year, students will present their work with a poster or platform presentation. The format will be decided ~February of that year. This is an opportunity for the student to effectively demonstrate their ability to verbally communicate complex ideas to different audiences - to other SLPs, to non-SLP health professionals, to clients and their families, and to community members (perhaps including the student's own family members!).

See below for resources that could help in the creation of presentation materials.

- This site has poster making resources, including a template: <https://library.udel.edu/multimedia/print-copy-scan/>
- Go here if you want to use a UD logo that is not included on the template downloaded from the link above: <http://sites.udel.edu/ocm/brand-identity/logos/>

Table 1. Checkpoints: Some of these checkpoints are “firm” - that is, they apply to every student/mentor dyad and must be adhered to. Other checkpoints are “flexible” - that is, the dates offered below are suggestions, but open to modification by the student/mentor dyad. Although Dr.

Cohen will send cohort-wide reminders, you do not need to send him updates, explain your progress to him, or send him documents to review (unless he is your mentor and says otherwise).

Remember: this is a student-led project. It is the student’s responsibility to proactively initiate and maintain communication with their mentor(s) and to ensure that their progress is on track.

Flexible	Beginning of Fall Y1	Students begin to take notice of faculty research areas, topics and courses that interest them, and patient populations that interest them. Students begin to notice gaps in current academic or clinical knowledge. Over time, students begin to form interests that they would like to pursue for their Capstone Project
Flexible	January and February of Y1	Students narrow in on the topic of their Capstone Project. This process involves reading, brainstorming with other students, CEs, and faculty. Take this stage of the project seriously. Previous students have complained that come February they have “no idea” what to pursue. That’s because they hadn’t thought about the project until their topic area was due.
Firm	Before the second Friday in February - Y1	Students submit a rough description of their capstone project idea or topic area to the faculty via a Google Form that Dr. Cohen will distribute a few weeks before. If students propose a RAT project, it must <u>already</u> have the blessing of the faculty mentor at this time.
Firm	Early March - Y1	Faculty will meet and assign a faculty mentor to each project Faculty will discuss who may need additional support, and student proposals may be modified. Students will be informed of their match
Flexible	March-Y1	Mentors will begin meeting with students to refine the project and create a plan to search for evidence. Most likely this will involve extensive reading in the topic area. Over the next few weeks, students will work with their mentors to develop and articulate a guiding question. Students will likely work to create a reading list.
Flexible	April Y1 - November Y2	Project milestones will be developed by the student and mentor, and will depend on the nature of the project. If the project requires an IRB protocol, it is recommended that students start this process early: http://www1.udel.edu/research/preparing/humansub.html Milestones over the summer may include some combination of the following: -developing a relatively final reading list

		<ul style="list-style-type: none"> -reading a good portion of the articles -creating an annotated bibliography -submitting a 1-page abstract -writing a tentative outline -beginning the Introduction and Methods sections (or similar sections) <p>Nota bene: previous students have found it wise to make good progress over this summer. The Fall is busy, especially if you are placed in a rigorous placement. Procrastinating until winter of Y2 is unwise. You will be tired from practicum, studying for the PRAXIS, beginning to look for CFY opportunities, and likely experiencing significant “senioritis.”</p>
Firm	November 1st - Y2	Students will submit a complete draft of their Introduction section to their advisor. (Many advisors will also want a Methods section by this date).
Flexible	Winter-Y2	Students work on remaining sections of the written document, in close collaboration with mentor(s)
Firm	First week of the semester	Complete draft is due to mentors. The draft should be near final and should have been carefully proofread and accurately follow APA standards. Students begin working on the final (e.g., poster) presentation (see section above for details).
Flexible	First day of March-Y2	Faculty provide feedback to students on their papers. Students begin revising paper
Flexible	First day of April-Y2	Students submit paper revisions. Draft of presentation due. Mentors may want students to write verbal scripts of their presentation.
Firm	On or before last day of April-Y2	<p>Students submit final versions of the paper, presentation, and presentation scripts to mentor.</p> <p>If poster: Students submit a PDF of their 3’x4’ poster to the department to be printed.</p> <p>Mentors may want students to do a “dry run” of their poster presentation in front of others e.g., first-year students.</p>
Firm	Early May-Y2	<p>If posters: The department will have the posters printed and delivered to the department. Students will review their posters to make sure they look good.</p> <p>The presentation will take place in early May. Attendees may include faculty and staff from UD, community members from Christiana Hosp., Nemours, etc.</p> <p>Students will receive specific instruction regarding setup/takedown close to the event.</p>

		Finished products (papers, posters) may be published on the department website with permission of the student and advisor.
--	--	--



Appendix D – Grow Model of Coaching



UD CSCD SUPPORT PLAN

Participants:

Date:

		NOTES:
<p>GOAL:</p> <p>Agree on the discussion topic and the goal of the session</p>	<p><u>Clarify the goal and focus of the discussion:</u></p> <ul style="list-style-type: none"> ○ What are the issues being discussed? ○ What do you want to achieve in this session? ○ Why is this important at this time? ○ What difference would you like to see on leaving this session? ○ How will you know you've achieved this? 	
<p>REALITY:</p> <p>Invite self-assessment of the topic & situation.</p> <p>Clarify the situation.</p> <p>Check assumptions.</p>	<p><u>Explore the current situation:</u></p> <ul style="list-style-type: none"> ○ What impact or effect does this have? ○ How do you know that this is accurate? ○ How often does this occur? ○ What are other factors that are relevant? 	
<p>OBSTACLES:</p> <p>Identify obstacle(s) and types (people, resources, environment, etc.)</p>	<p><u>Explore the obstacles:</u></p> <ul style="list-style-type: none"> ○ What prevents you from reaching your goal? ○ What else gets in the way? ○ What personal changes do you think you would have to make to achieve your goal? ○ What is hindering you from change? 	
<p>OPTIONS:</p> <p>Invite suggestions from the coachee</p> <p>Make sure the coachee makes the option choices</p>	<p><u>Explore all the options:</u></p> <ul style="list-style-type: none"> ○ What other approaches are possible? ○ If you could choose, which approach would you select? ○ Who might be able to help you? ○ What are the pros and cons for that option? ○ Which option do you prefer to go with? 	
<p>WAY FORWARD:</p> <p>Get a commitment to act</p> <p>Call out the obstacles</p>	<p><u>Design a plan of action:</u></p> <ul style="list-style-type: none"> ○ What are your next steps? ○ What is the timeframe? ○ What could get in the way? ○ What support will you need? ○ How and when can you get that support? 	

Based on the GROW model of coaching

References: Whitmore, J. (2002). *Coaching for performance: Growing people, performance and purpose*. London: Nicholas Brealey.

Center for Nonprofit Management. (2014). *GROW model of coaching* [PDF file]. Retrieved from <https://cnmsocal.org/wp-content/uploads/2014/06/GROW-Model-of-Coaching-Worksheet.pdf>

Appendix E – ASHA Code of Ethics





ASHA

American
Speech-Language-Hearing
Association

CODE OF ETHICS

Reference this material as: American Speech-Language-Hearing Association. (2023). Code of Ethics [Ethics]. Available from www.asha.org/policy/.

© Copyright 2023 American Speech-Language-Hearing Association. All rights reserved.

Disclaimer: The American Speech-Language-Hearing Association disclaims any liability to any party for the accuracy, completeness, or availability of these documents, or for any damages arising out of the use of the documents and any information they contain.

PREAMBLE

The American Speech-Language-Hearing Association (ASHA; hereafter, also known as “the Association”) has been committed to a framework of common principles and standards of practice since ASHA’s inception in 1925. This commitment was formalized in 1952 as the Association’s first Code of Ethics. This code has been modified and adapted to reflect the current state of practice and to address evolving issues within the professions.

The ASHA Code of Ethics reflects professional values and expectations for scientific and clinical practice. It is based on principles of duty, accountability, fairness, and responsibility and is intended to ensure the welfare of the consumer and to protect the reputation and integrity of the professions. The Code of Ethics is a framework and a guide for professionals in support of day-to-day decision making related to professional conduct.

The Code of Ethics is obligatory and disciplinary as well as aspirational and descriptive in that it defines the professional’s role. It is an integral educational resource regarding ethical principles and standards that are expected of audiologists, speech-language pathologists, and speech, language, and hearing scientists.

The preservation of the highest standards of integrity and ethical principles is vital to the responsible discharge of obligations by audiologists, speech-language pathologists, and speech, language, and hearing scientists who serve as clinicians, educators, mentors, researchers, supervisors, and administrators. This Code of Ethics sets forth the fundamental principles and rules considered essential to this purpose and is [applicable to the following individuals](#):

- a member of ASHA holding the Certificate of Clinical Competence
- a member of ASHA not holding the Certificate of Clinical Competence
- a nonmember of ASHA holding the Certificate of Clinical Competence
- an applicant for ASHA certification or for ASHA membership and certification

ASHA members who provide clinical services must hold the Certificate of Clinical Competence and must abide by the Code of Ethics. By holding ASHA certification and/or membership, or through application for such, all individuals are [subject to the jurisdiction](#) of the ASHA Board of Ethics for ethics complaint adjudication.

The fundamentals of ethical conduct are described by Principles of Ethics and by Rules of Ethics. The four Principles of Ethics form the underlying philosophical basis for the Code of Ethics and are reflected in the following areas: (I) responsibility to persons served professionally and to

research participants; (II) responsibility for one’s professional competence; (III) responsibility to the public; and (IV) responsibility for professional relationships. Individuals shall honor and abide by these Principles as

affirmative obligations under all conditions of applicable professional activity. Rules of Ethics are specific statements of minimally acceptable as well as unacceptable professional conduct.

The Code of Ethics is designed to provide guidance to members, certified individuals, and applicants as they make professional decisions. Because the Code of Ethics is not intended to address specific situations and is not inclusive of all possible ethical dilemmas, professionals are expected to follow its written provisions and to uphold its spirit and purpose. Adherence to the Code of Ethics and its enforcement results in respect for the professions and positive outcomes for those who benefit from the work of audiologists, speech-language pathologists, and speech, language, and hearing scientists.

PRINCIPLE OF ETHICS I

Individuals shall honor their responsibility to hold paramount the welfare of persons they serve professionally or who are participants in research and scholarly activities.

RULES OF ETHICS

- A. Individuals shall provide all clinical services and scientific activities competently.
- B. Individuals shall use every resource, including referral and/or interprofessional collaboration when appropriate, to ensure that quality service is provided.
- C. Individuals shall not discriminate in the delivery of professional services or in the conduct of research and scholarly activities on the basis of age; citizenship; disability; ethnicity; gender; gender expression; gender identity; genetic information; national origin, including culture, language, dialect, and accent; race; religion; sex; sexual orientation; or veteran status.
- D. Individuals shall not misrepresent the credentials of aides, assistants, technicians, students, research assistants, Clinical Fellows, or any others under their supervision, and they shall inform those they serve professionally of the name, role, and professional credentials of persons providing services.
- E. Individuals who hold the Certificate of Clinical Competence may delegate tasks related to the provision of clinical services to aides, assistants, technicians, or any other persons only if those persons are adequately prepared and are appropriately supervised. The responsibility for the welfare of those being served remains with the certified audiologist or speech-language pathologist.
- F. Individuals who hold the Certificate of Clinical Competence shall not delegate tasks that require the unique skills, knowledge, judgment, or credentials that are within the scope of their profession to aides, assistants, technicians, or any nonprofessionals over whom they have supervisory responsibility.
- G. Individuals who hold the Certificate of Clinical Competence may delegate to students tasks related to the provision of clinical services that require the unique skills, knowledge, and judgment that are within the scope of practice of their profession only if those students are adequately prepared and are appropriately supervised. The responsibility for the welfare of those being served remains with the certified audiologist or speech- language pathologist.
- H. Individuals shall obtain informed consent from the persons they serve about the nature and possible risks and effects of services provided, technology employed, and products dispensed. This obligation also includes informing persons served about possible effects of not engaging in treatment or not following clinical recommendations. If diminished decision-making ability of persons served is suspected, individuals should seek appropriate authorization for services, such as authorization from a legally authorized/appointed representative.
- I. Individuals shall enroll and include persons as participants in research or teaching demonstrations/simulations only if participation is voluntary, without coercion, and with informed consent.
- J. Individuals shall accurately represent the intended purpose of a service, product, or research endeavor and shall abide by established guidelines for clinical practice and the responsible conduct of research, including humane treatment of animals involved in research.
- K. Individuals who hold the Certificate of Clinical Competence shall evaluate the effectiveness of services provided, technology employed, and products dispensed, and they shall provide services or

- dispense products only when benefit can reasonably be expected.
- L. Individuals who hold the Certificate of Clinical Competence shall use independent and evidence-based clinical judgment, keeping paramount the best interests of those being served.
 - M. Individuals may make a reasonable statement of prognosis, but they shall not guarantee—directly or by implication—the results of any treatment or procedure.
 - N. Individuals who hold the Certificate of Clinical Competence may provide services via telepractice consistent with professional standards and state and federal regulations, but they shall not provide clinical services solely by written communication.
 - O. Individuals shall protect the confidentiality and security of records of professional services provided, research and scholarly activities conducted, and products dispensed. Access to these records shall be allowed only when doing so is legally authorized or required by law.
 - P. Individuals shall protect the confidentiality of information about persons served professionally or participants involved in research and scholarly activities. Disclosure of confidential information shall be allowed only when doing so is legally authorized or required by law.
 - Q. Individuals shall maintain timely records; shall accurately record and bill for services provided and products dispensed; and shall not misrepresent services provided, products dispensed, or research and scholarly activities conducted.
 - R. Individuals shall not allow personal hardships, psychosocial distress, substance use/misuse, or physical or mental health conditions to interfere with their duty to provide professional services with reasonable skill and safety. Individuals whose professional practice is adversely affected by any of the above-listed factors should seek professional assistance regarding whether their professional responsibilities should be limited or suspended.
 - S. Individuals who have knowledge that a colleague is unable to provide professional services with reasonable skill and safety shall report this information to the appropriate authority, internally if such a mechanism exists and, when appropriate, externally to the applicable professional licensing authority or board, other professional regulatory body, or professional association.
 - T. Individuals shall give reasonable notice to ensure continuity of care and shall provide information about alternatives for care in the event that they can no longer provide professional services.

