

2021-2022

Graduate Student Handbook



Communication
Sciences and
Disorders

After reading this handbook,
you must sign and submit the
Graduate Student Handbook
Confirmation Form via the Incoming
SLPMstrs2021 Canvas site by the
assigned date and time.

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GRADUATE STUDENT HANDBOOK 2021-2022

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Graduate Student Handbook

2021-2022

Introduction

This Handbook provides students enrolled in the master's degree program with important information about the Communication Sciences and Disorders Program. Study its contents carefully, as it will answer most of your questions. The academic and clinical requirements included in this edition of the Handbook will guide your day-to-day activities in our graduate program. Each year, the Handbook is revised. In future years, you will be bound by new editions of the Handbook in terms of changes to existing policies and procedures in the Communication Sciences and Disorders Program and the UVA Speech-Language-Hearing Center. Comments about how the Handbook might be improved are certainly welcome.

Occasionally, a new or revised policy must go into effect immediately. When that happens, you will be notified.

Program policies and procedures supplement those of the University of Virginia and the School of Education, rather than supersede them. Students enrolled in the Communication Sciences and Disorders Program are subject to the policies specified in the School section of the Graduate Record (<http://records.ureg.virginia.edu/index.php>); the Undergraduate Record is the default on this page; you must select the Grad Record in the selection box near the top of the page. Each student must assume responsibility for meeting all deadlines (including those pertaining to registration and fees) pursuant to his/her graduation.

Associate Clinicians (ACs) are required to comply with all aspects of this Handbook.

The Graduate Program in Communication Disorders

At their inception, the Communication Sciences and Disorders Program and the University of Virginia Speech-Language-Hearing Center (UVA SLHC) were products of the vision and imagination of two men: Dr. Karl Wallace, Professor of Speech, and Dr. Fletcher D. Woodward, Professor of Otolaryngology. In 1941, their efforts led the Board of Visitors to establish an academic program in speech pathology and audiology and a center for clinical instruction and public service. At the time of its founding, the Speech-Language-Hearing Center was the only one of its kind between Washington, D.C., and Alabama.

The Communication Sciences and Disorders Program offers a baccalaureate degree (B.S.Ed.) in communication disorders, a master's degree (M.Ed.) in speech-language pathology, and a doctoral (Ph.D.) degree in speech-language pathology. Completion of the master's degree program fulfills academic and clinical requirements for obtaining professional credentials in speech-language pathology from the Virginia Board of Audiology and Speech-Language Pathology and the American Speech-Language-Hearing Association (ASHA). The master's degree program is accredited by ASHA's Council on Academic Accreditation (CAA).

Students entering the master's degree program with bachelor's degrees in Communication Sciences and Disorders (CSD) typically complete academic and clinical training in 5-6 semesters. Students entering without undergraduate training in CSD typically require 7-8 semesters to complete all requirements.

Graduates of the M.Ed. curriculum are prepared to practice in a wide variety of professional settings, including public and private schools; hospitals; rehabilitation centers; community clinics; university clinics; federal, state and local government service programs; private health care agencies; and private practices. Graduates are prepared to work with the wide variety of communicative disorders that affect individuals of all ages and cultural backgrounds.

Today, Speech Language Pathology (SLP) and Audiology services are provided through the Sheila C. Johnson Center (SJC). Graduate students provide SLP services under the supervision of licensed and certified supervisors. Further clinical education is provided through externship experiences in settings throughout central Virginia and the United States. In the final semester, clinical education culminates in a full-time clinical internship.

Program Faculty

Program Director

LaVae M. Hoffman, Ph.D., CCC-SLP Speech-Language Pathology Program Director/Associate Professor

Program Faculty

| | | |
|----------------------------------|---------------------------|--|
| Claire Barbao, M.A., CCC-SLP | Speech-Language Pathology | Clinical Supervisor |
| Michaela DuBay, Ph.D., CCC-SLP | Speech-Language Pathology | Assistant Professor |
| Filip T. Loncke, Ph.D. | | Professor |
| Jane C. Hilton, Ph.D., CCC-SLP | Speech-Language Pathology | Clinical Associate Professor |
| Kazlin Mason, Ph.D., CCC-SLP | Speech-Language Pathology | Assistant Professor |
| Rebecca Rehm, M.S., CCC-SLP | Speech-Language Pathology | Clinical Supervisor |
| Randall R. Robey, Ph.D., CCC-SLP | Speech-Language Pathology | Associate Professor |
| Jaimee Traub, M.S., CCC-SLP | Speech-Language Pathology | SJC Director of SLP Clinical Services & Training |
| Cassandra Turner, Au.D., CCC-AUD | Audiology | Clinical Assistant Professor |

Guidelines for Planning Time in Graduate School

Graduate courses are intensive, and students are asked to carefully consider the advisability of making extracurricular commitments. For a general sense of commitment, consider the following guidelines:

1. One semester hour (s.h.) of academic credit requires 1 hour per week in lecture and the expectation of 3 hours of preparation outside of class (i.e., reports, reading, presentations, etc.). Thus, a 1-hour academic credit will take approximately 4 clock hours per week or 60 clock hours per semester. Most graduate courses are 3 credit hours. Therefore, a general rule of thumb is that each 3 credit course will require at least 12 clock hours each week. Consequently, every week of the graduate program requires a substantial amount of time, energy, and effort.
2. One semester hour of clinical credit typically requires at least 5 contact hours per week. This may include practicum seminar (a.k.a. “student staffing”) experience, direct client services, consultation with the student’s supervisor, report writing, test scoring, etc. Students may need to spend more than this amount of time while initially acquiring core clinical competencies and when undertaking new clinical assignments. Thus, during clinical externship (4 s.h. each), it is expected that at least 20 clock hours will be devoted to the clinical assignment each week. During the internship semester, it is expected that at least 40 clock hours will be devoted to the clinical assignment each week.
3. An average graduate course load is 15 to 17 credit hours (although a greater number is sometimes required) which results in an expectation that students will devote a minimum of 61 to 68 hours each week to their academic and clinical courses.

A Simple Rule Regarding Priorities

In a clinical training program, no activity, be it a job or any other sort of outside commitment, takes precedence over a clinical assignment. Clinical assignments must command highest priority.

- A student who does not accept a clinic assignment (for any reason), forfeits the expectation of graduating on time and may not be offered another assignment until every other student has received one. A student failing to meet a standing clinical obligation also forfeits the expectation of graduating on time.
- Nothing is more important for students in a clinical education program than opportunities to practice the profession.

Program Policies and Procedures

Equal Rights

The University of Virginia (UVA) does not discriminate on the basis of age, color, disability, gender identity or expression, marital status, national or ethnic origin, political affiliation, pregnancy (including childbirth and related conditions), race, religion, sex, sexual orientation, veteran status, and family medical or genetic information, in its programs and activities as required by Title IX of the Education Amendments of 1972, Americans with Disabilities Act of 1990, as amended, Section 504 of the Rehabilitation Act of 1973, Titles VI and VII of the Civil Rights Act of 1964, Age Discrimination Act of 1975, Governor's Executive Order Number One (2018), and other applicable statutes and University policies. UVA prohibits sexual and gender-based harassment, including sexual assault, and other forms of interpersonal violence.

The Communication Sciences and Disorders Program at UVA is committed to protecting the safety, welfare, and rights of all students, clients, faculty, staff, and community members. Concerns about safety, welfare, and/or rights should be brought to the attention of a program member: such as professor, clinical supervisor, placement coordinator, program director, or department chair.

At the university level, complaints of discrimination, harassment, and retaliation may be directed to the UVA Office for Equal Opportunity and Civil Rights at UVAEOCR@virginia.edu. [Complaint procedures](#) may be found on the [UVA Office for Equal Opportunity and Civil Rights website](#). Complaints may also be filed with the [Department of Education Office for Civil Rights](#), [Equal Employment Opportunity Commission](#), [Commonwealth of Virginia Division of Human Rights](#), and the [Department of Human Resources Management](#).

The University of Virginia Honor System

- Honor is one of the most cherished traditions at the University of Virginia. The Honor Code is an enormously important and serious matter within the Communication Sciences and Disorders Program at the University of Virginia.
- Within the spirit of individual and collective honor, the faculty and students of the Communication Sciences and Disorders Program form a Community of Trust. Becoming a member in our community-of-trust means carrying out an ongoing commitment to one another: we each refrain from dishonorable conduct (i.e., lying, cheating and stealing). We can, and do, trust one another. If an individual demonstrates dishonorable behavior, the members of the community-of-trust must carry out an even more demanding commitment – a responsibility to ask those who violate the standard of honor to leave the University. The University of Virginia Honor System is unique in two ways: (a) it is entirely student-run, and (b) it provides for single sanction.
- As a graduate and a professional degree program, the notion of dishonorable conduct within the Communication Sciences and Disorders Program extends to encompass (a) academic fraud (see <http://honor.virginia.edu/academic-fraud>), (b) unethical conduct, and (c) unprofessional conduct.
- As a student at the University of Virginia, you will be asked to write and sign the Honor Pledge on exams and assignments, just as generations of students have done before you. The Honor Pledge is:

“On my honor as a student, I have neither given nor received aid on this exam/assignment.” (Signature)

Open, Honest, and Safe Communication

In a program of study that focuses on communication it is extremely important that we all model open, honest, and safe communication.

The most important step in resolving serious questions is always prevention through open, straightforward, and non-threatening communication leading to positive and productive problem solving.

Faculty members hold two important concerns above all others: (1) your preparation for a career in SLP as an alum of the University of Virginia, and (2) the future and well-being of the Communication Sciences &

Disorders Program at the University of Virginia. If some aspect of the Program needs to be changed to better serve those two interests, it is certainly important that we examine options for making such a change.

We encourage you to become our partners in resolving any unforeseen difficulties through a productive, positive, and goal-oriented process leading to positive solutions that serve the best interests of your career and the best interests our Program.

Questions, Suggestions, Concerns, and Complaints

1. **First Step:** The first step in resolving a question, a concern, a suggestion, or a complaint is open communication. A student who is not sanguine with some aspect of the Program should first have a discussion with the faculty member most directly involved with that aspect of the Program and explore options for a satisfactory resolution. An unsatisfactory outcome can always be brought before the next-higher administrative level.
2. **Second Step:** If, after discussing the concern with the program faculty member involved, a successful resolution is not forthcoming, a student should speak with the Program Director, Dr. LaVae Hoffman.
3. **Third Step:** If, after discussing the concern with the Program Director, the issue remains unresolved, the student could bring the matter to the attention of the Chair of the Department of Human Services, Dr. Scott Gest.
4. **Fourth Step:** If, after discussing the concern with the Department Chair, the issue remains unresolved, the student could bring the matter to the attention of the Assistant Dean for Undergraduate and Graduate Studies, Dr. Catherine Brighton.

A problem requiring the attention of the Council on Academic Accreditation should be directed to:

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

Email Communication

- Email is the primary, and oftentimes the sole, means for communicating essential information within the Communication Sciences and Disorders Program, the School of Education and Human Development, and the University. It is very important to understand that messages from the Program concerning, for example, grades, clinical hours, clinical responsibilities, comprehensive exams and eligibility for graduation will be sent only through email. Email messages from the Program, School and University are sent to your University account. Students may have email forwarded from their University accounts to private accounts; however, email from the Program, School and University will be sent only to University accounts. Once the University account has been established, it is the student's responsibility to check for communication from the Program, School and University on a regular daily basis.
- If you have a change in mailing address, phone number, email address, etc., it is your responsibility to send changes to your Academic Advisor and the department office.

Communication Screenings

- Speech, language, and hearing screenings are required for all incoming students. These screenings will be scheduled during clinic orientation at no cost. Students are encouraged to pursue any recommendations for follow-up made as a result of the screening and subsequent communication evaluation.
- Because oral communication skills are essential for clinical practice in speech-language pathology, students must demonstrate proficiency before they can begin clinical assignments. Students whose communication skills do not allow them to complete all practicum requirements may not be eligible to apply for ASHA certification. Students who initially are ineligible for practicum assignments may opt to engage in a treatment program to improve their oral communication skills in the SJC. If proficiency can be demonstrated following treatment, the student will be able to complete practicum requirements and apply for ASHA certification following graduation.

CPR Certification, Health Insurance, TB Test, Hepatitis B Virus and Other Vaccinations

- Current information about UVA pre-entrance requirements, including vaccines, can be found on the UVA website <https://www.studenthealth.virginia.edu/faqs-about-pre-entrance-requirements>
- Healthcare professionals who are not correctly and currently immunized pose a significant health risk to their patients, to their co-workers, and to themselves. Most school and adult practicum sites require evidence of complete and current immunizations (e.g., measles, mumps, rubella, polio, hepatitis B, chicken pox, as well as yearly TB tests and influenza shots).
- Also please note that a large number of practicum sites presently require that the students have, at the student's expense, a physical examination (including TB test and/or chest x-ray, a rubella titer, etc.). Many facilities require immunization for HPV or a signed refusal for the series. In some cases, a formal application for a religious exemption may be possible. However, that possibility, the application process, and the criteria to be met are solely governed and decided within each institution.
- As a result, the Program cannot guarantee that a student who is not currently and properly immunized will (1) graduate on time, if at all, or (2) satisfy the ASHA minimum on clinical clock hours for certification.
- Finally, please note that proof of health insurance coverage is also required by some facilities.

Writing Style

- For the American Speech-Language-Hearing Association, the official guide to writing style is the 7th Edition of the Publication Manual of the American Psychological Association (<https://apastyle.apa.org/>). By extension, the APA Pub Manual is the writing guide for the Communication Sciences and Disorders Program. Many basic elements of the Manual are available online. Hard copies are available through the UVA Bookstore.

National Student Speech-Language-Hearing Association (NSSLHA)

- The National Student Speech-Language-Hearing Association (NSSLHA) is a national organization that promotes professional interest among university students in speech-language pathology and audiology. Two kinds of memberships are available: membership in the national association and membership in the UVA Chapter.
- Joining the National Student Speech-Language-Hearing Association (NSSLHA) is a Program requirement for graduate students. A national membership allows access to ASHA web resources required for classes. National dues are \$60.00 at <https://www.nsslha.org/Membership/Join-or-Renew/>. Purchase *after* September 1 for the best deal. National membership enables students to receive ASHA and NSSLHA journals. Further, two years of NSSLHA membership substantially reduces the initial ASHA membership fee.
- Applications for national membership are available online.
- UVA Chapter dues are \$40.00 per year. All undergraduate and graduate students in the Communication Sciences and Disorders Program are eligible for membership. The Chapter holds business/informational/social meetings, is involved in fundraising and charitable work, and organizes social events. All students are encouraged to participate in the UVA NSSLHA Chapter.
- Chapter officers (e.g., President, Vice President, Secretary, Treasurer) are elected each year. Faculty serves as Advisor to the chapter and liaison to the faculty and University.

Financial Assistance

Anticipated Expenses

- Tuition
- Room and Board. Housing is always an expense during internships/externships.
- Prior to entering the program, you will need to provide proof of a TB test, initiation of the Hep B series, and a copy of CPR certification. Both the TB test and the CPR will need to be repeated prior to your graduation from the program. The TB test is required annually, and CPR needs to be renewed every two years. Hep B is a one-time series of 3 shots so it will not need to be repeated. Both externships and internships may ask for proof that the TB

test and CPR certification are current. Additionally, extern/internship sites may require proof of flu shot(s) and other vaccinations. It is the student's responsibility to ensure these have been completed.

- UVA Human Resources (HR) will conduct a background check for all students prior to entering the SJC clinic. There is no cost for the student for this background check. Externships and Internships may also require a new or updated background check different from the UVA HR background check. In this case, the student is financially responsible. Drug testing may also be required for externships and internships and is the responsibility of the student.
- CALIPSO is the online program used to track and document clinical experiences. There is a onetime fee of \$100 that covers the period you are enrolled in the program plus one additional year following your graduation. It provides you with documentation for your clinical hours earned during the program.
- Joining the National Student Speech-Language-Hearing Association (NSSLHA) is a Program requirement. Many clinical and academic assignments require access to the "Members Only" ASHA web pages. Further information will be provided to the incoming cohort from the NSSLHA Chapter officers.
- A few supplies are required of each student. These following items must be in your possession when you see a client.
 - Stopwatch (or a stopwatch app)
 - Digital audio recorder
 - Pen Light
 - USB thumb drive
 - Lanyard for your ID Card
- Access to a car is regularly a necessity for commuting to and from internship/externship sites.

Student Wage Employees

- Student Wage Employees (SWEs) make valuable contributions to the Program, as well as to the work of individual faculty members and supervisors. Program operations and faculty productivity depend on the efforts of SWEs. Therefore, it is important that SWEs treat their work assignments responsibly, just as they would any other job. For example, SWEs should expect to work the full number of hours they have committed to work each week. If SWEs are expected to work on a fixed schedule, they should report reliably and on time. Typically, SWEs are expected to work from beginning of classes through to clinic closing. Program student wage position assignments are made for a single academic year and do not extend into the summer. Students are eligible for program student wage positions only during the *in residence* portion of their program of study.

Financial Aid

- The University offers financial assistance to graduate students through a variety of programs: student wage employment, fellowships, assistantships, work-study plans, loans, etc.
- Student Financial Services provides detailed information about each of these programs, including the criteria for awards, application procedures and filing deadlines (<http://sfs.virginia.edu>).
- Typically, with satisfactory progress and the availability of funds, students are eligible for internal financial support on a competing basis. Student-wage employment is awarded on a yearly basis. Students are eligible for student-wage employment in the fall and spring semesters (not summers) and only during the *in residence* phase of their graduate programs.
- The ASHA website includes information about numerous sources of financial aid (<http://www.asha.org/students/financial-aid>).
- Every year, the Communication Disorders Foundation of Virginia (<http://www.cdfvirginia.org/>) offers scholarships to graduate students in Communication Disorders who are attending a university in Virginia. The application deadline is usually May 1st; but be sure to check.

Students with Special Needs

- Any student who has a documented disability that might interfere with performance in courses or clinical practicum should schedule a private meeting at the beginning of each semester with the instructor of record (Professor and Placement Coordinator).

- The student must provide documentation of the disability to the UVA Student Disability Access Center (SDAC) (<https://www.studenthealth.virginia.edu/sdac>). SDAC will contact the instructor(s) with suggestions for accommodations.

Library Facilities

- Most journal articles are available on-line through the UVA Library. Some books and journals relevant to our field will be found in Alderman Library. Many other journals and texts will be found in the Health Sciences Library, the Science and Engineering Library, and Alderman Library. Library hours are posted on the web. Information about the UVA Library system (composed of 12 libraries) can be found at <http://www.lib.virginia.edu/>

Emergency Procedures

Shelter in Place or Evacuate

- The University will tell us how to respond to an emergency situation. Sometimes, that direction is to shelter-in-place and that is what we will do. In other situations, the University may direct us to evacuate the building.

Evacuation Site

- The evacuation site for Bavaro and Ridley Halls, as well as the Dell buildings is the Perry-Fishburn Tennis Courts (The Dell).