PRINCIPLE OF ETHICS II

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

RULES OF ETHICS

- A. Individuals who hold the Certificate of Clinical Competence shall engage in only those aspects of the professions that are within the scope of their professional practice and competence, considering their certification status, education, training, and experience.
- B. ASHA members who do not hold the Certificate of Clinical Competence may not engage in the provision of clinical services; however, individuals who are in the certification application process may provide clinical services consistent with current local and state laws and regulations and with ASHA certification requirements.
- C. Individuals shall enhance and refine their professional competence and expertise through engagement in lifelong learning applicable to their professional activities and skills.
- D. Individuals who engage in research shall comply with all institutional, state, and federal regulations that address any aspects of research.
- E. Individuals in administrative or supervisory roles shall not require or permit their professional staff to provide services or conduct research activities that exceed the staff member's certification status, competence, education, training, and experience.
- F. Individuals in administrative or supervisory roles shall not require or permit their professional staff to provide services or conduct clinical activities that compromise the staff member's independent

and objective professional judgment.

- G. Individuals shall use technology and instrumentation consistent with accepted professional guidelines in their areas of practice. When such technology is warranted but not available, an appropriate referral should be made.
- H. Individuals shall ensure that all technology and instrumentation used to provide services or to conduct research and scholarly activities are in proper working order and are properly calibrated.

PRINCIPLE OF ETHICS III

In their professional role, individuals shall act with honesty and integrity when engaging with the public and shall provide accurate information involving any aspect of the professions.

RULES OF ETHICS

- A. Individuals shall not misrepresent their credentials, competence, education, training, experience, or scholarly contributions.
- B. Individuals shall avoid engaging in conflicts of interest whereby a personal, professional, financial, or other interest or relationship could influence their objectivity, competence, or effectiveness in performing professional responsibilities. If such conflicts of interest cannot be avoided, proper disclosure and management is required.
- C. Individuals shall not misrepresent diagnostic information, services provided, results of services provided, products dispensed, effects of products dispensed, or research and scholarly activities.
- D. Individuals shall not defraud, scheme to defraud, or engage in any illegal or negligent conduct related to obtaining payment or reimbursement for services, products, research, or grants.
- E. Individuals' statements to the public shall provide accurate information regarding the professions, professional services and products, and research and scholarly activities.
- F. Individuals' statements to the public shall adhere to prevailing professional standards and shall not contain misrepresentations when advertising, announcing, or promoting their professional services, products, or research.
- G. Individuals shall not knowingly make false financial or nonfinancial statements and shall complete all materials honestly and without omission.

PRINCIPLE OF ETHICS IV

Individuals shall uphold the dignity and autonomy of the professions, maintain collaborative and harmonious interprofessional and intraprofessional relationships, and accept the professions' self-imposed standards.

RULES OF ETHICS

- A. Individuals shall work collaboratively with members of their own profession and/or members of other professions, when appropriate, to deliver the highest quality of care.
- B. Individuals shall exercise independent professional judgment in recommending and providing professional services when an administrative directive, referral source, or prescription prevents them from keeping the welfare of persons served paramount.
- C. Individuals' statements to colleagues about professional services, products, or research results shall adhere to prevailing professional standards and shall contain no misrepresentations.
- D. Individuals shall not engage in any form of conduct that adversely reflects on the professions or on the individual's fitness to serve persons professionally.
- E. Individuals shall not engage in dishonesty, negligence, deceit, or misrepresentation.
- F. Individuals who mentor Clinical Fellows, act as a preceptor to audiology externs, or supervise undergraduate or graduate students, assistants, or other staff shall provide appropriate supervision and shall comply—fully and in a timely manner—with all ASHA certification and supervisory requirements.

- G. Applicants for certification or membership, and individuals making disclosures, shall not make false statements and shall complete all application and disclosure materials honestly and without omission.
- H. Individuals shall not engage in any form of harassment or power abuse.
- I. Individuals shall not engage in sexual activities with persons over whom they exercise professional authority or power, including persons receiving services, other than those with whom an ongoing consensual relationship existed prior to the date on which the professional relationship began.
- J. Individuals shall not knowingly allow anyone under their supervision to engage in any practice that violates the Code of Ethics.
- K. Individuals shall assign credit only to those who have contributed to a publication, presentation, process, or product. Credit shall be assigned in proportion to the contribution and only with the contributor's consent.
- L. Individuals shall reference the source when using other persons' ideas, research, presentations, results, or products in written, oral, or any other media presentation or summary. To do otherwise constitutes plagiarism.
- M. Individuals shall not discriminate in their relationships with colleagues, members of other professions, or individuals under their supervision on the basis of age; citizenship; disability; ethnicity; gender; gender expression; gender identity; genetic information; national origin, including culture, language, dialect, and accent; race; religion; sex; sexual orientation; socioeconomic status; or veteran status.
- N. Individuals with evidence that the Code of Ethics may have been violated have the responsibility to either work collaboratively to resolve the situation where possible or to inform the Board of Ethics through its [established procedures](#).
- O. Individuals shall report members of other professions who they know have violated standards of care to the appropriate professional licensing authority or board, other professional regulatory body, or professional association when such violation compromises the welfare of persons served and/or research participants.
- P. Individuals shall not file or encourage others to file complaints that disregard or ignore facts that would disprove the allegation; the Code of Ethics shall not be used for personal reprisal, as a means of addressing personal animosity, or as a vehicle for retaliation.
- Q. Individuals making and responding to complaints shall comply fully with the policies of the Board of Ethics in its consideration, adjudication, and resolution of complaints of alleged violations of the Code of Ethics.
- R. Individuals involved in ethics complaints shall not knowingly make false statements of fact or withhold relevant facts necessary to fairly adjudicate the complaints.
- S. Individuals shall comply with local, state, and federal laws and regulations applicable to professional practice and to the responsible conduct of research.
- T. Individuals who have been convicted of, been found guilty of, or entered a plea of guilty or nolo contendere to (1) any misdemeanor involving dishonesty, physical harm—or the threat of physical harm—to the person or property of another or (2) any felony shall self-report by notifying the ASHA Ethics Office in writing within 60 days of the conviction, plea, or finding of guilt. Individuals shall also provide a copy of the conviction, plea, or nolo contendere record with their self-report notification, and any other court documents as reasonably requested by the ASHA Ethics Office.
- U. Individuals who have (1) been publicly disciplined or denied a license or a professional credential by any professional association, professional licensing authority or board, or other professional regulatory body; or (2) voluntarily relinquished or surrendered their license, certification, or registration with any such body while under investigation for alleged unprofessional or improper conduct shall self-report by notifying the ASHA Ethics Office in writing within 60 days of the final action or disposition. Individuals shall also provide a copy of the final action, sanction, or disposition—with their self-report notification—to the ASHA Ethics Office.

TERMINOLOGY

The purpose of the following Terminology section is to provide additional clarification for terms not defined within the Principles of Ethics and Rules of Ethics sections.

ASHA Ethics Office

The ASHA Ethics Office assists the Board of Ethics with the confidential administration and processing of self-reports from and ethics complaints against individuals (as defined below). All complaints and self-reports should be sent to this office. The mailing address for the ASHA Ethics Office is American Speech-Language-Hearing Association, attn: Ethics Office, 2200 Research Blvd., #309, Rockville, MD 20850. The email address is ethics@asha.org.

advertising

Any form of communication with the public regarding services, therapies, research, products, or publications.

diminished decision-making ability

The inability to comprehend, retain, or apply information necessary to determine a reasonable course of action.

individuals

Within the Code of Ethics, this term refers to ASHA members and/or certificate holders and applicants for ASHA certification.

informed consent

An agreement by persons served, those with legal authority for persons served, or research participants that constitutes authorization of a proposed course of action after the communication of adequate information regarding expected outcomes and potential risks. Such an agreement may be verbal or written, as required by applicable law or policy.

may vs. shall

May denotes an allowance for discretion; *shall* denotes something that is required.

misrepresentation

Any statement by words or other conduct that, under the circumstances, amounts to an assertion that is false, erroneous, or misleading (i.e., not in accordance with the facts).

negligence

Failing to exercise a standard of care toward others that a reasonable or prudent person would use in the circumstances, or taking actions that a reasonable person would not.

nolo contendere

A plea made by a defendant stating that they will not contest a criminal charge.

plagiarism

Representation of another person's idea, research, presentation, result, or product as one's own through irresponsible citation, attribution, or paraphrasing.

publicly disciplined

A formal disciplinary action of public record.

reasonable or reasonably

Being supported or justified by fact or circumstance and being in accordance with reason, fairness, duty, or prudence.

self-report

A professional obligation of self-disclosure that requires (a) notifying the ASHA Ethics Office in writing and (b) sending a copy of the required documentation to the ASHA Ethics Office (see definition of “written” below).

shall vs. may

Shall denotes something that is required; *may* denotes an allowance for discretion.

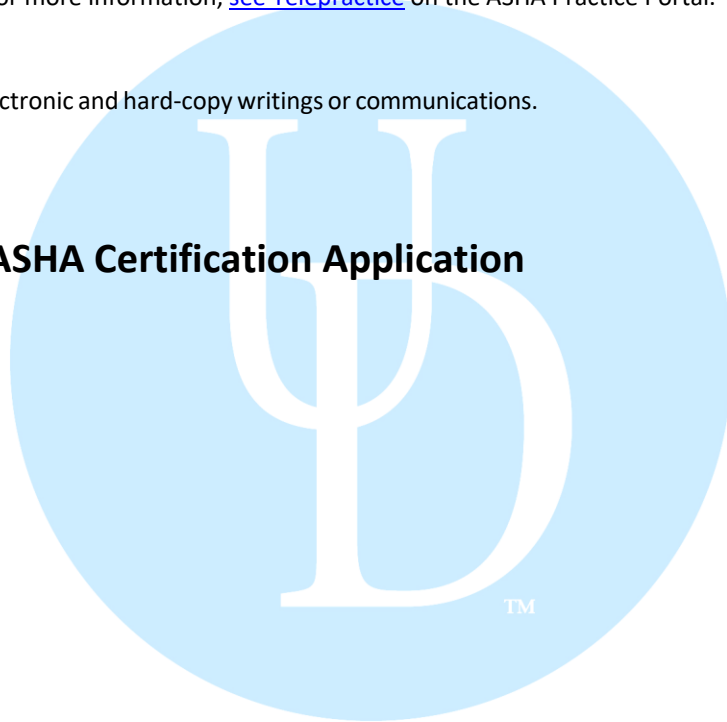
telepractice

Application of telecommunications technology to the delivery of audiology and speech- language pathology professional services at a distance by linking clinician to client/patient/student or by linking clinician to clinician for assessment, intervention, consultation, or supervision. The quality of the service should be equivalent to that of in-person service. For more information, [see Telepractice](#) on the ASHA Practice Portal.

written

Encompasses both electronic and hard-copy writings or communications.

Appendix F – ASHA Certification Application



APPLICATION FOR THE CERTIFICATE OF CLINICAL COMPETENCE IN SPEECH-LANGUAGE PATHOLOGY (CCC-SLP) 2020 STANDARDS

Instructions

- Submit a complete application for the CCC-SLP available at <https://www.asha.org/certification/SLPCertification/>, which includes
 - **Demographics** Information about you and your employment status
 - **Degree Information** which requires you to send an official transcript after degree conferral to ASHA. The transcript must arrive directly from UD.
 - **Verification by Program Director:** Verification, triggered from within the application, must be completed and signed/dated by the Program Director and must include the date that course work and clinical practicum requirements for ASHA certification were completed.
 - **Passing score from the Praxis exam in Speech-Language Pathology** received by ASHA directly from the Educational Testing Service (ETS). The exam must be passed and reported to ASHA no later than 2 years after the date the CF/CCC application is begun. More information about when to take the praxis and how to report scores is found [here](#).
 - **Disclosure Documents** if you checked yes to a disclosure question on the application. Review information on certified documentation [here](#).
 - **Speech-Language Pathology Clinical Fellowship (SLPCF) Report and Rating Form** following the completion of Clinical Fellowship (CF) experience, which is a part of your online portal.
 - **Full payment for initial application fee:** Use the charge authorization on page 5 (Visa, MasterCard, or Discover are accepted) or submit a personal check made payable to *ASHA*.

Please allow approximately 6 weeks for the initial review once your application materials and payment have been received at the ASHA National Office. Each time that you submit additional documents after the initial review (due to corrections or incomplete or missing documents), additional review time will be required. Certification will be awarded only after ASHA's Certification Department has verified that all requirements of the standards have been met.

Appendix G – Template: Student Clinician and Community Clinical Educator Agreement



Community Clinical Educator and Student Agreement

(Complete an Agreement for each Clinical Educator)

Student: _____ Semester: _____ Year: _____

Email: _____ Phone number: _____

I have met the academic and clinical training requirements for this placement.

I agree to follow the schedule and procedures of the affiliated placement.

I will complete a record of clinical clock hours on CALISPO and submit on a weekly basis to my Community Clinical Educator(s).

I will participate in a meeting to discuss my Mid-term and Final Performance Evaluation with my Community Clinical Educator(s).

I will complete Supervisor Feedback evaluation on my Community Clinical Educator(s) and submit to the Director of Clinical Education.

I will complete an Off-Campus Site Evaluation and submit to the Director of Clinical Education at the end of the semester.

I will communicate any concerns I am experiencing with my Community Clinical Educator and/or the Director of Clinical Education.

I understand that a UD Clinical Educator will conduct at least one on-site visit with the Student and Community Clinical Educator(s) to discuss present levels of performance, achievements and areas of concern.

Community Clinical Educator: _____ ASHA#: _____ State: _____

Email: _____ Phone number: _____

I will register and upload my current ASHA card and license onto CALIPSO.

I will complete the Site Information Form on CALIPSO if not already completed.

I will review and approve the agreed upon clinical clock hours submitted by the Student on CALISPO on a weekly basis.

I will complete a Mid-Term and Final Performance Evaluation on my Student in CALIPSO.

___ I will participate in a meeting to discuss the Student's Mid-term and Final Performance Evaluation with the Student.

___ I understand that a PASS/FAIL grade is recommended by the CALIPSO system.

___ I agree to release the Student from placement duties to complete academic coursework, attend seminars, and/or other activities approved by the Director of Clinical Education.

___ I will communicate any concerns I am experiencing with my Student to the Director of Clinical Education.

___ I understand that a UD Clinical Educator will conduct at least one on-site visit with the Student and Community Clinical Educator(s) to discuss present levels of performance, achievements and areas of concern.

Student Signature: _____ Date: _____

Community Clinical Educator: _____ Date: _____

Placement Name/Address: _____

Schedule: Start Date: _____ End Date: _____

Days of Week:

Times:

___ Monday

___ Tuesday

___ Wednesday

___ Thursday

Scheduling Conflicts of Student: _____

Scheduling Conflicts of Community Clinical Educator: _____

Client Population: ___ Young Child (0-5) Services: ___ Diagnostics
 ___ Child (6-17) ___ Treatment
 ___ Adult (18-64) ___ Case Management Mtgs.
 ___ Older Adult (+65)

BIG 9 Categories: ___ Articulation ___ Voice and Resonance
 ___ Language Disorders ___ Cognitive Aspects of Communication
 ___ Fluency ___ Social Aspects of Communication
 ___ Swallowing Disorders ___ Communication Modalities
 ___ Hearing

The Student will:

- ___ Observe
- ___ Plan treatment/diagnostics
- ___ Document
- ___ Reflect
- ___ Self-evaluate
- ___ Integrate Research

The Community Clinical Educator will:

- ___ Demonstrate
- ___ Observe
- ___ Edit documentation as needed
- ___ Listen and provide feedback
- ___ Evaluate
- ___ Assign Readings

Dress Code:

- ___ The dress code has been discussed.
- ___ The Student acknowledges they understand the dress code.

Student Signature: _____ Date: _____

Community Clinical Educator: _____ Date: _____

(Please be sure Student, Community Clinical Educator and Director Clinical Education – jtruluck@udel.edu receive a copy of pages 1 and 2)

Get to know each other

Topic	Student	Community Clinical Educator
Learning Style		
Preferred Mode of Communication Texting (yes/no) Hours to contact		
Pet-Peeves		
Cultural Competence (American Speech-Language-Hearing Association. (2010). <i>Cultural Competence Checklist: Personal Reflection</i>)		
Personal Interests/ Important information to know about me!		

SMART Goals

S-Specific, M-Measurable, A-Achievable, R-Realistic, T-Timely

Student: _____

Date: _____

Long-Term Goals (Semester)

1.

2.

3.



Community Clinical Educator Input to Long-Term Goals

SMART Goals

S-Specific, M-Measurable, A-Achievable, R-Realistic, T-Timely

Student: _____ Date: _____

Short-Term Goals (Weekly)

1.

2.

3.



Community Clinical Educator Input to Short-Term Goals

SMART Goals

S-Specific, M-Measurable, A-Achievable, R-Realistic, T-Timely

Student: _____

Date: _____

Long-Term Goals (Semester)

1.

2.

3.



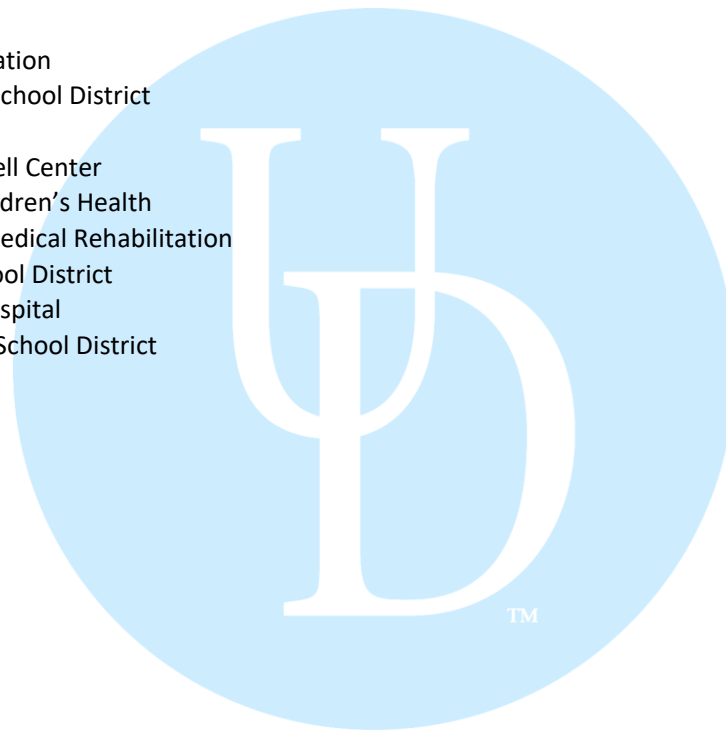
Community Clinical Educator Input to Long-Term Goals

Appendix H – Frequent Externship Locations



This list is comprised of our community partners that have provided clinical education opportunities on a regular basis to our students in need of a semester long placements.

- Appoquinimink School District
- Bayada Pediatrics
- Bayhealth
- Beebe Healthcare
- Brandywine School District
- Cape Henlopen School District
- Capital School District
- Christiana Care Health System
- Christina School District
- Colonial School District
- Easter Seals
- Encompass
- Fox Rehabilitation
- Indian River School District
- Manorcare
- Mary Campbell Center
- Nemours Children's Health
- Post-Acute Medical Rehabilitation
- Red Clay School District
- St. Francis Hospital
- Woodbridge School District



Appendix I – Template: Externship Agreement



**CLINICAL EXTERNSHIP AGREEMENT
BETWEEN
[[Name (Primary Second Party)]]
AND
UNIVERSITY OF DELAWARE**

This Clinical Externship Agreement (the "Agreement"), effective as of (the "Effective Date"), between □ (the "Site") and University of Delaware, a privately chartered, state assisted, non-profit 501(c)(3) institution of higher education, on behalf of its Speech-Language Pathology Program within the College of Health Sciences (herein the "School") (collectively, the "Parties" and individually each a "Party");

WHEREAS, School offers a graduate program in speech-language pathology accredited by the Council on Academic in Audiology and Speech-Language Pathology of the American Speech-Language Hearing Association (the "Program");

WHEREAS, Site offers speech-language-hearing services to clients in need of such services and can offer students enrolled in the Program (the "Students") with a professional educational experience at a graduate level as is necessary for them to qualify for national accreditation and state licensure as speech-language pathologists;

WHEREAS, the Parties are mutually desirous of establishing a relationship whereby certain Students may perform an externship at the Site in accordance with the terms of this Agreement (each an "Externship").

NOW, THEREFORE, in consideration of these premises, the terms and conditions hereinafter set forth, and the mutual benefits received by the parties hereto, intending to be legally bound, the Parties agree as follows:

SECTION I. EDUCATIONAL GOALS AND OBJECTIVES:

The Parties shall mutually establish educational goals and objectives for the Externship at the Site. These goals and objectives shall be mutually agreed upon by the appropriate officials identified on Attachment A. Such goals and objectives shall be consistent with those necessary for School to be eligible for accreditation by the appropriate governing or accrediting body, as applicable and as listed on Attachment A.

SECTION II. SCHOOL'S WARRANTIES AND RESPONSIBILITIES:

School shall assume responsibility for and agrees as follows:

- a) to assure its continuing and ongoing compliance with applicable Program standards, including having a speech-language pathologist associated with the School at the Site to assist with the Externship.
- b) to establish and maintain frequent and on-going communication with the Site's representative identified on Attachment A for items pertinent to the Externship; however, School shall retain responsibility for administering the Externship, its curriculum content, and the assignment, teaching, supervision and evaluation of Students.
- c) to notify the Site's representative, at a time mutually agreed upon but not less than six (6) weeks prior to placement, of its planned schedule of assignment, including the name of the Student(s) and his/her level of academic and clinical preparation.
- d) to refer Students to the Site who possess satisfactory academic and clinical preparation to participate in the Externship.

- e) to inform Students that participation in the Externship is conditioned upon their provision of proof provided to the Site before beginning the Externship of the satisfactory completion of all required background checks or drug or health screenings, if any, as specified on Attachment A. The Site may disqualify a Student from participating in the Externship if the results are inadequate in the Site's sole discretion.
- f) to inform Students of the responsibility of complying with the applicable Site policies, rules, and regulations, including any requirements that Students have certifications as identified on Attachment A.
- g) to require Students and participating faculty to complete, prior to beginning the Externship, the Site's training, if any and as identified on Attachment A.
- h) to require Students to possess appropriate health insurance.
- i) to maintain for itself, faculty, agents, and Students a policy of general liability and a policy of professional liability insurance with a single limit of not less than One Million Dollars (\$1,000,000.00) per occurrence and Three Million Dollars (\$3,000,000.00) in the aggregate. The insurance shall cover, among other things, the School, its faculty and Students for their acts, failure to act, or negligence arising from, related to or caused by the activities that are the subject of this Agreement, subject to Section 8. School shall supply to the Site a certificate of insurance evidencing such coverage upon reasonable request. In the event that the policy is a "claims made" form, School agrees to purchase appropriate "tail" coverage.
- j) to the extent applicable, to maintain in effect during the term of this Agreement statutory Workers' Compensation insurance in minimum amounts as set by state law and employer's liability insurance in the amount of One Million Dollars (\$1,000,000) per occurrence. School shall furnish proof of such coverage to the Site upon reasonable request.
- k) to comply with all existing non-discrimination policies in the selection and assignment of all Students.
- l) to maintain, for itself, its faculty and Students, the confidentiality of all client information and records, and Site personnel information and business records. School will inform Students of their obligation to maintain the confidentiality of such information and the prohibition of removing it from the Site.
- m) to be solely responsible for any and all salary, compensation, and benefits, if any, for faculty and Students.

SECTION III. SITE'S WARRANTIES AND RESPONSIBILITIES:

Site shall assume responsibility for and agree as follows:

- a) to ensure the Externship complies with accreditation requirements specified on Attachment A.
- b) to provide the physical facilities and equipment necessary to conduct the Externship.
- c) when feasible, to provide use of the library facilities, if any, and reasonable study and storage space to each Student.
- d) to provide Students with Site's existing pertinent rules, regulations, and policies with which Students are expected to comply.

- e) to advise School of any changes in Site's personnel, operations or policies which are likely to affect the Externship.
- f) to determine, and to inform School, the number of Students which Site can reasonably accommodate during a given Externship.
- g) to make available whenever possible, emergency health care in the case of a Student's accident or illness that may occur at the Site during the Externship, but Site not responsible for costs involved, follow-up care, or hospitalization. The Student is otherwise responsible for his/her health care.
- h) to advise School of any serious deficit noted in the ability of the assigned Student to progress toward achievement of the stated objectives of the Externship.
- i) to have the right, at its sole discretion, to reject, terminate and remove from the Externship any Student whose credentials, health, conduct, or performance is, or is reasonably believed to be, a detriment to client well-being, to achievement of the stated objective of the Externship hereunder, or to the purpose and mission of the Site. The Site will provide School with full documentation of the reason(s) that it removed/terminated the Student from the Externship.
- j) to honor all existing non-discrimination policies in the provision of Externship hereunder.
- k) to provide appropriately licensed personnel as may be required by state licensing boards to supervise the Externship.
- l) to maintain for itself, its employees and agents professional and general liability insurance with limits not less than \$1,000,000 per occurrence and \$3,000,000 in the aggregate covering the action of it, its employees, or agents hereunder. In the event that the policy is a "claims made" form, the Site agrees to purchase appropriate "tail" coverage. The requirements of this paragraph may be satisfied through an actuarially sound program of self-insurance.