Evacuation Preparedness

- Emergency preparedness and emergency responses are detailed in the Emergency Information web page: <https://uvaemergency.virginia.edu/> and the Emergency Planning page: <https://uvaemergency.virginia.edu/plans>
- **When Calling 911 for any sort of emergency, be prepared to provide the following information:**

The Street Address: 417 Emmet Street South

The office number or exact location on the floor

UVA Alerts – Emergency Text Messaging

- The University of Virginia employs an emergency notification service called UVA Alerts as a tool for reaching students, faculty and staff in critical emergency situations. The UVA Alerts service is designed for students, faculty and staff who will be affected directly by an emergency on the University Grounds or nearby areas. Members of the University community may register for UVA Alerts at https://uvaemergency.virginia.edu/uva_alerts. Some frequently asked questions about this service are provided below:
- Why should I get UVA Alerts?
 - Text messaging is more reliable in emergency situations when communication systems reach high capacity. Text messages will get through when phone calls won't.
 - You will receive alerts through your smartphone anywhere, even when you do not have access to a computer.
- What will the UVA Alerts tell me?
 - A short text message will state the type of threat and indicate suggested action. For instance, in the case of a chemical spill: "CHEMICAL SPILL ON GROUNDS. AVOID (LOCATION)."
 - DETAILS AT WWW.VIRGINIA.EDU." Because the messages must be brief, you may be directed to go to the University's Web site (www.virginia.edu) where details will be available.
- How many UVA Alerts text messages will I receive?
 - The exact number of UVA Alerts messages is difficult to predict, but there should be very few. There will be occasional tests of the system, but the aim is to alert you only to emergency situations in which there is an imminent threat to public safety. You will receive messages within seconds of their transmission. If your cell phone is turned off when a text message is sent, you will receive it after you turn your cell phone on, but only if you do so within seven days from the original transmission.

- What do I need to get UVA Alerts and how much does it cost?
 - All you need is a cell phone with text messaging capabilities. There is no charge to users for signing up. Individual cell phone plans will apply normal charges for the text message.
 - Note: All landlines, most Tracphones and some pay-as-you-go phones will not register on the UVA Alerts system. This is a limitation of the phone providers.
- How do I sign up for UVA Alerts?
 - To register, you do need to have your cell phone handy. Complete the New User Signup Form. On the form you will be asked to create a password for your UVA Alerts account and provide your mobile phone number and carrier information. After submitting the form, you will receive a text message that will include a 4-digit validation code. You must enter the validation code on the confirmation web page and click the "Validate" button. You will then automatically be forwarded to a "Thank You" page. Once validated, you may login to your UVA Alerts account and enter your preferred email address and additional mobile phone number (e.g., a parent's mobile phone number).
- An important reminder: The UVA Web site is the primary and most complete resource for current emergency information. The UVA Alerts text messaging service is just one of the methods the University will use to communicate emergency information. If appropriate, global emails, the telephone switchboard, flyers, local media and other communication tools will also be used.

Central Role of Learning and Performance Objectives in a Clinical Curriculum

Learning and Performance Objectives

Mastering the full set of clinical competencies in the SLP Scope of Practice is the primary objective in obtaining our clinical degree (M.Ed.). Those competencies are operationalized in our curriculum as learning objectives or clinical performance objectives. We use the overarching term "performance objectives" to emphasize that you must demonstrate, or perform, SLP clinical competencies with your supervisors while working with clients.

We teach and assess each of the learning and performance objectives throughout the curriculum. Satisfaction of each learning and performance objective is systematically tracked for each student through CALIPSO which serves as the archival source for ASHA certification.

Progress in Mastering the Set of Learning and Performance Objectives

Learning and Performance Objectives and Beginning Clinicians

- Building your clinical skills is like any other learning experience: it takes practice; it takes reflection; it takes more practice. The first time any of us try a new skill, our performance is never the best performance we eventually achieve. That learning curve is normal and when we see it, we understand it for what it is. Importantly though, we won't ignore a sub-standard performance (for whatever reason). Rather, we will always address it in the spirit of fostering further development – and never in the spirit of fault finding.
- Fostering or facilitating the clinical growth of any student is an individualized enterprise. Supervisors consider the learning status and the learning needs of each student on a case-by-case basis. Therefore, how a supervisor responds to one student likely differs from how that same supervisor responds to another student. Ultimately, a Supervisor may ...
 - ... clarify expectations, perhaps make a reading assignment, maybe make an observation assignment, assign some other learning experience, implement other learning strategies/styles, engage in a roleplaying exercise, demonstrate the expected behavior, ask a series of Socratic questions, or respond in some other fashion/approach ...
 - ... that the supervisor deems appropriate for that student, that client, and that situation. As always, your questions are essential in this growth process.

Learning and Performance Objectives in the Greater Context

- Recall though that our primary objective is to produce independent entry-level clinicians capable of (a) making high-stakes clinical decisions and (b) implementing those decisions safely and competently. Clinical growth is both the fundamental and the premium quality for completing the degree on schedule. That means that the learning curve is steep and the calendar for on-time graduation is relatively brief.
- CALIPSO systematically tracks your academic and clinical activities. As such, it provides you with current information about your progression through your program of study. Access your “Knowledge and Skills Acquisition (KASA) Form” and “Clinical Education Checklist” in CALIPSO to monitor your individual progress. Every element on these forms must be completed prior to graduation. Without the signature of the Program Director attesting to the successful completion of all components of your training program, certification is not possible. Therefore, a demonstrated lack of progress in mastering the learning and performance objectives makes it impossible for an individual to become a Speech-Language Pathologist since these are the very skills required for that career.

Learning and Performance Objectives and Improvement Plans

- If a student is truly struggling with one or more learning or performance objective(s), we must create, implement, and assess an Improvement Plan. Just so you know, we have a handful of Improvement Plans in effect at just about any point in time; they are not common, but they are not uncommon.

Improvement plans are just a means for faculty members to assure the complete and timely growth of each student in a structured and systematic fashion.

- Many of our alumni successfully completed an Improvement Plan at some point.

The Nature of Improvement Plans

- When a performance objective is not successfully demonstrated in the normal course of events, an instructor (1) creates an Improvement Plan, (2) establishes a criterion for a successful completion, (3) establishes a calendar for completing the plan, (4) implements the plan, (5) re-assesses the performance objective, and (6) reports the results to the faculty.
 - a. In academic classes, a student must demonstrate the successful completion of a failed learning or performance objective by the last day of classes in the following semester. Sooner is better. The form of demonstration is the prerogative of the instructor and is not necessarily the same instructional or assessment means as required in class. Failure to complete the plan on schedule suspends clinical privileges until a satisfactory performance is demonstrated.
 - b. In any clinic assignment, the supervisor(s) define a deadline for completing an Improvement Plan within the same semester. The schedule may consist of a few days or weeks.
 - c. Once a deficient skill has been identified and an individualized learning path has been explicated in an improvement plan, most students make efficient and rapid progress in demonstrating acquisition of the necessary skill(s). Continued difficulty mastering a skill for which an improvement plan has been developed is often an indicator that the career path might not be a good fit for the student. While needing one improvement plan is not, in and of itself, a problem, if a student struggles to meet the learning challenges within the improvement plan, or requires multiple improvement plans, the probability of successfully completing the graduate program decreases.
 - d. Performances on all already-completed performance objectives are monitored throughout the program for each student. A less than satisfactory performance on a learning or performance objective that has already been established initiates a personalized Improvement Plan for that student. In effect, instruction for achieving the performance objective is started over.

Lack of Progress in Mastering the Learning and Performance Objectives

The Nature of Insufficient Clinical Progress

- Once in a while, a student struggles far in excess of (a) typical start-up challenges or (b) an occasional need for an Improvement Plan.
- For example, a student might struggle with ...
 - understanding or recalling basic clinical knowledge,

- translating book knowledge to clinical planning, decisions, and actions, delivering services at the speed required in clinical practice,
 - understanding -- in-the-moment -- when a plan is no longer appropriate,
 - appropriately adapting -- in-the-moment -- when a plan is no longer appropriate,
 - relating appropriately to clients or family members in an interpersonal sense or communicating effectively with clients or family members.
- Most often, a student demonstrating one or more of these struggles is ultimately successful in overcoming their clinical-learning challenges. Sometimes doing so may require an extra semester or two.
 - But not everyone though is cut out for becoming a successful clinician. For instance, someone who is painfully shy, just cannot remain painfully shy and become a successful clinician.
 - It is certainly possible for people who have naturally introverted personalities to become successful speech language clinicians. This does, however, require the rapid development of a clinical persona (or interactive style) which the associate clinician can deploy for the purposes of meeting their clients' clinical needs. SLPs activate their own social strengths to help clients develop improved communication abilities. Therapeutic services require clinicians to have interactive skills that are well-developed enough to ensure that the associate clinician is primarily focused on the clients' needs rather than the associate clinician's own personal comfort.

Our Approach to Managing Insufficient Progress

- There is only one criterion for success in clinic: independent clinically competent performance. That is, a student must independently demonstrate the necessary skill set.
- For a student who is mightily struggling in clinical assignments, we provide two streams of information and support.
 - First, we provide our very best collective efforts in supporting a student to bring about the necessary clinical growth.
 - Second, based upon our observations, we provide our frank and honest estimate of how long it might take to achieve the performance-objective expectations. Importantly, although the schedule may be open to alteration, the criteria for success cannot be adjusted. The only variable open to manipulation is time-to-completion.
- We begin providing both streams of support and information as early as possible. It's important that a student understand the situation, understand the criteria on performance expectations, understand the path forward, and, when necessary, understand the possible costs of extending her/his Program of Study (e.g., time and tuition).
- If, when we repeat a clinical assignment, we see adequate progress leading to independent clinical competence, we continue matriculation. Most often this is approach is successful and the student completes the degree and goes on to a successful career. Occasionally however, an individual demonstrates no progress or progress that is so slight and slow that matriculation could continue indefinitely. In these rare instances, our responsibility is to address the matter early and directly by assisting the student in finding another career path.

Policy on Insufficient Progress in Accomplishing Performance Objectives in Clinical Assignments

1. During clinical training, unsatisfactory performance at midsemester necessitates the implementation of an Improvement Plan.
2. During clinical training, failure to complete one or more goals on an Improvement Plan(s) by the end of the semester results in:
 - a. A failing grade. This places the student on probation (a.k.a., "academic probation").
 - b. Clinical clock hours that are obtained under substandard clinical performances are not counted for ASHA endorsement.
 - c. A required repetition of the same type of clinical assignment. In most cases, this will lengthen the student's program of study.
 - d. A passing grade on the second attempt removes the failing grade as a factor in determining student status (i.e., the student is no longer on probation.)
 - e. A concurrent second failure, however, leads to dismissal from the Program. The broader policy in this handbook clarifies that a second course failure, of any sort, leads to dismissal.
3. When repeating a clinical assignment in a new semester, a student must enroll in the clinical course specified by the Clinical Services Committee.