SECTION IV. ASSIGNMENT:

This Agreement or any part herein may not be assigned during the term of the Agreement by any of the Parties hereto without the prior written consent of the other Party, except (i) as may otherwise be provided for herein and (ii) each Party may at any time assign its rights and obligations hereunder to a corporation controlled by, in control of, or under common control of the assigning party provided, however, it provides the non-assigning Party with thirty (30) days' prior written notice of such assignment.

SECTION V. TERM AND TERMINATION:

- a) This Agreement shall commence as of the Effective Date and shall continue thereafter until unless terminated as provided herein.
- b) This Agreement can be terminated by either Party, with or without cause, by giving notice in writing no less than thirty (30) days prior to the termination date. In the event of a breach of this Agreement or other conduct determined to be detrimental to either Party, the Agreement can be immediately terminated. In the event of termination, the Parties agree to take reasonable steps, as appropriate, to complete the training of any Participant presently in an Externship.

SECTION VI. INDEPENDENT PARTIES:

- a) School and its faculty participating in the Externship at the Site shall in no event become nor be deemed to be employees, servants, or agents of the Site, nor shall any person on the staff or administration of the Site become or be deemed to be an employee, servant, or agent of School except as specifically set forth herein.
- b) Solely for the purpose of defining the Students' roles in relation to the use and disclosure of the Site's protected health information, Students are defined as members of the Site's workforce, as that term is defined at 45 CFR 160.103, when engaged in activities pursuant to this Agreement.

SECTION VII. CLIENT CARE:

The management and care of clients at the Site shall remain the responsibility of the Site, and School and Students shall not attempt to alter the method by which clients are provided services.

SECTION VIII. INDEMNIFICATION:

- a) School agrees to indemnify, defend, and hold harmless the Site, its affiliates, directors, officers, employees, agents, and representatives, from and against any and all third party claims, demands, actions, settlements, judgments, costs, or expenses, including, but not limited to, reasonable attorneys' fees and litigation expenses, based upon or arising out of activities described in this Agreement, to the extent such claims, demands, actions, settlements, costs or expenses are occasioned by or connected with the negligent acts or omissions of School, its agents, employees, servants, or Students. Notwithstanding the foregoing, this indemnification obligation shall not apply if the alleged negligent act or omission was performed at the direction or under the supervision of the Site's personnel.
- b) The Site agrees to indemnify, defend, and hold harmless School, its affiliates, directors, officers, employees, agents, trustees, and representatives, from and against any and all third party claims, demands, actions, settlements, judgments, costs or expenses, including, but not limited to, reasonable attorneys' fees and litigation expenses, based upon or arising out of activities described in this Agreement, to the extent such claims, demands, actions, settlements, costs or expenses are occasioned by or connected with the negligent acts or omissions of the Site, its agents, employees or servants.
- c) The provisions of this Section shall survive the expiration or termination of this Agreement.

SECTION IX. GENERAL TERMS OF AGREEMENT:

- a) Notices: All notices under this Agreement shall be in writing and shall be sent by certified or registered mail, return receipt requested or personal courier service, to the addresses specified on Attachment A.
- b) Amendment: This Agreement, including any attachments hereto, may be amended or revised from time to time provided the revisions are set forth in writing and signed by authorized representatives of both parties.
- c) Nondiscrimination Compliance: The Parties, in compliance with all local, state, and federal law and regulations, shall not discriminate on the basis of race, religion, color, sex, age, national origin, handicap, sexual preference, disabled or Vietnam era veteran status or financial status in admission or

access to the Externship hereunder. Further, the Parties agree to fully comply with all applicable laws in the performance hereunder.

- d) Compliance with Law: The Parties agree to fully comply with all applicable laws in the performance hereunder.
- e) Sanctioned Provider. The Parties agree and acknowledge that they each have an affirmative duty during the term of this Agreement to notify each other immediately if they or any individual participating in the clinical education program (i) is determined to be a “Sanctioned Provider” under any federal or state program or law; (ii) has been listed on the current Cumulative Sanction List of the OIG for the United States Department of Health and Human Services for currently sanctioned or excluded individuals or entities; (iii) has been listed on the General Services Administration’s List of Parties Excluded from Federal Programs; (iv) or has been convicted of a criminal offense related to health care.
- f) Family Educational Rights and Privacy Act (“FERPA”): The Site acknowledges and agrees that the information School provides, or others provide on behalf of School, that directly relates to any Participant, including, without limitation, academic information (e.g., coursework, grades, degrees earned, performance in other external rotations); professional information (e.g., licenses obtained, suspension, revocation); training and/or certifications (e.g., CPR, OSHA/Bloodborne pathogens); health information (e.g., Hepatitis, TB Testing); health and other insurance information and the results of any criminal background check or drug testing or treatment information (collectively, “Participant Information”) is protected by FERPA. The Site represents and certifies that it will protect the confidentiality of the Participant Information, and will not, except with the written consent of the Participant (i) use the Participant Information for any purpose other than to carry out the purposes of this Agreement, and (ii) disclose the Participant Information except to authorized individuals within its organization who have a legitimate need to know the Participant Information in order to carry out the purposes of this Agreement.
- g) Waiver. Failure of a Party hereto to complain of any act or omission on the part of the other Party no matter how long the same may continue, shall not be deemed to be a waiver by such Party of any of its rights hereunder. No waiver by a Parties hereto at any time, expressed or implied, of any breach of any provision of this Agreement shall be deemed a waiver or breach of any other provision of this Agreement or a consent to any subsequent breach of the same of any other provision.
- h) Entire Agreement: This Agreement, and any attachments hereto, constitutes the entire agreement between the Parties with respect to the Externship as specified on Attachment A, and any existing agreements between the Parties related to the subject matter hereof are hereby rescinded. Notwithstanding the foregoing, the Parties acknowledge and agree that current Participants in an existing Externship pursuant to a prior agreement shall be entitled to complete such programs pursuant to the terms applicable to that agreement.
- i) Independent Parties: The Parties to this Agreement remain in exclusive control of their respective policies, management, assets, and affairs. Except as otherwise provided herein, neither Party shall by virtue of this Agreement assume any liability as obligation of the other Party.
- j) Headings/Severability: The article and other headings contained in this Agreement are for reference purposes only and shall not affect in any way the meaning or interpretation of this agreement. If any provision of this Agreement is found to be invalid or unenforceable, the remaining provisions shall continue in full force and effect.
- k) Governing Law: This Agreement shall be interpreted in accordance with the laws of the State of Delaware without regard to its conflicts of law rules.

- l) Dispute Resolution: The Parties agree to attempt to resolve disputes, claims, or controversies (each a “Dispute”) arising out of this Agreement through discussions conducted by individuals authorized to bind the Parties to a resolution of such Dispute. In the event that the Dispute cannot be resolved through such discussions, the Parties may submit the Dispute to arbitration administered by the American Arbitration Association and conducted under its then existing rules. The arbitration shall take place in Wilmington, Delaware. The cost of the arbitration shall be shared equally by the Parties; however, each party shall pay its own legal fees. The decision of the arbitrator shall be in writing and shall be final, binding, and unappealable except upon a claim of fraud on the part of the arbitrator or on the basis of a mistake as to the applicable law. Judgment may be entered on the award of the arbitrators in any court having jurisdiction.
- m) Non-Exclusivity. Each Party hereto shall be free to enter into other agreements, such as this Agreement, with other parties, as each deems appropriate for its respective manner of business.
- n) Unforeseen Circumstances. Neither of the Parties shall be deemed to be in violation of this Agreement if it is prevented from performing any of its obligations hereunder for reasons beyond its reasonable control, including, but not limited to, any of the following: acts of God, strikes, statutes, rules, regulations or interpretations of statutes and regulations to which either party is subject. In the event the services a Party has agreed to provide are substantially interrupted, pursuant to any such events, the other Party shall have the right to terminate this agreement upon ten (10) days’ prior written notice to the affected Party.
- o) Promotional Materials. The Parties hereto agree not to use the other’s name or any trademark, service mark, or registered design in any publicity, promotional or advertising material, unless review and written approval of the intended use shall first be obtained from the other Party prior to the release of any such material. Such approval shall be at the discretion of the requested Party.
- p) Counterparts and Electronic Signature: This Agreement may be executed in two or more counterparts, each of which will be deemed an original, but all of which together will constitute one and the same instrument.

[Execution Page Follows]

TM

IN WITNESS WHEREOF, the parties intending to be legally bound have caused this Agreement to be executed by their duly authorized officers as of the day and year first set forth above.

[[Name (Primary Second Party)]]

By: _____

Title: _____

Date: _____

UNIVERSITY OF DELAWARE

By: _____

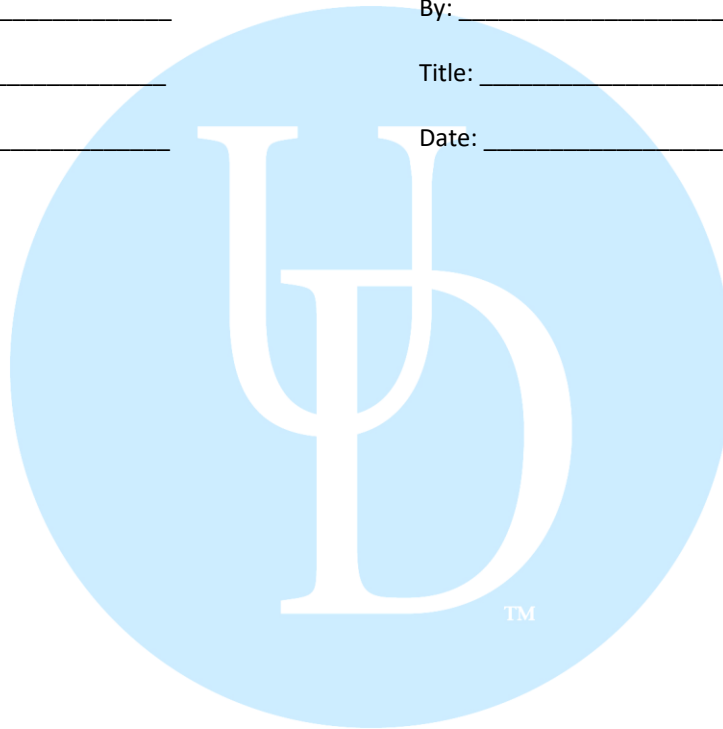
By: _____

Title: _____

Title: _____

Date: _____

Date: _____



Program Name	[[UD Program Name]]	
Rotation Address	[[Placement/Rotation Address]]	
Representatives	For School	For Facility
Primary: Name	[[UD Primary Contract Representative]]	[[Facility/School Primary Contract Representative]]
Title	[[UD Primary Contract Rep Title]]	[[Facility/School Primary Contract Rep Title]]
Address	[[UD Primary Contract Rep Address]]	[[Facility/School Primary Contract Rep Address]]
Email	[[UD Primary Contract Rep Email Address]]	[[Facility/School Primary Contract Rep Email Address]]
Phone	[[UD Primary Contract Rep Phone Number]]	[[Facility/School Primary Contract Rep Phone Number]]
Secondary: Name		
Title		
Address		
Email		
Phone		
Rotation Requirements	(Check all that are required for the Program Rotation)	
Background Checks	Criminal Adult and Child Registry Other (specify) _____	
Health Screening & Immunizations	Chicken Pox/Varicella Rubella Hepatitis B Season Flu Vaccine Measles Mumps Tuberculosis Tetanus/Diphtheria/Pertussis("Tdap") Other (specify) _____	
Certifications	American Heart Association Basic Life Support Pediatric Life Support Other (specify) _____	
Training	HIPAA Safety Sexual Harassment Compliance Fraud, Waste, and Abuse Other (specify) _____	
Applicable Governing or Accreditation Body		



Appendix J – Template: Clinical Hearing Screening Agreement



**CLINICAL HEARING SCREENING AGREEMENT
BETWEEN
[[NAME (PRIMARY SECOND PARTY)]]
AND
UNIVERSITY OF DELAWARE**

This Clinical Hearing Screening Agreement (the "Agreement"), effective as of (the "Effective Date"), between □ (the "Site") and University of Delaware, a privately chartered, state assisted, non-profit 501(c)(3) institution of higher education, on behalf of its Speech-Language-Hearing Clinic within the College of Health Sciences (herein the "Clinic") (collectively, the "Parties" and individually each a "Party");

WHEREAS, the Site is a primary school required by law to conduct certain diagnostic hearing tests for students who attend it (the "Screenings");

WHEREAS, the Clinic provides Screenings, among other services;

WHEREAS, the Clinic also provides and arranges educational and training opportunities, including Screenings, for students enrolled in the University of Delaware's Speech-Language Pathology program (the "Students");

WHEREAS, the Parties are mutually desirous of establishing a relationship whereby the Clinic provides equipment and personnel qualified to conduct and otherwise to assist the Site in conducting the Screenings as further specified herein.

NOW, THEREFORE, in consideration of these premises, the terms and conditions hereinafter set forth, and the mutual benefits received by the parties hereto, intending to be legally bound, the Parties agree as follows:

SECTION I. CLINIC'S RESPONSIBILITIES:

The Clinic agrees to:

- n) Provide the equipment necessary to conduct the Screenings.
- o) Provide a licensed, qualified audiologist at the Site to perform the Screenings (the "Audiologist") and to oversee Students assisting in the Screenings. (The Audiologist and Students are collectively referred to herein as "Clinic Personnel").
- p) Remove s Student for disciplinary or behavioral reasons or who otherwise interferes or obstructs the Screenings.
- q) Place Students at the Site who possess satisfactory academic and clinical preparation to assist in the Screenings.
- r) Require Clinic Personnel to satisfactorily complete required background checks or drug or health screenings prior to conducting the Screenings, as specified on Attachment A.
- s) Inform Clinic Personnel of applicable Site policies, rules, and regulations.
- t) Require Students to possess appropriate health insurance.

- u) Maintain for itself and Clinic Personnel a policy of general liability and a policy of professional liability insurance with a single limit of not less than One Million Dollars (\$1,000,000.00) per occurrence and Three Million Dollars (\$3,000,000.00) in the aggregate. In the event that the policy is a “claims made” form, the Site agrees to purchase appropriate “tail” coverage. The requirements of this paragraph may be satisfied through an actuarially sound program of self-insurance.
- v) To the extent applicable, maintain in effect during the term of this Agreement statutory Workers’ Compensation insurance in minimum amounts as set by state law and employer’s liability insurance in the amount of One Million Dollars (\$1,000,000) per occurrence.
- w) Comply with all existing non-discrimination policies in the selection and assignment of Students.
- x) Maintain the confidentiality of information generated by the Screenings.

SECTION III. SITE’S RESPONSIBILITIES:

Site agrees to:

- m) Appoint a single point-of-contact responsible for coordinating and otherwise overseeing the Screenings at the Site, as specified on Attachment A.
- n) Provide the physical facilities and necessary to conduct the Screening.
- o) Permit Clinic Personnel to access the cafeteria and parking facilities, if applicable.
- p) Provide Clinic Personnel with Site’s applicable rules, regulations, and policies with which they are expected to comply.
- q) Determine the number of Students which the Site can reasonably accommodate during a Screening and to inform the Clinic of the number.
- r) Provide emergency health care in the case of a Clinic Personnel’s emergency accident or illness that may occur at the Site during Screenings.
- s) Advise School of any serious deficit noted in the ability of a Student to assist in conducting Screenings.
- t) to provide appropriately licensed personnel as may be required by state licensing boards to supervise the Screenings.
- u) to maintain for itself, its employees and agents professional and general liability insurance with limits not less than \$1,000,000 per occurrence and \$3,000,000 in the aggregate covering the action of it, its employees, or agents hereunder. In the event that the policy is a “claims made” form, the Site agrees to purchase appropriate “tail” coverage. The requirements of this paragraph may be satisfied through an actuarially sound program of self-insurance.

SECTION IV. TERM AND TERMINATION:

- c) This Agreement shall commence as of the Effective Date and shall continue thereafter until , unless terminated as provided herein.
- d) This Agreement can be terminated by either Party, with or without cause, by giving notice in writing no less than thirty (30) days prior to the termination date. In the event of a breach of this

Agreement or other conduct determined to be detrimental to either Party, the Agreement can be immediately terminated.

SECTION V. INDEPENDENT PARTIES:

Clinic Personnel conducting Screenings at the Site shall in no event become nor be deemed to be employees, servants, or agents of the Site, nor shall any person on the staff or administration of the Site become or be deemed to be an employee, servant, or agent of the Clinic or the University of Delaware except as specifically set forth herein.

SECTION VI. CLIENT CARE:

The management and provision of the Screenings at the Site shall remain the responsibility of the Site, and Clinic Personnel shall not attempt to alter the method by the Site conducts Screenings.

SECTION VIII. INDEMNIFICATION:

- d) The Clinic agrees to indemnify, defend, and hold harmless the Site, its affiliates, directors, officers, employees, agents, and representatives, from and against any and all third party claims, demands, actions, settlements, judgments, costs, or expenses, including, but not limited to, reasonable attorneys' fees and litigation expenses, based upon or arising out of activities described in this Agreement, to the extent such claims, demands, actions, settlements, costs or expenses are occasioned by or connected with the negligent acts or omissions of Clinic Personnel. Notwithstanding the foregoing, this indemnification obligation shall not apply if the alleged negligent act or omission was performed at the direction or under the supervision of the Site's personnel.
- e) The Site agrees to indemnify, defend, and hold harmless the Clinic, its affiliates, directors, officers, employees, agents, trustees, Students, and representatives, from and against any and all third party claims, demands, actions, settlements, judgments, costs or expenses, including, but not limited to, reasonable attorneys' fees and litigation expenses, based upon or arising out of activities described in this Agreement, to the extent such claims, demands, actions, settlements, costs or expenses are occasioned by or connected with the negligent acts or omissions of the Site, its agents, employees or servants.
- f) The provisions of this Section shall survive the expiration or termination of this Agreement.

SECTION IX. GENERAL TERMS OF AGREEMENT:

- q) Notices: All notices under this Agreement shall be in writing and shall be sent by certified or registered mail, return receipt requested or personal courier service, to the addresses specified on Attachment A.
- r) Amendment: This Agreement, including any attachments hereto, may be amended or revised from time to time provided the revisions are set forth in writing and signed by authorized representatives of both Parties.
- s) Nondiscrimination Compliance: The Parties, in compliance with all local, state, and federal law and regulations, shall not discriminate on the basis of race, religion, color, sex, age, national origin, handicap, sexual preference, disabled or Vietnam era veteran status or financial status in admission or access to the Externship hereunder. Further, the Parties agree to fully comply with all applicable laws in the performance hereunder.

- t) Compliance with Law: The Parties agree to fully comply with all applicable laws in the performance hereunder.
- u) Sanctioned Provider: The Parties agree and acknowledge that they each have an affirmative duty during the term of this Agreement to notify each other immediately if they or any individual participating in the clinical education program (i) is determined to be a "Sanctioned Provider" under any federal or state program or law; (ii) has been listed on the current Cumulative Sanction List of the OIG for the United States Department of Health and Human Services for currently sanctioned or excluded individuals or entities; (iii) has been listed on the General Services Administration's List of Parties Excluded from Federal Programs; (iv) or has been convicted of a criminal offense related to health care.
- v) Family Educational Rights and Privacy Act ("FERPA"): The Site acknowledges and agrees that the information the Clinic provides, or others provide on behalf of Clinic, that directly relates to any Student, including, without limitation, academic information (e.g., coursework, grades, degrees earned, performance in other external rotations); professional information (e.g., licenses obtained, suspension, revocation); training and/or certifications (e.g., CPR, OSHA/Bloodborne pathogens); health information (e.g., Hepatitis, TB Testing); health and other insurance information and the results of any criminal background check or drug testing or treatment information (collectively, "Student Information") is protected by FERPA. The Site represents and certifies that it will protect the confidentiality of the Student Information, and will not, except with the written consent of the Student (i) use the Student Information for any purpose other than to carry out the purposes of this Agreement, and (ii) disclose the Student Information except to authorized individuals within its organization who have a legitimate need to know the Student Information in order to carry out the purposes of this Agreement.
- w) Waiver: Failure of a Party hereto to complain of any act or omission on the part of the other Party no matter how long the same may continue, shall not be deemed to be a waiver by such Party of any of its rights hereunder. No waiver by a Parties hereto at any time, expressed or implied, of any breach of any provision of this Agreement shall be deemed a waiver or breach of any other provision of this Agreement or a consent to any subsequent breach of the same of any other provision.
- x) Entire Agreement: This Agreement, and any attachments hereto, constitutes the entire agreement between the Parties with respect to the Screenings, and any existing agreements between the Parties related to the subject matter hereof are hereby rescinded.
- y) Independent Parties: The Parties to this Agreement remain in exclusive control of their respective policies, management, assets, and affairs. Except as otherwise provided herein, neither Party shall by virtue of this Agreement assume any liability as obligation of the other Party.
- z) Headings/Severability: The article and other headings contained in this Agreement are for reference purposes only and shall not affect in any way the meaning or interpretation of this agreement. If any provision of this Agreement is found to be invalid or unenforceable, the remaining provisions shall continue in full force and effect.
- aa) Governing Law: This Agreement shall be interpreted in accordance with the laws of the State of Delaware without regard to its conflicts of law rules.
- bb) Dispute Resolution: The Parties agree to attempt to resolve disputes, claims, or controversies (each a "Dispute") arising out of this Agreement through discussions conducted by individuals authorized to bind the Parties to a resolution of such Dispute. In the event that the Dispute cannot be resolved through such discussions, the Parties may submit the Dispute to arbitration administered by the

American Arbitration Association and conducted under its then existing rules. The arbitration shall take place in Wilmington, Delaware. The cost of the arbitration shall be shared equally by the Parties; however, each party shall pay its own legal fees. The decision of the arbitrator shall be in writing and shall be final, binding, and unappealable except upon a claim of fraud on the part of the arbitrator or on the basis of a mistake as to the applicable law. Judgment may be entered on the award of the arbitrators in any court having jurisdiction.

- cc) Non-Exclusivity. Each Party hereto shall be free to enter into other agreements, such as this Agreement, with other parties, as each deems appropriate for its respective manner of business.
- dd) Unforeseen Circumstances. Neither of the Parties shall be deemed to be in violation of this Agreement if it is prevented from performing any of its obligations hereunder for reasons beyond its reasonable control, including, but not limited to, any of the following: acts of God, strikes, statutes, rules, regulations or interpretations of statutes and regulations to which either party is subject. In the event the services a Party has agreed to provide are substantially interrupted, pursuant to any such events, the other Party shall have the right to terminate this agreement upon ten (10) days' prior written notice to the affected Party.
- ee) Promotional Materials. The Parties hereto agree not to use the other's name or any trademark, service mark, or registered design in any publicity, promotional or advertising material, unless review and written approval of the intended use shall first be obtained from the other Party prior to the release of any such material. Such approval shall be at the discretion of the requested Party.
- ff) Counterparts and Electronic Signature: This Agreement may be executed in two or more counterparts, each of which will be deemed an original, but all of which together will constitute one and the same instrument.

IN WITNESS WHEREOF, the parties intending to be legally bound have caused this Agreement to be executed by their duly authorized officers as of the day and year first set forth above.

[[Name (Primary Second Party)]]

By: _____

Title: _____

Date: _____

UNIVERSITY OF DELAWARE

By: _____

Title: _____

Date: _____

By: _____

Title: _____

Date: _____

Program Name	[[UD Program Name]]	
Rotation Address	[[Placement/Rotation Address]]	
Representatives	For School	For Facility
Primary: Name	[[UD Primary Contract Representative]]	[[Facility/School Primary Contract Representative]]
Title	[[UD Primary Contract Rep Title]]	[[Facility/School Primary Contract Rep Title]]
Address	[[UD Primary Contract Rep Address]]	[[Facility/School Primary Contract Rep Address]]
Email	[[UD Primary Contract Rep Email Address]]	[[Facility/School Primary Contract Rep Email Address]]
Phone	[[UD Primary Contract Rep Phone Number]]	[[Facility/School Primary Contract Rep Phone Number]]
Secondary: Name		
Title		
Address		
Email		
Phone		
Rotation Requirements	(Check all that are required for the Program Rotation)	
Background Checks	Criminal Adult and Child Registry Other (specify) _____	
Health Screening & Immunizations	Chicken Pox/Varicella Rubella Hepatitis B Season Flu Vaccine Measles Tuberculosis Mumps Tetanus/Diphtheria/Pertussis("Tdap") Other (specify) _____	
Certifications	American Heart Association Basic Life Support Pediatric Life Support Other (specify) _____	
Training	HIPAA Safety Sexual Harassment Compliance Fraud, Waste, and Abuse Other (specify) _____	

Appendix K – Template: Educational Affiliation and Services Agreement



**EDUCATIONAL AFFILIATION AND SERVICES AGREEMENT
BETWEEN
[[NAME (PRIMARY SECOND PARTY)]]
AND
THE UNIVERSITY OF DELAWARE**

This Affiliation and Services Agreement (the “Agreement”), effective as of , (the “Effective Date”), between (“Facility”) and University of Delaware, a privately chartered, state assisted, non-profit 501(c)(3) institution of higher education (“School”);

WHEREAS, Facility, in support and enhancement of the clinical and educational programs of School, provides a setting in which the educational programs of School will be enhanced through opportunities for its students, residents, or fellows (collectively, the “Participants”) to participate in educational, patient care, and administrative experiences through the cooperative efforts of Facility and School; and

WHEREAS, Facility operates various facilities and offices equipped with professional staff necessary to provide quality clinical training experience to the Participants; and

WHEREAS, School operates various programs for qualified Participants who desire or are required to have the clinical training to complete their professional development; and

WHEREAS, Facility and School are mutually desirous of establishing a relationship whereby certain Participants may participate in the Program at Facility (each a “Program Rotation”) in accordance with the terms of this Agreement.