4. When the failed assignment was an externship or internship, the subsequent enrollment may be a repetition of the same type of off-site clinical assignment or it could be a return to the SJC Clinic, as determined by the External Placement Coordinator(s) in collaboration with the Clinical Services Committee.
5. A student who withdraws from a clinical enrollment must repeat the same type of clinical assignment in the following semester.
 - a. Substandard clinical performance at the time of withdrawal, as documented on CALIPSO assessments or session feedback, will void clinical clock hours associated with the assignment.
 - b. The Clinical Services Committee will review the student's clinical performance at the time of the withdrawal to determine whether the clock hours associated with the assignment may be retained or must be voided. External Placement Coordinator(s) will collaborate in this decision when the placement was outside of SJC.
6. In the event that a student is terminated by an off-site clinical-placement institution, a failing grade results.
 - a. If it becomes necessary to end a practicum assignment and remove a student from a site because of professional, ethical, or competency-based reasons, the final clinical grade will be fail/unsatisfactory.
 - b. Furthermore...
 - i. Clinical clock hours obtained under substandard clinical performances are not counted for ASHA endorsement.
 - ii. The student must enroll for a clinical assignment determined by the Clinical Services Committee. The repetition likely requires an extension of the Program of Study. A passing grade on the second attempt removes the failing grade as a factor in determining student status (i.e., probationary).
- Underpinning all of this section in the Handbook is the fact that the M.Ed. degree in SLP is a clinical degree and a prerequisite for achieving ASHA certification. There is no non-clinical option for the M.Ed. A non-clinical master's degree in SLP, or some other alternative to the SLP degree, just doesn't exist in the School of Education and Human Development. When mastering the performance objectives on a realistic and reasonable trajectory becomes unlikely, faculty members initiate career counseling and/or refer the student to career counseling services at the University. A student may change majors or withdraw from the University.
- The most important step in resolving serious questions is always prevention through open, straightforward, and non-threatening communication leading to positive and productive problem solving.
- Faculty members hold two important concerns above all others: (1) your preparation for a career in SLP as an alum of the University of Virginia, and (2) the future and well-being of the Communication Sciences and Disorders Program at the University of Virginia. If some aspect of the Program needs to be changed to better serve those two interests, it is certainly important that we examine options for making such a change.
- We encourage you to become our partners in resolving any unforeseen difficulties through a productive, positive, and goal-oriented process leading to positive solutions that serve the best interests of your career and the best interests our Program.

Policy on Insufficient Progress in Accomplishing Learning Objectives in Academic Classes

- A student must demonstrate successful completion of a failed learning objective by the last day of classes in the following semester. The form of demonstration is the prerogative of the instructor and is not necessarily the same instructional or assessment means as required in class. Failure to do so suspends clinical privileges until satisfactory performance is demonstrated.
- Performances on already-completed learning and performance objectives are monitored throughout the program for each student. A less-than-satisfactory performance on an objective at any point initiates a personalized Improvement Plan for that student. All Improvement Plans are monitored until satisfactory performance is demonstrated.

Academic Requirements

Overview of Calendars:

Two very important points:

1. Importantly, the Clinic Calendar and the Academic Calendar differ slightly. Pay careful attention to each.
 - a. For all SJC clinic matters, follow the Clinical Calendar, as found in the SLP Clinic Resources Canvas site.

- b. For all academic matters, follow the information in your course syllabi and the UVA Academic Calendar as can be accessed via the University Registrar website at <https://www2.virginia.edu/registrar/calendar.html>.
2. In addition, you must follow the timeline of steps and due dates for establishing externships and internships. This information can be found in the CSD Off-Grounds Placements Canvas site.

Master's Degree Curricula

Pre-Professional Courses Required for the Graduate Degree

- The following pre-professional courses may be taken prior to, or concurrent with, graduate courses.
- Students may wish to take pre-professional courses prior to their first Fall Semester at the University of Virginia. UVA titles and course numbers are listed here but equivalent coursework may be accepted, as determined by the student's advisor.
- Decisions of this nature can be made only by the assigned advisor (in concert with academic advising policies). To substitute for a UVA pre-professional course, a grade of B- or better is required.
- Students with undergraduate degrees in communication sciences and disorders who enter the graduate program without having taken and passed (with a grade of B- or better) the equivalent of all UVA pre-professional courses must do so at the graduate level. Adding courses to the graduate curriculum may extend a student's program.

Pre-Professional Courses

| Course # | Course | Credit Hours |
|--------------|---|--------------|
| EDHS 4020 | Clinical Phonetics | 3 |
| EDHS 4030 | Introduction to Speech and Hearing Science | 3 |
| EDHS 4040 | Anatomy and Physiology of the Speech and Hearing Mechanisms | 3 |
| EDHS 4050 | Introduction to Audiology | 3 |
| TOTAL | | 12 |

Required Courses

| Course # | Course | Credit Hours |
|-----------|--|--------------|
| EDHS 4020 | Clinical Phonetics | 3 |
| EDHS 4030 | Introduction to Speech and Hearing Science | 3 |
| EDHS 4040 | Anatomy and Physiology of the Speech and Hearing Mechanisms | 3 |
| EDHS 4050 | Introduction to Audiology | 3 |
| EDHS 7020 | Evidence-Based Practice | 2 |
| EDHS 7040 | Cognitive Linguistic Development | 3 |
| EDHS 7060 | Disorders of Phonology and Articulation | 3 |
| EDHS 7080 | Disorders of Fluency | 3 |
| EDHS 7090 | Disorders of Voice | 3 |
| EDHS 7120 | Prevention, Assessment, Intervention I | 3 |
| EDHS 7140 | Autism and Related Disorders | 2 |
| EDHS 7180 | Habilitative Audiology I | 3 |
| EDHS 7190 | Neuroanatomy and Neurophysiology of Communication, Swallowing, & Cognition | 3 |
| EDHS 8020 | Disorders of Communication: Augmentative and Alternative Systems | 3 |
| EDHS 8030 | Neurogenic Communication Disorders | 3 |
| EDHS 8090 | Disorders of Language I | 3 |

| | | |
|----------------|--|-----------|
| EDHS 8100 | Disorders of Language II | 3 |
| EDHS 8120 | Disorders of Communication Based in Cognitive Dysfunction: Adults | 3 |
| EDHS 8130 | Dysphagia | 3 |
| EDHS 8150 | Clinical Seminars | 2 |
| EDHS 8170 | Clinical Externship in Speech-Language Pathology: Adult | 4 |
| EDHS 8170 | Clinical Externship in Speech-Language Pathology: School | 4 |
| EDHS 8691 | Clinical Practicum Communication Disorders (Track 1 = 4 credits / Track 2 = 5 credits) | 4 or 5 |
| EDHS 8800 | Clinical Internship in Speech-Language Pathology | 9 |
| EDHS 5993 | Independent Study | 3 |
| Total | | |
| maximum | | 82 |

See Appendix B for Track I and Track II specific curricula

Part-Time Study

- Only in extenuating cases is part-time status possible. The Advisor and Program Director must agree to a request for part-time status. Courses, however, are only offered when normally scheduled. Part-time students must enroll in a minimum of two courses each consecutive semester and complete the degree within a period of five years. Further, students need to make themselves available for all clinical assignments (UVA SJC, two externships and one internship). The times at which courses are offered cannot be changed to accommodate part-time students.

Comprehensive Examination

- Students register for 3 credits of EDHS 5993 Independent Study during the final semester of the program for the purpose of preparing for and completing Comprehensive Examinations and meeting certification verification requirements. The Comprehensive Examination occurs in two parts. First, students must obtain a passing score on the Praxis Examination. A passing Praxis score makes a student eligible to take the Program Comprehensive Examination. Passing both parts of the comprehensive exam is required for graduation. Completing clinical training across the lifespan and the breadth of the scope of practice in speech language pathology is also required prior to graduation. Students are expected to have successfully completed at least 375 direct contact hours of clinical training at least two weeks before the end of classes and must have submitted all documentation by the announced due dates to be eligible for graduation.

Advising

Academic Advising

- Incoming students receive preliminary advising materials during the summer. The advisor creates the student's Program of Study. A copy is given to the student and a copy is kept in the student's advising file. The student may then register for Fall Semester classes. Students are encouraged to schedule meetings with their advisors in each subsequent semester. Students who wish to consider the thesis option should discuss this with the academic advisor.

Program of Study

- Only a student's academic advisor can make decisions regarding a student's academic program, and all decisions must be consistent with established academic policies.

Pre-Professional Coursework

- For students entering the graduate program with undergraduate preparation in communication sciences and disorders (CSD), courses in Basic Human Communication Processes may fulfill pre-professional coursework requirements at UVA. For example, courses in Anatomy and Physiology of the Speech and Hearing Mechanisms, Phonetics, Speech and Hearing Science, and Audiology that are judged by the student's academic advisor to be equivalent to UVA 4000-level courses will be accepted. A college level course in statistics may also be accepted. Decisions are made by the student's advisor during the advising period that precedes the beginning of Fall Semester classes. A course from another university cannot substitute for a UVA pre-professional course unless the student

earned a grade of B- or better. Students with undergraduate degrees in CSD who enter the graduate program without having taken and passed (with a grade of B- or better) the equivalent of all pre-professional courses must do so at the graduate level.

- When developing a student's Program of Study, the following requirements will be observed:
 - A course in Hearing Science or a course in Speech Science cannot replace EDHS 4030, Introduction to Speech and Hearing Science. Students must have taken a course or courses that cover both areas.
 - Students must have taken a college-level statistics course or add a graduate-level course to their graduate program.
 - EDHS 4050 Introduction to Audiology (or equivalent) is a prerequisite for EDHS 7180; these courses cannot be taken concurrently.

Professional Coursework

- Graduate-level courses completed at other ASHA-accredited programs in CSD may be accepted as replacements for up to six credit hours of Professional Coursework (i.e., 7000- and 8000- level courses at UVA), contingent upon approval from the student's academic advisor and the UVA course instructor. Decisions are made during the advising period that precedes the first day of classes. The student must have earned a grade of B- or better in the course proposed as a replacement and provide a course syllabus, catalog description, and evidence of the course's graduate status.
- Policy and practice concerning independent studies (i.e., enrollments in EDHS 7993) are consistent with the requirements of the School of Education and Human Development. Students who are considering an independent study should note that:
 - Only under exceptional circumstances will a student be permitted to take an independent study in lieu of a regularly scheduled course.
 - For an EDHS 7993 enrollment to be considered, workload, content, and evaluation criteria must be equivalent to those of the regularly scheduled course.
 - Enrollment requires the approval of the prospective instructor, the student's advisor, and the Program Director.
 - Approval is based on an assessment of the student's proposed plan of study (i.e., title, credit hours, instructor, dates of course, topics/content, description of learning activities, readings, evaluation criteria, etc.) and the faculty member's projected workload.
 - Once approved, an Independent Study Contract is completed in full and submitted to (a) the student's file in the School Office of Admissions and (b) the student's advisement file in the Communication Sciences and Disorders Program.

Enrolling for an Academic Overload

- Students seeking an overload enrollment (i.e., ≥ 18 credit hours) must petition the Associate Dean for Academic Affairs of the School. Before the petition moves forward, the request must be approved by the Academic Advisor.

A Grade of Incomplete

- A grade of 'incomplete' (INC) is issued when an instructor decides that there is just cause for extending the deadline to submit all course requirements.
- A grade of INC cannot be issued to avoid a failing grade. An INC may not be used to allow a student to "raise a grade" past the end of a semester.
- Once an INC is issued, the requirements need to be completed as soon as possible. An INC is permanently converted to an F after 200 calendar days.
- Once the requirements are completed, the instructor will issue whatever grade has been earned.

Passing and Failing Grades

- A grade of B- or better is a passing grade. Grades of C+ or lower constitute failing grades.
- **Academic Courses:** A failing grade in an academic course means that the course must be retaken (as a new and separate enrollment) and passed when next offered. It is not possible for students who fail an academic course to

retake the course as an independent study. Failing an academic course usually lengthens the student's program of study.

- **Clinical Courses:** A failing grade in a clinical course means (a) the clinical enrollment must be re-taken covering the same type of clinical setting/assignment (as a new and separate enrollment), (b) that the clinical clock hours will not be endorsed to ASHA, and (c) graduation is likely set back by a semester or more. A student who is terminated by an externship or internship site will receive a grade of fail/unsatisfactory.
- **Academic/Clinical Standing:** A student who is passing courses and completing Learning and Performance Objectives on schedule is said to be in Good Academic/Clinical Standing. A student who receives a failing grade in an academic or clinical course is on Probation. A student receiving a passing grade on a second attempt at a previously failed course is re-instated to Good Academic/Clinical Standing.

Appealing an Advising Decision

- A primary goal in advising is to make advising decisions as consistent as possible from situation to situation and from student to student – thereby assuring fairness to all. Hopefully, all advising decisions work well for both students and faculty. However, students have certain rights and we want you to be aware of them.
- A student wishing to petition for exception to an academic policy should make the case to the advisor who will bring the matter before the entire faculty for a decision.
- A student wishing to appeal an advising decision should make the case to the Program Director.
- A student wishing to appeal a decision made at the Program level should speak with the EDHS Department Chair, Dr. Scott Gest.
- A student wishing to inquire about an accreditation matter should contact the Council on Academic Accreditation:

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

Progress Monitoring

- The M.Ed. is an advanced academic degree that includes a clinical training component. To complete the degree, students must achieve rapid and continual development of concepts and skills throughout the duration of the program of study. Each student is responsible for monitoring their own academic and clinical development in collaboration with Program faculty.
 - CALIPSO provides complete and current records of each student's progress through the coursework and clinical training experiences that lead to graduation and preparation for a career as a practitioner in speech language pathology.
 - Knowledge and Skills: Progress through the academic curriculum is updated by the program director after each semester in the KASA Courses section of CALIPSO.
 - Clinical Training: Progress in the acquisition and performance of clinical skills is documented within CALIPSO through evaluations that are submitted by each student (self-assessments) and clinical supervisor at midterm and the end of every semester during every clinical rotation, both internal and external. Clinical clock hours are also submitted by students and approved by supervisors within CALIPSO.
 - Each student is responsible for accessing CALIPSO records on a continuing basis to monitor their progress throughout their programs of study. Complete step by step instructions and video tutorials are provided within CALIPSO. As always, faculty and supervisors are available and willing to assist any student who encounters difficulty.
- All program faculty meet at least once each month to collectively serve the ongoing needs of the program and its students. A standing item on the agenda each month is the discussion of student progress. Individual students are identified for the purpose of highlighting exceptionally good performance or addressing concerns related to inadequate performance. In this manner, the academic and clinical components of our training program remain united in our efforts to support student achievement.

- The Clinical Services Committee (CSC) meets on regular basis to review the acquisition of core competencies of all students who are completing clinical rotations in SJC. External Placements Coordinators consult with CSC regarding external placement assignments and students' continuing development of clinical skills in Off Grounds rotations.
- Faculty often copy one another on emails. We have a complex program and faculty fill multiple roles and responsibilities. We keep one another updated on a continual basis to promote a coordinated student experience.
- The purpose of these activities is to identify any possible early-warning signs that may jeopardize success in (a) the classroom, (b) clinic, (c) offsite placements, or (d) your career. In our experience, all occurrences of serious problems have been preceded by early indicators.
- Thus, our objectives are to (1) identify, as early as possible, any matter that might be a precursor to a larger concern down the road, and (2) to intervene as thoughtfully, as discretely, and as early as possible in order to provide the greatest opportunity for student success.

Dismissal from the Program

Three policies govern dismissal from the Program: (1) poor academic/clinical performance, (2) inability to demonstrate the essential skills for a career in SLP, and (3) unprofessional or unethical conduct. A description of each follows.

Poor Academic/Clinical Performance

- A student receiving a second failing course grade, that is two concurrent failing grades, is dismissed from the Program.

Inability to Demonstrate Essential Skills for a Career as an SLP

A. Policy

A student who cannot successfully demonstrate the following essential functions, or essential skills for clinical practice, cannot be endorsed to the American Speech-Language-Hearing Association (ASHA) for clinical certification.

For each student, the Program faculty and Director will identify signs of possible struggle in the first semester of matriculation or as early as is possible. The faculty member identifying a sign of struggle, the Program Director, the Advisor, and an appropriate clinical faculty member will meet with the student to explore the situation. As indicated by circumstances, the faculty will (a) counsel the student, (b) prescribe an Improvement Plan (per ASHA/CAA standards), (c) implement the plan, and (d) monitor the outcome. The intent of the first and follow-up meetings will be (1) to support and facilitate growth/progress in developing the student's skills and functions (2) apprise the student of his/her status as perceived by the faculty, and (3) counsel the student regarding possible and likely dispositions. If the faculty determine that supportive interventions are not leading to a reasonable expectation of success for ASHA certification, the student will be counseled out of the Program at the earliest point.

The essential skills/functions are listed below by domain.

Interpersonal Communication, Clinical Conduct, Appropriate Social and Affective Behavior

A student must demonstrate adequate behavioral and social attributes to:

- Recognize and show respect for individuals with disabilities and for individuals of different ages, genders, race, religions, sexual orientation, and cultural and socioeconomic backgrounds.
- Recognize and show respect for all professionals.
- Adapt to changing and demanding environments (which includes maintaining both professional demeanor and emotional health).
- Demonstrate interpersonal communication skills necessary for providing clinical services.
- Display mature empathetic and effective professional relationships by exhibiting compassion, integrity, and concern for others.
- Conduct oneself in an ethical and legal manner, upholding the ASHA Code of Ethics and University and federal privacy policies.
- Demonstrate an ability to adapt to stressful situations or conditions.

- Maintain general good physical and mental health and self-care in order not to jeopardize the health and safety of self and others in the academic and clinical setting.
- Accept appropriate supervision, suggestions, and constructive criticisms and respond accordingly with modifications.

Communication

A student must demonstrate adequate communication skills to:

- Communicate proficiently in both oral and written English language.
- Demonstrate reading and writing skills sufficient to meet curricular and clinical demands.
- Communicate professionally and intelligibly with patients, colleagues, other healthcare professionals, and community or professional groups.
- Communicate professionally, effectively, and legibly on patient documentation, reports, and scholarly papers required as a part of course work and professional practice.
- Perceive and demonstrate appropriate non-verbal communication for culture and context.
- Modify communication style to meet the communication needs of clients, caregivers, and other persons served.
- Convey information accurately with relevance and cultural sensitivity.

Motor

A student must demonstrate adequate motor skills to:

- Sustain necessary physical activity level in required classroom and clinical activities.
- Respond quickly to provide a safe environment for clients in emergency situations including fire, choking, etc.
- Access transportation to clinical and academic placements.
- Participate in classroom and clinical activities for the defined workday.
- Efficiently manipulate testing and treatment environment and materials without violation of testing protocol and with best therapeutic practice.
- Manipulate patient-utilized equipment (e.g. durable medical equipment to include AAC devices, hearing aids, etc.) in a safe manner.
- Access technology for clinical management (i.e. billing, charting, therapy programs, etc.).