NOW, THEREFORE, in consideration of these premises, the terms and conditions hereinafter set forth, and the mutual benefits received by the parties hereto, intending to be legally bound, the parties agree as follows:

I. DEFINITIONS:

1.1 Agreement. “Agreement” shall mean this Educational Affiliation and Services Agreement and any amendment(s) hereto as may from time to time be adopted as provided herein and all attachments hereto.

1.2 Program. “Program” means the program of the School specified on Attachment A, which is incorporated herein and made a part hereof.

II. EDUCATIONAL GOALS & OBJECTIVES:

2.1 The parties shall mutually agree to establish written educational goals and objectives for the Program at the Facility. These goals and objectives shall be mutually agreed upon by the appropriate officials identified on Attachment A. Such goals and objectives shall be consistent with those necessary for School to be eligible for accreditation by the appropriate governing or accrediting body, as applicable and as listed on Attachment A.

III. SCHOOL WARRANTIES & RESPONSIBILITIES:

3.1 School shall assume responsibility for and agree as follows:

y) to assure its continuing and ongoing compliance with applicable educational and clinical standards.

[[Custom Contract Field: Clinical Affiliation School Responsibilities]]

z) to notify the Facility representative, at a time mutually agreed upon but not less than six (6) weeks prior to placement, of its planned schedule of assignment, including the name of the Participant and his/her level of academic and clinical preparation.

aa) to refer to the Facility Participants who possess satisfactory academic and clinical preparation to participate in the Program Rotation and who have executed the Student Responsibility Form attached hereto as Exhibit 1.

bb) to inform the Participants of the Facility’s requirements of citizenship or legal status to be in the United States.

cc) to inform Participants that participation in the Program Rotation is conditioned upon their provision of proof provided to

Facility before beginning the Program Rotation of the satisfactory of all required background checks or drug or health screenings as specified on Attachment A. The Facility may prevent a Participant from participating in the Program Rotation if the results are inadequate in the Facility's sole discretion.

dd) to inform the Participants of the responsibility of complying with the applicable Facility policies, bylaws, and rules and regulations, including any requirements that Participants have certifications as identified on Attachment A.

ee) to require Participants and participating faculty to complete, prior to beginning the Program Rotation, Facility training identified on Attachment A.

ff) to require Participants to possess appropriate health insurance.

gg) to maintain for itself, faculty, agents, and Participants a policy of general liability and a policy of professional liability insurance with a single limit of not less than One Million Dollars (\$1,000,000.00) per occurrence and Three Million Dollars (\$3,000,000.00) in the aggregate. The insurance shall cover, among other things, the School, its faculty and Participants for their acts, failure to act, or negligence arising from, related to or caused by the activities that are the subject of this Agreement, subject to Paragraph 9.1. School shall supply to the Facility a certificate of insurance evidencing such coverage upon reasonable request. In the event that the policy is a "claims made" form, School agrees to purchase appropriate "tail" coverage.

hh) to the extent applicable, to maintain in effect during the term of this Agreement statutory Workers' Compensation insurance in minimum amounts as set by state law and employer's liability insurance in the amount of One Million Dollars (\$1,000,000) per occurrence. School shall furnish proof of such coverage to the Facility upon reasonable request.

ii) to comply with all existing non-discrimination policies in the selection and assignment of all Participants.

jj) to maintain, for itself, its faculty and Participants, the confidentiality of all patient charts, information, records, personnel information and business records and to inform Participants of their obligation to maintain the confidentiality of such documentation and the prohibition of removing medical records, charts and other identifiable health information off premises of the Facility.

kk) to be solely responsible for any and all salary, compensation, and benefits, if any, for faculty and Participants.

ll) to inform Participants of the requirement to wear name tags identifying themselves as Participants participating in the Program Rotation.

IV. FACILITY WARRANTIES & RESPONSIBILITIES:

4.1 The Facility shall assume responsibility for and agree as follows:

v) to ensure the Program complies with accreditation requirements specified on Attachment A.

w) to provide the physical facilities and equipment necessary to conduct the Program hereunder.

x) when feasible, to provide use of the library facilities, if any, and reasonable study and storage space to each Participant.

y) to provide the Participant with a copy of the Facility's existing pertinent rules and regulations, policies, and bylaws with which the Participant is expected to comply.

z) to advise School of any changes in its personnel, operations or policies which are likely to affect the Program.

aa) to determine the number of Participants which it can reasonably accommodate during a given period of time in the Program and to determine the duration of any rotation in the Program.

bb) to make available whenever possible, emergency health care in the case of a Participant accident or illness during working hours, but is not responsible for costs involved, follow-up care, or hospitalization. The Participant is otherwise responsible for his/her health care.

cc) to advise School of any serious deficit noted in the ability of the assigned Participant to progress toward achievement of the stated objectives of the Program.

dd) to have the right, at its sole discretion, to reject, terminate and remove from the Program any Participant whose credentials, health, conduct, or performance is, or is reasonably believed to be, a detriment to patient well-being, to achievement of the stated objective of the Program hereunder, or to the purpose and mission of the Facility. The Facility will provide School with full documentation of the reason(s) that it removed/terminated the Participant from the Program.

ee) to honor all existing non-discrimination policies in the provision of Program hereunder.

[[Custom Contract Field: Clinical Affiliation Facility Responsibilities]]

ff) to maintain for itself, its employees and agents professional and general liability insurance with limits not less than One Million Dollars (\$1,000,000) per occurrence and Three Million Dollars (\$3,000,000) in the aggregate covering the action of it, its employees, or agents hereunder. In the event that the policy is a "claims made" form, the Facility agrees to purchase appropriate "tail" coverage. The requirements of this paragraph may be satisfied through an actuarially sound program of self-insurance.

V. Assignment:

5.1 This Agreement or any part, articles, or sections thereof, may not be assigned during the term of the Agreement by any of the parties hereto without the prior written consent of the other party, except (i) as may otherwise be provided for

herein and (ii) each party may at any time assign its rights and obligations hereunder to a corporation controlled by, in control of, or under common control of the assigning party provided, however, it provides the non-assigning party with thirty (30) days' prior written notice of such assignment.

VI. TERM & TERMINATION:

6.1 This Agreement shall commence as of the Effective Date and shall continue thereafter until , unless terminated as provided herein.

6.2 This Agreement can be terminated by either party, with or without cause, by giving notice in writing no less than thirty (30) days prior to the termination date. In the event of a breach of this Agreement or other conduct determined to be detrimental to either party, the Agreement can be immediately terminated. In the event of termination, the parties agree to take reasonable steps, as appropriate, to complete the training of any Participant presently in the Program.

VII. INDEPENDENT PARTIES:

7.1 School and its faculty participating in the Program at the Facility shall in no event become nor be deemed to be employees, servants, or agents of the Facility, nor shall any person on the staff or administration of the Facility become or be deemed to be an employee, servant, or agent of School except as specifically set forth herein.

7.2 Solely for the purpose of defining the Participants' roles in relation to the use and disclosure of the Facility's protected health information, Participants are defined as members of the Facility's workforce, as that term is defined at 45 CFR 160.103, when engaged in activities pursuant to this Agreement.

VIII. PATIENT CARE:

8.1 The management and care of patients at the Facility shall remain the responsibility of the attending physicians at the Facility, and School and Participants shall not attempt to alter the method by which patient care is delivered.

IX. INDEMNIFICATION:

9.1. School agrees to indemnify, defend, and hold harmless the Facility, its affiliates, directors,

officers, employees, agents, and representatives, from and against any and all third party claims, demands, actions, settlements, judgments, costs, or expenses, including, but not limited to, reasonable attorneys' fees and litigation expenses, based upon or arising out of activities described in this Agreement, to the extent such claims, demands, actions, settlements, costs or expenses are occasioned by or connected with the negligent acts or omissions of School, its agents, employees, servants, or Participants. Notwithstanding the foregoing, this indemnification obligation shall not apply if the alleged negligent act or omission was performed at the direction or under the supervision of the Facility's personnel.

9.2. The Facility agrees to indemnify, defend, and hold harmless School, its affiliates, directors, officers, employees, agents, trustees, and representatives, from and against any and all third party claims, demands, actions, settlements, judgments, costs or expenses, including, but not limited to, reasonable attorneys' fees and litigation expenses, based upon or arising out of activities described in this Agreement, to the extent such claims, demands, actions, settlements, costs or expenses are occasioned by or connected with the negligent acts or omissions of the Facility, its agents, employees or servants.

9.3 The provisions of this Section IX shall survive the expiration or termination of this Agreement.

X. GENERAL TERMS OF AGREEMENT:

gg) Notices. All notices under this Agreement shall be in writing and shall be sent by certified or registered mail, return receipt requested or personal courier service, to the addresses specified on Attachment A.

10.2 Amendment. This Agreement, including any attachments hereto, may be amended or revised from time to time provided the revisions are set forth in writing and signed by authorized representatives of both parties.

10.3 Nondiscrimination Compliance. The parties, in compliance with all local, state, and federal law and regulations, shall not discriminate on the basis of race, religion, color, sex, age, national origin, handicap, sexual preference, disabled or

Vietnam era veteran status or financial status in admission or access to the Program hereunder.

10.4 Compliance with Law. The parties agree to fully comply with all laws in the performance hereunder including, but not limited to, HIPAA and its rules and regulations. Without limitation to other requirements under HIPAA and other federal, state, and local laws and regulations, the parties will safeguard protected health information ("PHI") by using and disclosing PHI only in accordance with HIPAA. Without limitation to other rights and remedies under this Agreement or afforded by law, either party may immediately terminate this Agreement in the event that it has reasonably determined that there is a material breach of this section.

10.5 Sanctioned Provider. The parties agree and acknowledge that they each have an affirmative duty during the term of this Agreement to notify each other immediately if they or any individual participating in the clinical education program (i) is determined to be a "Sanctioned Provider" under any federal or state program or law; (ii) has been listed on the current Cumulative Sanction List of the OIG for the United States Department of Health and Human Services for currently sanctioned or excluded individuals or entities; (iii) has been listed on the General Services Administration's List of Parties Excluded from Federal Programs; or (iv) or has been convicted of a criminal offense related to health care.

10.6 Family Educational Rights and Privacy Act ("FERPA"). The Facility acknowledges and agrees that the information School provides, or others provide on behalf of School, that directly relates to any Participant, including, without limitation, academic information (e.g., coursework, grades, degrees earned, performance in other external rotations); professional information (e.g., licenses obtained, suspension, revocation); training and/or certifications (e.g., CPR, OSHA/Bloodborne pathogens); health information (e.g., Hepatitis, TB Testing); health and other insurance information and the results of any criminal background check or drug testing or treatment information (collectively, "Participant Information") is protected by FERPA. The Facility represents and certifies that it will protect the confidentiality of the Participant Information, and will not, except with the written consent of the Participant (i) use the Participant Information for any purpose other than to carry

out the purposes of this Agreement, and (ii) disclose the Participant Information except to authorized individuals within its organization who have a legitimate need to know the Participant Information in order to carry out the purposes of this Agreement.

10.7 Waiver. Failure of a party hereto to complain of any act or omission on the part of the other party no matter how long the same may continue, shall not be deemed to be a waiver by such party of any of its rights hereunder. No waiver by a party at any time, expressed or implied, of any breach of any provision of this Agreement shall be deemed a waiver or breach of any other provision of this Agreement or a consent to any subsequent breach of the same of any other provision.

10.8 Entire Agreement. This Agreement, and any attachments hereto, constitutes the entire agreement between the parties with respect to the Program as specified on Attachment A, and any existing agreements between the parties related to the subject matter hereof are hereby rescinded. Notwithstanding the foregoing, the parties acknowledge and agree that students who are currently participating in an existing program pursuant to a prior agreement shall be entitled to complete such programs pursuant to the terms applicable to that agreement.

10.9 Independent Parties. The parties to this Agreement remain in exclusive control of their respective policies, management, assets, and affairs. Except as otherwise provided herein, neither party shall by virtue of this Agreement assume any liability as obligation of the other party.

10.10 Headings/Severability. The articles and other headings contained in this Agreement are for reference purposes only and shall not affect in any way the meaning or interpretation of this agreement. If any provision of this Agreement is found to be invalid or unenforceable, the

remaining provisions shall continue in full force and effect.

10.11 Governing Law. This Agreement shall be interpreted in accordance with the laws of the State of Delaware without regard to its conflicts of law rules.

10.12 Non-Exclusivity. Each party hereto shall be free to enter into other agreements, such as this Agreement, with other parties, as each deems appropriate for its respective manner of business.

10.13 Unforeseen Circumstances. Neither of the parties shall be deemed to be in violation of this Agreement if it is prevented from performing any of its obligations hereunder for reasons beyond its reasonable control, including, but not limited to, any of the following: acts of God, strikes, statutes, rules, regulations or interpretations of statutes and regulations to which either party is subject. In the event the services a party has agreed to provide are substantially interrupted, pursuant to any such events, the other party shall have the right to terminate this agreement upon ten (10) days' prior written notice to the affected party.