Intellectual / Cognitive

A student must demonstrate adequate intellectual and cognitive skills to:

- Comprehend, retain, integrate, synthesize, infer, evaluate and apply written and verbal information sufficient to meet curricular and clinical demands.
- Identify significant findings from history, evaluation, and data to formulate a diagnosis and develop a treatment plan.
- Solve problems, reason, and make sound clinical judgments in patient assessment, diagnostic and therapeutic planning and implementation.
- Self-evaluate, identify, and communicate limits of one's own knowledge and skill to appropriate professional level and be able to identify and utilize resources in order to increase knowledge.
- Use detailed written and verbal instruction in order to make unique and independent decisions.

Sensory / Observational

A student must demonstrate adequate sensory skills of vision, hearing, tactile, and smell to:

- Visually and auditorily identify normal and disordered abilities (fluency, articulation, voice, resonance, respiration characteristics, oral and written language in the areas of semantics, pragmatics, syntax, morphology and phonology, hearing and balance disorders, swallowing cognition, social interaction related to communication).
- Identify the need for alternative modalities of communication.
- Visualize and identify anatomic structures.

- Visualize and discriminate imaging findings.
- Identify and discriminate findings on imaging studies.
- Discriminate text, numbers, tables, and graphs associated with diagnostic instruments and tests.
- Recognize when a client's family does or does not understand the clinician's written and or verbal communication.

Technical Clinical Skills, Clinical Conduct, Professional Conduct

A student must demonstrate technical and pragmatic proficiency in these areas:

- Demonstrate mastery of the knowledge base and the skill set for competently practicing speech-language pathology.
- Demonstrate flexibility in decisions and actions to make adaptations to changing client performance, client needs, clinical circumstances, or clinical tasks. That is, the ability to provide clinical services competently under a variety of changing conditions and under all forms of legitimate clinical supervision.
- Observe professional dress codes
- Manage the use of time effectively to complete professional and technical tasks within realistic time constraints.

B. Purpose of the Policy

To assure graduates are eligible for ASHA certification.

C. Individual(s) to Whom the Policy Applies

To all graduate students

D. Individual(s) Responsible for Upholding the Policy and Documenting Compliance

All faculty members and ultimately the Program Director

E. Procedure

- When signs of struggle or difficulty are detected, faculty members intervene for the purposes of (a) educating/counseling a student, (b) identifying and invoking appropriate student support services, (c) formulating an Improvement Plan, (d) setting explicit expectations on outcomes, and (e) monitoring progress. Faculty members will meet with the student as indicated to review progress and likely dispositions. Once a student is determined to be at risk for failure based upon a demonstrated deficiency in terms of essential functions, the student's standing is moved from 'good standing' to 'probation.' If the Improvement Plan is successful, a student's standing in the Program is returned to 'good standing.'
- When the outcomes of counseling interventions and Improvement Plans do not indicate acceptable growth, the Program must fulfill the ethical responsibility of terminating a matriculation plan that is not leading to clinical competence sufficient for meeting ASHA certification standards. Under these circumstances, a student is dismissed from the Program and counseled regarding career alternatives.

Unprofessional or Unethical Conduct

A. Policy

- Each of the following would be grounds for dismissal.
 - Unprofessional or unethical conduct may motivate dismissal or cause. Examples include: Unprofessional or unethical conduct, for any reason, interfering with the clinical management of an individual having a communication disorder.
 - Unprofessional or unethical conduct, for any reason, interfering with professional relationships with clients, colleagues, instructors, or Off-Grounds supervisors.
 - Lying, cheating, or stealing

B. Purpose of the Policy

To assure graduates are responsible professionals and eligible for ASHA certification.

C. Individual(s) to Whom the Policy Applies

To all graduate students

D. Individual(s) Responsible for Upholding the Policy and Documenting Compliance

All faculty members and ultimately the Program Director

E. Procedure

- a. An indication of unprofessional or unethical conduct will motivate a communication with the Director who will organize and initiate a fact-finding initiative.
- b. Collectively, the faculty will deliberate to decide disposition on a case-by-case basis. If the facts of the matter indicate a minor and unintended infraction, a meeting of the student and the principal constituents will occur to review the decided disposition. The student's status is moved from 'good standing' to 'probation.' A remedial plan will be established, implemented, and monitored. The Director's endorsement of a student's application for ASHA certification cannot occur until the remedial intervention is declared successful. If the Improvement Plan is successful, a student's standing in the Program is returned to 'good standing.' Any sort of repeated unprofessional or unethical conduct necessitates dismissal from the Program. If the facts of the matter constitute what the faculty deem a serious breach in professional or ethical conduct, the student will be dismissed from the program following the first offense.

Clinical Requirements

Clinical Calendar

- a. SJC clinical calendar is located in the SLP Clinic Resources Canvas site.
- b. Additional assignments and due dates for your SJC Clinical Practicum (EDHS 8691) will be posted on the Clinical Practicum Canvas site.
- c. Remember that the SJC clinic calendar and off-site placement calendar differ from the academic calendar.

General Clinical Practicum Policies

Professional Definition, Identity, and Conduct

- The professional title of students assigned to clinical duties is Associate Clinician.
- Your UVA email account must be used for all communications during your program of study. As such, any email automatic signature that you set up must be accurate and appropriate for a professional environment. An appropriate email signature of students would be:

FirstName LastName, B.A. (or bachelor's degree designator)
Associate Clinician, Communication Sciences and Disorders Program
University of Virginia

It would also be appropriate to simply sign your full name. Alternatively, you may sign your full name followed by a comma and "graduate student". Do not include "Class of" or expected graduation date. Do not refer to yourself as a "candidate" for a degree. Please adhere to professional business writing standards when sending emails to professors and clinical supervisors. At a minimum, that means that you should not begin your email with "Hey" "Howdy" "What's up" or sign off with "Peace" "later" "luv" or other colloquial expressions.

- Associate Clinicians are expected to conduct themselves as professionals. It is required that they will dress in a manner appropriate to professional contact with the public (see Dress Code section). Formal address (Miss, Ms., Mrs., Mr., Dr.) is always used.
- Associate Clinicians and all students observing clinical operations are bound by the ASHA Code of Ethics <http://www.asha.org/Code-of-Ethics/>

Some General Matters Regarding Clinical Practicum and Supervision

- Clinical practica are an essential component of graduate education in speech-language pathology. Clinical practice is not only the opportunity to apply theoretical knowledge acquired in academic courses; it is the training ground for mastering the full skill set required for clinical practice, including interpersonal communication, writing skills,

professional conduct, behavior management, evidence-based practice, as well as business related aspects of speech-language pathology such as billing and reimbursement.

- The first 25 - 50 hours of every student's clinical practicum at UVA takes place in the SJC. During this initial training, associate clinicians must acquire core clinical competencies. During this *in residence* period, students are also completing academic coursework on the Grounds of UVA. Once the initial 25 - 50 hours are completed under the supervision of UVA SJC clinical supervisors and a student is judged clinically competent by UVA clinical supervisors, rotations in offsite facilities begin. Each student completes at least two externships, each of which is a semester in length. One of these externships takes place in a public school and the other takes place in a facility delivering services to adults, usually some form of health care setting. Following the successful completion of both externship rotations, each student completes one full-time semester-long internship.
- Associate Clinicians in the SJC are carefully supervised. At the supervisor's discretion, the nature and amount of clinical supervision will be adjusted according to the experience and ability of the Associate Clinician.
- Decisions regarding client evaluation and management shall be implemented or communicated to the client only after approval by supervisor.
- The supervisor must approve termination of therapy.
- Students should expect regular feedback from their supervisors. Feedback may be delivered in verbal or written modalities. The purpose of feedback is to identify areas of performance that offer growth opportunities for the associate clinician.
 - a. When supervisors highlight portions of a clinical session that should be improved, they are supporting your success by providing guidance that can only be obtained from a seasoned professional.
 - b. Every professional begins as a novice. Supervisors' feedback shines a light on where you can improve your skills in order to move you to independent clinical competence.
 - c. If you have questions, schedule a meeting with your supervisor.
- Supervisory conferences may be scheduled by either the supervisor or the Associate Clinician.
- Cell phones should not be used to view the time while in a treatment room. Cell phones must be turned off when working with clients/family members.
- Students should have a watch, or some means of tracking elapsed seconds and minutes. This is a necessary component of collecting session data.
- Diagnostic and therapy sessions begin promptly at the scheduled time.
- Tardiness or failing to show up for a scheduled appointment with a client or supervisor is unprofessional and unacceptable clinical conduct. The first instance will prompt a discussion between the clinical supervisor and the associate clinician to examine the cause of the behavior and seek solutions. In addition, this behavior will be noted in the Student Clinical Skills Performance Evaluation at the next formal evaluation period (midterm and end of semester CALIPSO evaluations). A second offence within the same semester will result in the associate clinician meeting with the supervisor and the SJC Director of Clinical Services or Extern/Internship Coordinator and an Improvement Plan will be developed. A third offense within a single semester will result in revocation of clinical privileges, a failing grade for clinical practicum for the semester and possible dismissal from the program. A pattern of a single instance across multiple semesters will be discussed with the associate clinician by the SJC Director of SLP Clinical Services and Training and may warrant an Improvement Plan, along with the associated consequences if the conduct is not appropriately remediated.
- Associate Clinicians are responsible for returning all diagnostic and therapy materials to their designated locations.
- Nonfunctional equipment should be reported immediately to the supervisor.
- Students are responsible for using appropriate procedures to clean the equipment, materials, and environment (see Infection Control,).
- Responses related to clinical assignments/issues are required within 24 hours.

Clinical Education, Clinical Learning, and Clinical Supervision

- Different Supervisors have different views regarding supervision and different methods regarding Speech-Language Pathology.

That is true of every clinic and every university.

- To ensure equity and fairness to all students, we systematize many of our supervisory processes. Beyond that though, there is sometimes more than one efficacious mean to a common end. A professional fact of life is that you will be dealing with different supervisory styles and expectations in just about every setting in which you practice. Manage it and try to benefit from different learning opportunities.
- Different Associate Clinicians have different clinical learning needs and strengths. Furthermore, not everyone learns the same way. For educators and supervisors, that is a fact of professional life; a part of our job is to work with different students in different ways to establish clinical competency. That means that the assignment of a client to an Associate Clinician is calibrated to that student's level of progress and current goals.
- We have three overriding goals in working with Associate Clinicians: (1) protect the welfare of our clients, (2) meet the learning needs of each graduate student to help them master all of the clinical competencies, and (3) treat all Associate Clinicians as equitably and fairly as possible.
- The fundamental point is that clinical training is not like manufacturing cars on an assembly line; it is not a matter identical input equals identical output and, therefore, teaching actions should always be identical. Each graduate student brings unique strengths and needs to the process. Providing a good clinical education for each individual student in a diverse group of learners is enormously complex. Faculty members meet in regular and ad hoc meetings continuously to make certain we are getting it right for each individual.
- There is another very important factor at play in all of this: privacy. The background issues pertaining to each student are strictly a matter of privacy. We hold that privacy paramount. We will fashion interventions/lessons/activities on an individual basis, and we will implement them as discretely as possible. However, in the middle of a client session, an intervention is necessarily public. We will do that with a goal of upholding the dignity of every student. What we won't do is to publicly justify the reasons for one intervention or another and/or violate the privacy of confidential information. We ask that you too respect those boundaries and focus on your own clinical education.
- The take-home messages are: (a) don't compare your experience with the experience of another student, and (b) don't compare the two different learning experiences that you may witness for two different students around you.
- Of course, we strive for consistency for all. Equally important though, when it comes to clinical education, we strive for fairness for each.

Basic Tenets of Professionalism

- Taken from: Chial, M. R., 1998. Conveying expectations about professional behavior *Audiology Today*, 10, 25.
- When this article appeared in 1998, it instantly became legend. You will find it in just about every clinical education program. It has stood the test of time because every professional was once a novice, starting right where you are now, and had to learn these exact things:
 - You show up.
 - You show up on time.
 - You show up prepared.
 - You show up in a frame of mind appropriate to the professional task.
 - You show up properly attired.
 - You accept the idea that "on time," "prepared," "appropriate," and "properly" are defined by the situations, by the nature of the task, or by another person.
 - You accept that your first duty is to the ultimate welfare of the persons served by your profession, and that "ultimate welfare" is a complex mix of desires, wants, needs, abilities and capacities.
 - You recognize that professional duties and situations are about completing tasks and about solving problems in ways that benefit others, either immediately or in the long term. They are not about you. When you are called upon to behave as a professional, you are not the patient, the customer, the star, or the victim.
 - You place the importance of professional duties, tasks and problem solving above your own convenience.
 - You strive to work effectively with others for the benefit of the person served. This means you pursue professional duties, tasks and problem solving in ways that make it easier (not harder) for others to accomplish their work.
 - You properly credit others for their work.

- You sign your work.
- You take responsibility for your actions, your reactions, and your inaction. This means you do not avoid responsibility by offering excuses, by blaming others, by emotional displays, or by helplessness.
- You do what you say you will do. By the time you said you would do it. To the extent you said you would do it. And to the degree of quality you said you would do it.
- You take active responsibility for expanding the limits of our knowledge, understanding and skill.
- You vigorously seek and tell the truth, including those truths that may be less than flattering to you.
- You accept direction (including correction) from those who are more knowledgeable or more experienced. You provide direction (including correction) to those who are less knowledgeable or less experienced.
- You value the resources required to perform professional duties, tasks, and problem solving, including your time and that of others.
- You accord respect to the values, interests, and opinions of others that may differ from your own, as long as they are not objectively harmful to the persons served.
- You accept the fact that others may establish objectives for you. While you may not always agree with those goals, or may not fully understand them, you will pursue them as long they are not objectively harmful to the persons served.
- When you attempt a task for the second time, you seek to do it better than you did it the first time. You revise the ways you approach professional duties, tasks, and problem solving in consideration of peer judgments of best practices.
- You accept the imperfections of the world in ways that do not compromise the interests of those you serve, or your own pursuit of excellence.
- You base your opinions, actions and relations with others upon sound empirical evidence, and upon examined personal values consistent with the above.
- You expect all of the above from other professionals.

Code of Ethics

- Carefully read the ASHA Code of Ethics at: <http://www.asha.org/Code-of-Ethics/>

Scope of Practice in Speech-Language Pathology

- Review the ASHA Scope of Practice in Speech-Language Pathology at: <http://www.asha.org/policy/SP2016-00343/>

Philosophy of Clinical Supervision

- The supervisors and faculty of the Communication Sciences and Disorders Program at the University of Virginia are proud of their crucial role in student training/education. Although educational backgrounds, work experiences, and interests vary among them, we are united in the philosophy of clinical supervision.
- Clinical supervision is a process in which both supervisor and supervisee are active participants in the development of an independent, autonomous professional who will be able to provide the full range of services in speech-language pathology to clients of all ages and in all clinical settings. The supervisory process encompasses three stages:
 1. the evaluation-feedback stage in which the supervisor generates most of the input for clinical behavior;
 2. the transitional stage in which there is a collaborative problem-solving approach to analyzing and modifying clinician behavior; and
 3. the self-supervision stage in which the supervisee effectively manages his/her own clinical behavior, using the supervisor and other resources in a consultative manner.
- At every stage of supervision, the relationship between supervisor and supervisee should be a positive, constructive experience for both participants, and there should be open communication about the nature of the relationship. When a supervisee has multiple clinical assignments, there may be involvement at more than one stage at any given time. However, by the end of the clinical training program, a supervisee should be functioning predominantly at the self-supervision stage.
- Clinical supervision maintains a commitment to high standards, with emphasis on responsibility to clients. To achieve these standards, there should be a close working relationship between clinical and academic segments of the training program and compliance with policies set forth by the ASHA's CAA and principles of the ASHA Code of Ethics.

Clinical Supervision

- Each graduate student in the Communication Sciences and Disorders Program is assigned to an Academic Advisor who assists in planning a program of studies that will fulfill departmental requirements for graduation. Clinical advising is the responsibility of the supervisors and the Clinical Services Committee. The student retains the same Academic Advisor throughout the period of graduate training, but clinical supervisors will change throughout the course of study. A student may also have more than one supervisor at one time depending on clinical assignment/site(s).

Evaluation of Associate Clinicians and Clinic Grades

- Students participating in clinical practicum will be given a midterm evaluation and final grade using the Student Evaluation form in CALIPSO. This assessment has three sections:
 - Evaluation Skills
 - Treatment Skills
 - Professional Practice, Interaction, and Personal Qualities

The CALIPSO grading scale is 1 to 6, as described below. Students who earn final semester scores between 4.0 and 6.0 in all sections are developing clinical skills as expected and are progressing satisfactorily. Assessment scores of 3.5 to 3.99 in one or more section at the end of the semester, although passing, indicate performance that is not consistent with successfully completing the degree within the expected time frame, and an improvement plan will be developed accordingly. Semester scores of 3.49 or lower in any section will result in a failing grade for the clinical rotation, with the subsequent steps as described elsewhere in this Handbook, including academic probation. Clinical skills must continue to develop over time throughout each clinical rotation. Average scores in all sections are usually well above 5 by the end of the internship semester.

CALIPSO Performance Rating Scale

1= Not Evident: Expected level of competency with current caseload is not evident for current semester.

2= Emerging: Expected level of competency with current caseload is emerging for current semester.

3= Inconsistent: Expected level of competency with current caseload is inconsistent for current semester.

4= Present: Expected level of competency with current caseload is present but requires refinement for current semester.

5= Well-developed: Expected level of competency with current caseload is well developed and consistently applied for current semester.

6= Independent: Expected level of competency with current caseload is independently applied for current semester.

Clinical Practicum Assessment

- Student performance is tracked following each clinical intervention session and assessment/evaluation in which the student participates during the course of the semester. The documents used for intervention and diagnostic feedback are completed and provided by your primary Supervisor. Verbal feedback may also be provided.
- In addition, formal evaluations of the associate clinician's clinical skills will occur twice during the semester (to coincide with mid-terms and finals). These evaluations will be completed by your primary supervisor and will be finalized using CALIPSO. Evaluation of student performance is based on students achieving the minimum performance objectives outlined in the Graduate Student Handbook and the following category ratings which are tied to ASHA Performance Objectives within the CALIPSO system (see below). Should there be the Inability to Demonstrate Essential Skills for a Career as an SLP, a policy is in place as described in this Graduate Student Handbook as well as the Clinical Practicum Syllabus.

- Ratings are made to evaluate clinician's mastery of the performance objectives for the current semester and their current caseload.

Performance Objectives Associated with the Clinical Practicum

Evaluation Skills:

1. Conducts screening and prevention procedures (std IV-D, std V-B, 1a)
2. Collects case history information and integrates information from clients/patients and/or relevant others (std V-B, 1b)
3. Selects appropriate evaluation instruments/procedures (std V-B, 1c)
4. Administers and scores diagnostic tests correctly (std V-B, 1c)
5. Adapts evaluation procedures to meet client/patient needs (std V-B, 1d)
6. Possesses knowledge of etiologies and characteristics for each communication and swallowing disorder (std IV-C)
7. Interprets, integrates, and synthesizes test results, history, and other behavioral observations to develop diagnoses (std V-B, 1e)
8. Makes appropriate recommendations for intervention (std V-B, 1e)
9. Completes administrative and reporting functions necessary to support evaluation (std V-B, 1f)
10. Refers clients/patients for appropriate services (std V-B, 1g)

Treatment Skills:

1. Develops setting-appropriate intervention plans with measurable and achievable goals. Collaborates with clients/patients and relevant others in the planning process (std V-B, 2a, std 3.1.1B)
2. Implements intervention plans (involves clients/patients and relevant others in the intervention process) (std V-B, 2b, std 3.1.1B)
3. Selects or develops and uses appropriate materials/instrumentation (std V-B, 2c)
4. Sequences tasks to meet objectives
5. Provides appropriate introduction/explanation of tasks
6. Measures and evaluates clients'/patients' performance and progress (std V-B, 2d)
7. Uses appropriate models, prompts or cues. Allows time for patient response.
8. Modifies intervention plans, strategies, materials, or instrumentation to meet individual client/patient needs (std V-B, 2e)
9. Completes administrative and reporting functions necessary to support intervention (std V-B, 2f)
10. Identifies and refers patients for services as appropriate (std V-B, 2g)