10.14 Promotional Materials. The parties hereto agree not to use the other's name or any trademark, service mark, or registered design in any publicity, promotional or advertising material, unless review and written approval of the intended use shall first be obtained from the other party prior to the release of any such material. Such approval shall be at the discretion of the requested party.

10.15 Counterparts and Electronic Signature: This Agreement may be executed in two or more counterparts, each of which will be deemed an original, but all of which together will constitute one and the same instrument.

[SIGNATURES FOLLOW]

IN WITNESS WHEREOF, the parties intending to be legally bound have caused this Agreement to be executed by their duly authorized officers as of the day and year first set forth above.

[[Name (Primary Second Party)]]

By: _____

By: _____

Name: _____

Name: _____

Title: _____

Title: _____

Date: _____

Date: _____

UNIVERSITY OF DELAWARE

By: _____

By: _____

Name: _____

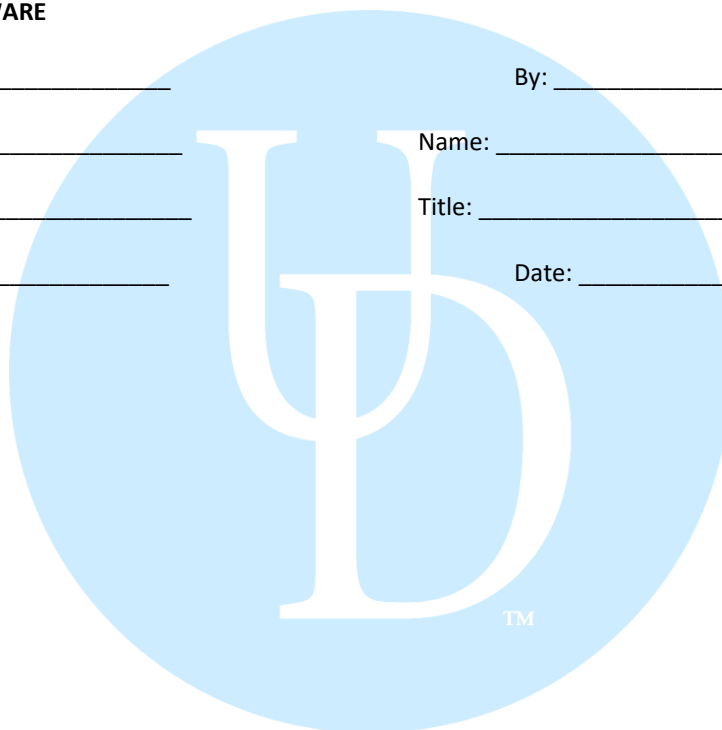
Name: _____

Title: _____

Title: _____

Date: _____

Date: _____



ATTACHMENT A

Program Name	[[UD Program Name]]	
Rotation Address	[[Placement/Rotation Address]]	
Representatives	For School	For Facility
Primary: Name	[[UD Primary Contract Representative]]	[[Facility/School Primary Contract Representative]]
Title	[[UD Primary Contract Rep Title]]	[[Facility/School Primary Contract Rep Title]]
Address	[[UD Primary Contract Rep Address]]	[[Facility/School Primary Contract Rep Address]]
Email	[[UD Primary Contract Rep Email Address]]	[[Facility/School Primary Contract Rep Email Address]]
Phone	[[UD Primary Contract Rep Phone Number]]	[[Facility/School Primary Contract Rep Phone Number]]
Secondary: Name		
Title		
Address		
Email		
Phone		
Rotation Requirements	(Check all that are required for the Program Rotation)	
Background Checks	Criminal Adult and Child Registry Other (specify) _____	
Health Screening & Immunizations	Chicken Pox/Varicella Rubella Hepatitis B Season Flu Vaccine Measles Mumps Tetanus/Diphtheria/Pertussis("Tdap") Tuberculosis Other (specify) _____	
Certifications	American Heart Association Basic Life Support Pediatric Life Support Other (specify) _____	
Training	HIPAA Safety Sexual Harassment. Compliance Fraud, Waste, and Abuse Other (specify) _____	
Applicable Governing or Accreditation Body		

FERPA ADDENDUM

This Addendum (Addendum) amends and is hereby incorporated into the Clinical Affiliation Agreement (“Agreement”), entered into between □ (“Facility”) and the University of Delaware (“School”). UD and Facility mutually agree to modify the Agreement to incorporate the terms of this Addendum to comply with the requirements of the Family Educational Rights and Privacy Act (FERPA) dealing with the confidentiality of student education records. If any conflict exists between the terms of the original Agreement and this Addendum, the terms of this Addendum shall govern.

1. Definitions:

a. *Education Records* include records that are:

- i. directly related to a student; and
- ii. maintained by an educational agency or institution or by a party acting for the agency or institution. Educational Records includes both paper and electronic records.

b. *Personally Identifiable Information* includes, but is not limited to the following:

- i. student’s name;
- ii. name of the student’s parent or other family member;
- iii. address of the student or student’s family;
- iv. a personal identifier, such as the student’s social security number, student number or biometric record; and
- v. a list of personal characteristics that would make the student’s identity easily traceable.

c. *Records* means any information recorded in any way, including but not limited to: handwriting, print, computer media, video or audio tape, film, microfilm and microfiche.

2. Acknowledgment of Access to Education Records: Facility acknowledges that the Agreement allows the Facility access to Educational Records and other Personally Identifiable Information related to students at UD.

3. Prohibition on Unauthorized Use or Disclosure of Education Records or other Personally Identifiable Information: Facility agrees to hold Education Records and Personally Identifiable Information in strict confidence. Facility shall not use or disclose Education Records or Personally Identifiable Information received from or on behalf of UD except as permitted or required by the Agreement or this Addendum, as required by law, or as otherwise authorized in writing by UD.

4. Safeguard Standard: Facility agrees that it will protect the Education Records and Personally Identifiable Information it receives from or on behalf of UD according to commercially acceptable standards and in accordance with the requirements of FERPA.

5. Return or Destruction of Education Records and Personally Identifiable Information: Upon termination, cancellation, expiration or other conclusion of the Agreement, Facility shall:

Return to UD, or if UD directs Facility otherwise, destroy all Education Records and Personally Identifiable Information in whatever form or medium that Facility received from or created on behalf

of UD. This provision also shall apply to all Education Records and Personally Identifiable Information that is in the possession of subcontractors or agents of Facility. In such case, Facility shall retain no copies of such information, including any compilations derived from and allowing identification of Education Records and Personally Identifiable Information. Facility shall complete such return or destruction as promptly as possible, but not less than thirty (30) days after the effective date of the conclusion of this Agreement. Within such thirty (30) day period, Facility shall certify in writing to UD that such return or destruction has been completed.

6. Term and Termination:

- a. This Addendum shall take effect upon execution of the Agreement.
- b. In addition to the rights of the parties established by the underlying Agreement, if UD reasonably determines in good faith that Facility has materially breached any of its obligations under this Addendum, UD, in its sole discretion, shall have the right to:
 - i. exercise any of its rights to reports, access and inspection under this Addendum;
 - ii. require Facility to submit to a plan of monitoring and reporting, as UD may determine necessary to maintain compliance with this Addendum;
 - iii. provide Facility with a fifteen (15) day period to cure the breach; and/or,
 - iv. terminate the Agreement immediately if Facility has breached a material term of this Addendum and cure is not possible.
- c. Before exercising any of these options, UD shall provide written notice to Facility describing the violation and the action it intends to take.

7. Subcontractors and Agents: If Facility provides to a subcontractor or agent any Education Records and Personally Identifiable Information which was received from or created for UD, Facility shall require such subcontractor or agent to agree to the same restrictions and conditions as are imposed on Facility by this Addendum.

8. Maintenance of the Security of Electronic Information: Facility shall develop, implement, maintain and use appropriate administrative, technical and physical security measures to preserve the confidentiality, integrity and availability of all electronically maintained or transmitted Education Records and Personally Identifiable Information received from, or on behalf of UD.

9. Reporting of Unauthorized Disclosures or Misuse of Education Records and Personally Identifiable Information: Facility shall report to UD any use or disclosure of Education Records and Personally Identifiable Information not authorized by this Addendum or in writing by UD. Facility shall make the report to UD not less than one (1) business day after Facility learns of such use or disclosure. Facility's report shall identify:

- a. the nature of the unauthorized use or disclosure;
- b. the Education Records and Personally Identifiable Information used or disclosed;
- c. who made the unauthorized use or received the unauthorized disclosure;

- d. what Facility has done or shall do to mitigate any deleterious effect of the unauthorized use or disclosure; and
- e. what corrective action Facility has taken or shall take to prevent future similar unauthorized use or disclosure.

Facility shall provide such other information, including a written report, as reasonably requested by UD.

- 10. Indemnity. Facility shall indemnify and hold harmless UD from and against any and all claims, liabilities, damages, or judgments arising from a disclosure of student education records, including but not limited to UD's costs, attorney fees and any expenses associated with the notification and credit protection of individuals whose education records are disclosed as a result of Facility's failure to meet any of its obligations under this Addendum.
- 11. Survival. The respective rights and obligations of Facility under Sections 3, 4, 5, 7, 8, 9 and 10 shall survive the termination of this Addendum.



IN WITNESS WHEREOF, each of the undersigned has caused this Addendum to be duly executed in its name and on its behalf.

□

BY:

BY:

Date

Date

NAME: _____

NAME: _____

TITLE: _____

TITLE: _____

The University of Delaware

BY:

BY:

Date

Date

NAME: _____

NAME: _____

TITLE: _____

TITLE: _____

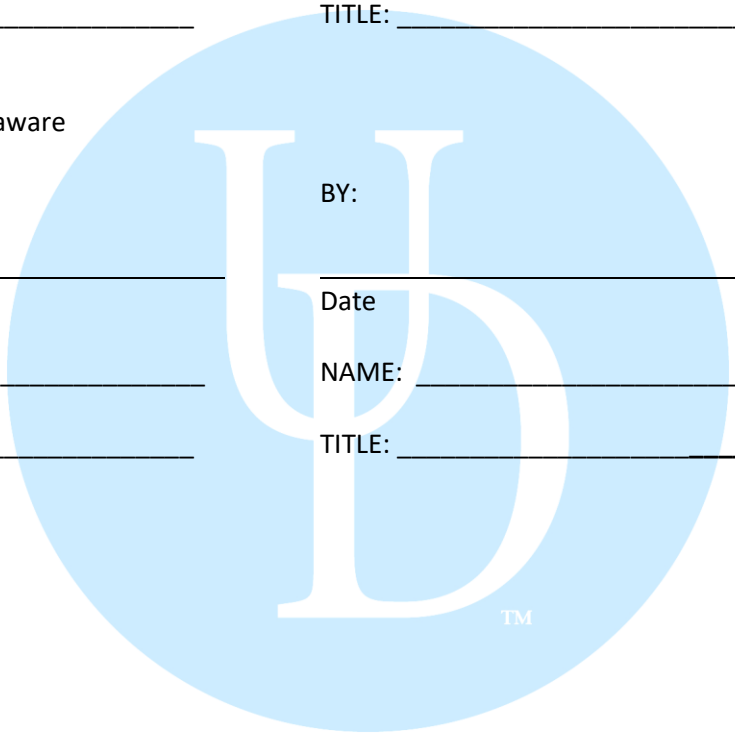


EXHIBIT 1

STUDENT RESPONSIBILITY FORM

I understand and agree to comply with the terms of the Educational Affiliation and Services Agreement between the University of Delaware, on behalf of the Program identified therein (herein the "School"), □ (the "Facility"), as it may be amended from time to time (the "Agreement"), as such terms apply to me. I desire to participate in the Program Rotation as defined in the Agreement, and in consideration of my participation, I agree as follows:

1. I understand that as a Participant in the Program Rotation I must comply with all applicable policies and procedures of the Facility, and my failure to comply with them may result in my termination from the Program Rotation.
2. I acknowledge that during the course of my participation in the Program Rotation, I may become aware of and have access to patient protected health information for training and educational purposes only. I understand that I am required to maintain the confidentiality of patient protected health information. I understand and agree to keep the protected health information confidential even when my participation in the Program Rotation ends. I understand that I may not disclose the protected health information to others, including to members of the Facility's workforce, unless there is a need to know and I am otherwise authorized by (i) the Facility, (ii) the policies and procedures of the Facility, (iii) the patient pursuant to an authorization that complies with applicable laws, or (iv) as required or otherwise permitted by law.
3. I will respect all property belonging to the Facility, and I understand that I may ultimately be responsible for the cost of repairing or replacing any property I damage or destroy.
4. I understand the Facility seeks to prevent the introduction of infection, and I am not aware that I have any infectious disease.

I have reviewed this document and understand its contents and agree to be legally bound as set forth herein.

Student Name: _____

Student Signature: _____

Date: _____

Appendix L – CALIPSO Instructions



CALIPSO Instructions for Students

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

Step 1: Register as a Student User on CALIPSO

- Before registering, have available the PIN provided in the CALIPSO registration e-mail.
- Go to your school's unique login URL provided in the CALIPSO registration email, or go to <https://www.calipsoclient.com/school-login>
- Schools are listed alphabetically; locate your school in the list, and click on the school name link.
- Click on the "Student" registration link located below the login button.
- Complete the requested information, being sure to enter your "school" e-mail address, and record your password in a secure location. Click "Register Account."
- Please note: **PIN numbers are valid for 40 days**. Contact your Clinical Coordinator for a new PIN if 40 days has lapsed since receiving the registration e-mail.

Step 2: Login to CALIPSO

- To login, go to your school's unique login URL listed in the header at the top of this page, or go to <https://www.calipsoclient.com/school-login>, locate your school, and login to CALIPSO using your school e-mail and **password that you created for yourself during the registration process (Step 1)**.
- Upon logging in for the first time, you will be prompted to pay the student fee (if applicable) and to provide consent for the release of information to clinical practicum sites.

Step 3: Enter Contact Information

- Click on "Student Information"
- Click on "Contact Info" and then "Edit" for each corresponding address.
- Enter your local, permanent, and emergency contact info. Enter "rotation" contact info when on externships. Return to this link to update as necessary.
- Click "Home" located within the blue stripe to return to the home page.

Step 4: View and Update Immunization and Compliance Records

- Before each semester, click on "Student Information" and then "Compliance/Immunizations" to view a record of compliance and immunization records.
- Missing or expired records are highlighted in red.
- Upload an electronic file(s) of immunization, training or screening documents as required by your program by clicking on the "Files" link located within the blue stripe at the top of the page.
- Click the "Edit Compliance/Immunization data" link located just beneath the blue strip to enter the effective dates for the immunization, training or screening items as required by your program. Click in the box to the right of the item for which a date is to be entered, and select the effective date from the pop-up calendar. Click the "Save the changes below" button to save the entered dates.
- To create a "Health Record" document to save and/or print for clinical placements, click "Printable view (PDF)" located within the blue stripe.
- Click "Home" located within the blue stripe to return to the home page.

Step 5: View Clinical Assignments & Site Information Forms

- Within “Student Information,” click the [Clinical Assignments](#) link to view information pertaining to the current semester’s placement, including contact information for your Supervisor.
- Note the details of your assignment’s Semester, Clinical Course, Site and Clinical Setting; when entering clock hours (*see Step 7a*), be sure to record your clock hour entries to match the assignment.
- Additional information about the Site may be available under “Site Information Forms” Click the “Home” link to return to the Lobby page, then click **View > Site Information Forms**.
- To view available information, identify the desired site and click “View” located in the fifth column under submitted. [Please note: “In progress” forms are not accessible to students; only “submitted” forms are accessible to students.]

Step 6: View/Upload Documents and Clinical Placement Files

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

Step 7a: Enter Daily Clock Hours

- Click on the “Clockhours” link located on the lobby page or the “Student Information” link then “Clockhours.”
- Click on the “Daily clockhours” link located within the blue stripe.
- Click on the “Add new daily clockhour” link.
- Complete the requested information and click “save.”
- Record clock hours and click “save” located at the bottom of the screen. You will receive a “Clockhour saved” message.

To add clock hours for a ***different*** supervisor, clinical setting, or semester:

- Repeat above steps to enter additional clock hours gained under a different supervisor, clinical setting, or semester.

To add additional clock hours to the ***same*** record:

- Click on the “Daily clockhours” link located within the blue stripe.
- Select the record you wish to view (posted by supervisor, semester, course, and setting) from the drop-down menu and click “Show.”
- Click the “Copy” button located next to the date of a previous entry.

- Record the new clock hours (changing the date if necessary) and click “save” located at the bottom of the screen. You will receive a “Clockhour saved” message.
- To **view/edit** daily clock hours, click on the “Daily clockhours” link located within the blue stripe.
- Select the record you wish to view (posted by supervisor, semester, course, and setting) from the drop-down menu and click “Show.”
- Select the desired entry by clicking on the link displaying the entry date located along the top of the chart. Make desired changes and click save.
- Please note: Supervisors are not notified and are not required to approve daily clock hour submissions.

Step 7b: Submit Clock Hours for Supervisor Approval

- Click on the “Daily clockhours” link located within the blue stripe.
- Select the record you wish to view (posted by supervisor, semester, and course) from the drop-down menu and click “Show.”
- Check the box (located beside the entry date) for all dates you wish to submit for approval then click “Submit selected clockhours for supervisor approval.” Clock hours logged for the dates selected will be consolidated into one record for supervisor approval. The designated supervisor will receive an automatically generated e-mail requesting approval of the clock hour record.
- Please note: Daily entries cannot be edited once approved. However, if you delete the entry from the “Clockhour list” link prior to approval, daily hours may be resubmitted.
- View consolidated clock hour entries by clicking “Clockhours list” located within the blue stripe.

Step 8: View Clinical Performance

- Click on “Student Information” and then “Evaluations.”
- As clinical performance evaluations are completed on you by your supervisors, the evaluations will automatically post to this link.
- View a desired evaluation by clicking on the “current evaluation” link highlighted in blue.

Step 9: View Cumulative Evaluation

- Click on “Student Information” and then “Cumulative evaluation” to view a summary of your clinical competency across the 9 disorder areas.
- Upon graduation, you must demonstrate competency for all clinical competencies listed on the form.
- Please make note of any areas of deficiency which are highlighted in orange.

Step 10: View KASA

- Click on “Student Information” and then “KASA” to view your progress in meeting the academic and clinical requirements for graduation. KASA stands for Knowledge and Skills Acquisition, which is a “roadmap” of academic and clinical standards toward certification requirements.
- Upon graduation, all requirements should have been met, represented with a green check mark.

Step 11: View Performance Summary

- Click on “Student Information” and then “Performance summary” to view a summary of your clinical performance across all clinical courses to date.

Step 12: View My Checklist

- Click on “Student Information” and then “My Checklist” to view your progress in meeting the clinical requirements for graduation.
- Upon graduation, all requirements should have been met, represented with a green check mark.

Step 13: Complete Self-Evaluation

- At the completion of each clinical course or as directed by your Clinical Coordinator, complete a self-evaluation.
- From the lobby page, click on the “Self-evaluations” link.
- Click on “New self-evaluation.”
- Complete required fields designated with an asterisk and press “save.”
- Continue completing self-evaluation by scoring all applicable skills across the Big 9 using the provided scoring method and saving frequently to avoid loss of data.
- Once the evaluation is complete, check the “final submission” box and click “save.”
- Receive message stating “evaluation recorded.”
- Please note: you may edit and save the evaluation as often as you wish until the final submission box is checked. Once the final submission box is checked and the evaluation saved, the status will change from “in progress” to “final”.
- To view the evaluation, click “Evaluations list” located within the blue stripe.

Step 14: Complete Supervisor Feedback Form

- At the completion of each clinical course or as directed by your Clinical Coordinator, complete feedback for each clinical supervisor.
- From the lobby page, click “Supervisor feedback forms.”
- Click “New supervisor feedback.”
- Complete form and click “Submit feedback.”
- Your completed feedback form will be posted for Clinical Coordinator approval. Once approved, feedback will be posted for the clinical supervisor to view. Until approved, the feedback may be edited by clicking on “View/edit.”

Step 15: Complete Evaluation of Off Campus Placement

- At the completion of each clinical course or as directed by your Clinical Coordinator, complete feedback for each off-campus placement.
- From the lobby page, click “Student Evaluation of Off Campus Placement.”
- Click “New off campus placement evaluation.”
- Complete form and click “Save.”



Compliance/Immunization for Doe, Jane

[Report](#) [Edit Compliance/Immunization data](#)

Medical insurance:	No
Driver's license:	No
Student notice and information release consent:	Yes
CPR Training by:	
Citizenship:	

Liability insurance start:	
Liability insurance end:	
Liability Insurance Company:	
Policy Number:	

Effective dates for screenings, training, and immunizations

OSHA Training:	
HIPAA Training:	
CPR Training:	
Research Ethics Training:	
Radiation Safety Training:	
Physical Examination:	
Drug Screening:	
Criminal Background Check:	
Fingerprinting:	
MMR1:	
MMR2 / Titer:	

Varicella:	
Tetanus:	
TB Step 1:	
TB Step 2:	
Chest X-Ray:	
Flu:	
Hep B1:	
Hep B2:	
Hep B3:	
Hep Titer:	
Child Abuse Recognition Training:	

TB Resp. Fit:

Type: PAPR
 Brand: TECNOL
 Size: Small
 Method: N/A
 Date:

Appendix M – Performance Rating Scale (CALIPSO)



Performance Rating Scale for Clinical Skills

1. **Not evident:** Skill not evident most of the time. Student requires direct instruction to modify behavior and is unaware of need to change. Supervisor must model behavior and implement the skill required for client to receive optimal care. Supervisor provides numerous instructions and frequent modeling (skill is present <25% of the time).
2. **Emerging/Maximum Support:** Skill is emerging, but is considered inconsistent or inadequate. Student shows awareness of need to change behavior with supervisor input. Supervisor frequently provides instructions and support for all aspects of case management and services (skill is present 26-50% of the time).
3. **Present:** Skill is present and needs further development, refinement or consistency. Student is aware of need to modify behavior but does not do this independently. Supervisor provides ongoing monitoring and feedback; focuses on increasing student's critical thinking on how/when to improve skill (skill is present 51-75% of the time).
4. **Adequate/Minimal Support:** Skill is developed/implemented most of the time and needs continued refinement or consistency. Student is aware and can modify behavior in session, and can self-evaluate. Problem-solving is independent. Supervisor acts as a collaborator to plan and suggest possible alternatives (skill is present 76-90% of the time).
5. **Consistent/Independent:** Skill is consistent and well developed. Student can modify own behavior as needed and is an independent problem-solver. Student can maintain skills with other clients, and in other settings, when appropriate. Supervisor serves as consultant in areas where student has less experience; Provides guidance on ideas initiated by student (skill is present >90% of the time).

Appendix N – New Student Orientation Schedule



The general overview of the orientation includes (topics on specific days may vary):

Day 1 – Introduction, Essential Functions Review, Vision/Mission/Strategic Plan, Plan of Study/Schedule, Faculty Research, Tour, Code of Ethics, Certification, Licensing, Equitable Treatment, Accommodations, Complaint Procedures, Remediation Plans, CALIPSO.

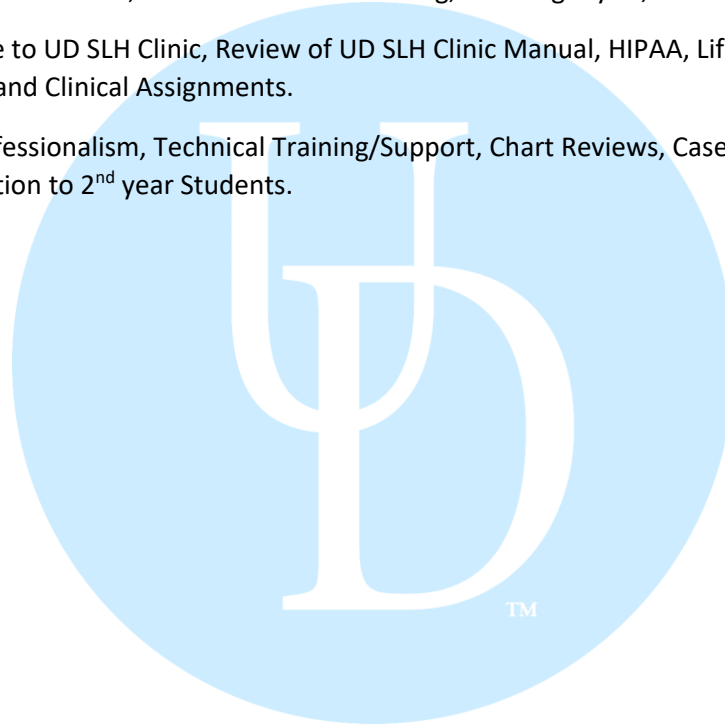
Day 2 – University-level Graduate Orientation, Student ID and Campus Tour. Some orientation material is presented in advance using a CANVAS website including info about mental health resources, student health insurance, financial aid, and other all-university resources.

Day 3 – Financial Aid, Active Shooter, Universal Precautions/OSHA/Right to Know, Fire and Natural Disaster Safety, Child Abuse Training, Universal and Health Precautions, Mental Health Training.

Day 4 – Building orientation, Graduate School Learning, Learning Styles, Audiology Primer.

Day 5 – Welcome to UD SLH Clinic, Review of UD SLH Clinic Manual, HIPAA, Life Participation Groups, and Clinical Assignments.

Day 6 – CPR, Professionalism, Technical Training/Support, Chart Reviews, Case Management, Introduction to 2nd year Students.



Appendix O – Student Crisis Fund Request [Form](#)

Please fill in the form below to request funds from the Student Crisis Relief fund. If you have any questions or concerns about funding, Please reach out to Dr. Amanda Seidl at aseidl@udel.edu. Once the form is submitted, someone will be in contact within 2 business days to schedule a meeting.

Name: _____

Preferred Email: _____

Preferred Phone Number (Optional): _____

Approximate Time of Need: _____

Approximate Amount of Need: _____

Reason for Need (Optional) _____