Professional Practice, Interaction, and Personal Qualities

1. Demonstrates knowledge of and interdependence of communication and swallowing processes (std IV-B, std 3.1.6B)
2. Uses clinical reasoning and demonstrates knowledge of and ability to integrate research principles into evidence-based clinical practice (std IV-F, std 3.1.1B)
3. Adheres to federal, state, and institutional regulations and demonstrates knowledge of contemporary professional issues and advocacy (includes trends in best professional practices, privacy policies, models of delivery, and reimbursement procedures/fiduciary responsibilities) (std IV-G, std 3.1.1B, 3.1.6B, 3.8B)
4. Communicates effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the patient, family, caregiver, and relevant others (std V-B, 3a, std 3.1.1B)
5. Establishes rapport and shows care, compassion, and appropriate empathy during interactions with clients/patients and relevant others (std 3.1.1B)
6. Uses appropriate rate, pitch, and volume when interacting with patients or others
7. Provides counseling regarding communication and swallowing disorders to clients/patients, family, caregivers, and relevant others (std V-B, 3c, std 3.1.6B)
8. Collaborates with other professionals in case management (std V-B, 3b, std 3.1.1B, 3.1.6B)
9. Displays effective oral communication with patient, family, or other professionals (std V-A, std 3.1.1B)
10. Displays effective written communication for all professional correspondence (std V-A, std 3.1.1B)

11. Adheres to the ASHA Code of Ethics and Scope of Practice documents and conducts him or herself in a professional, ethical manner (std IV-E, V-B, 3d, std 3.1.1B, 3.1.6B)
12. Demonstrates professionalism (std 3.1.1B, 3.1.6B)
13. Demonstrates openness and responsiveness to clinical supervision and suggestions
14. Personal appearance is professional and appropriate for the clinical setting
15. Displays organization and preparedness for all clinical sessions

**And other ASHA performance objectives not listed as determined to be appropriate by your Supervisor.

Clinical Contact Clock Hours

ASHA requires that the applicant for certification in speech-language pathology must complete a minimum of 400 clock hours of supervised clinical experience in the practice of speech- language pathology. Twenty-five hours must be spent in clinical observation, and 375 hours must be spent in direct client contact working with clients representing the broad spectrum of ages, backgrounds, and communication disorders. “Working” with these clients entails screenings, assessments, treatments, as well as counseling sessions centering on rehabilitation and prevention. The initial portion of the 375 clock hours come from working in the SJC where we establish core clinical competencies that make you eligible for assignments in clinical externships and a final clinical internship.

Observation Hours

- Observation hours precede direct contact with clients/patients. The observation and direct client/patient contact hours must be within the scope of practice of speech-language pathology.
- For certification purposes, observation experiences must be under the direction of a qualified supervisor who holds current ASHA certification in the appropriate practice area. The applicant must maintain documentation of time spent in supervised observation, verified by the Program.
- If a student has completed the 25 hours of clinical observation prior to coming to UVA.,
 - the student must present the signed copies documenting the experiences as indicated on the “IncomingSLP” Canvas site. These documents **must** have the ASHA number and signature of the supervising SLP.
 - Once uploaded to the Canvas site, students must record the 25 observation hours in CALIPSO and submit to the SJC Director of Clinical Training and Services for approval. These observation hours are required for ASHA certification.
- If a student has not completed the 25 hours of clinical observation prior to coming UVA,
 - The students will obtain observation hours at UVA and must record the hours each week using the online documentation system CALIPSO. These observation hours are submitted to the Supervisor of record for the client observed.

Direct Clinical Contact Hours

- The 375 hours of direct client contact should be distributed with clients across the lifespan and across the scope of practice in speech-language pathology. Our students typically graduate having accrued more client contact hours than the minimum required by ASHA.
- Students are assigned practicum only after they have acquired a sufficient knowledge base to qualify for such experiences. Only direct contact with the client or the client’s family in assessment, management, and/or counseling can be counted toward practicum. Although several students may observe a clinical session at one time, clinical practicum hours should be assigned only to the student who provides direct services to the client or client’s family. Typically, only one student should be working with a given client. In rare circumstances, it is possible for several students working as a team to receive credit for the same session depending on the specific responsibilities each student is assigned. For example, in a diagnostic session, students may receive credit for the time each student spent in providing the service. However, if one student works with the client for 30 minutes and another student works with the client for the next 45 minutes, each student receives credit for the time he/she actually provided services – that is, 30 and 45 minutes, not 75 minutes. The student must maintain documentation of time spent in supervised practicum, verified by the Program.

What to Count as Clinical Clock Hours

From: Hegde and Davis, *Clinical Methods and Practicum in Speech-Language Pathology*, 4th ed.; Thomson Delmar Learning, 2005, p. 31-33.

Sometimes there is confusion on what types of activities can be counted as clinical clock hours and what category the clock hours should be counted under. Use the following guidelines in recording your clock hours.

1. Count clock hours earned in conjunction with a class assignment and during clinical practicum. For example, if as part of a class assignment in a course on aphasia, you are required to evaluate a client with aphasia, you may earn diagnostic clock hours even when not enrolled in clinical practicum. However, to earn those hours, your practicum assignment must be pre-approved and you must be supervised by an individual who holds a CCC in speech-language pathology.
2. Count clock hours spent on screening and assessments of communication and swallowing disorders. Typically, the Associate Clinician may screen individuals at local preschools, area public and private schools, health fairs, and the university clinic. Speech, language, and swallowing screenings may be performed at facilities serving the elderly. Evaluations will likely be part of your experience at any clinical site. Evaluation hours may be earned while you are enrolled in a section of the clinic designated solely for diagnostics. Formal re-evaluations may also be counted. For example, you also may acquire diagnostic hours as part of the assessment of your clients at the beginning of a treatment period. Re-administering specific tests or other assessment procedures at the end of treatment to document the status of the client also may be counted as evaluation hours. However, administering probes during the treatment period should not be counted as evaluation hours. Time spent administering probes should be counted with treatment hours.
3. Count clock hours spent counseling or training family members. Such counseling, of course, is closely related to the swallowing or communicative disorder of the client. For example, providing treatment for a client with a diagnosis of aphasia might include not only direct language intervention with a client, but also sharing information with the client's family. It might be necessary for you to explain to the family members what aphasia means and how they can help the client regain some of the lost communicative behaviors. Or, your articulation treatment for a preschool child might include a home training program. In that case, you need to train the parents to ensure that they are able to carry out the home assignments.
4. Count clock hours spent in obtaining or giving assessment and treatment information. You can count the time you spend taking a case history and interviewing the client or the client's family, or both. You can also count the time you spend discussing your diagnosis and recommendations with the client or client's family.
5. Count clock hours spent during the treatment and evaluation of a variety of disorders. You will work with clients of varying ages who exhibit different communicative and swallowing disorders. In your adult practicum site you will gain experience in evaluating and treating swallowing disorders. You will also evaluate and treat clients with such disorders as aphasia, dysarthria, and other neurological disorders. Working with school-age clients, you will evaluate and treat disorders of fluency, articulation, hearing, voice, and language. You may work with infants and toddlers who have speech, language, hearing, or swallowing and feeding problems secondary to genetic syndromes or other risk factors. Each site will offer different learning opportunities, so learn as much as you can at each site.
6. Count time spent on certain clinically related activities. These include activities performed to prevent communicative disorders or to develop, maintain, or maximize communication skills. For example, in certain settings the team of professionals providing rehabilitation services for a client may meet to discuss the client's treatment, progress, prognosis for further gains, and recommendations for future treatment. Also, you may be in a setting where you will train certain staff members to communicate more effectively with your client and to assist your client in communicating more effectively with the staff.
7. Do not count preparation time as clinical clock hours. Although you will spend much time in gathering materials or ideas, writing reports and lesson plans, scoring tests, or transcribing language samples, you cannot count clock hours spent on these activities.
8. Remember that most clinical practicum clock hours are earned for direct client contact time only. Your supervisor will answer any questions you have regarding how to count, record, or report your clinical hours.

Weekly Report of Contact Hours for ASHA Certification

- CALIPSO is an online clinic documentation system used to track clinical experiences during your program at UVA. This system is the basis for certifying that you have accumulated sufficient clinical hours to satisfy requirements for UVA graduation and ASHA certification.
- Log on to CALIPSO weekly and record the hours you earned for that week. Specific procedures will be reviewed during the weekly Practicum Seminar. Once you have entered your hours, an email is automatically generated and sent to the Supervisor you designated. The Supervisor will then go into the system and approve the hours.
- Please record your hours by Friday by 5:00 PM. Failure to register hours on CALIPSO according to prescribed timelines may result in hours not being counted. Program faculty need current information on accumulated hours to manage all clinical assignments.
- The number of direct clinical clock hours should be entered in the appropriate columns. If less than one hour was accrued, the exact number of minutes should be entered. In the comments section, please provide the client code for the hours you are submitting. If you have acquired supervised undergraduate hours, provide the supporting documentation to the SJC Director of Clinical Training and Services.

Final Summary Report of Contact Hours for ASHA Certification in SLP

- The final report of all clinical hours is available through CALIPSO at any point in the program (for you to monitor), and for one year following graduation.

On-Site Practicum in the Sheila C. Johnson Center for Human Services

SJC Clinical Supervisors

| | | |
|----------------------------------|---------------------------|--|
| Jaimee Traub, M.S., CCC-SLP | Speech-Language Pathology | Clinical Supervisor & SJC Director of SLP Clinical Services & Training |
| Claire Barbao, M.A., CCC-SLP | Speech-Language Pathology | Clinical Supervisor |
| Jane C. Hilton, Ph.D., CCC-SLP | Speech-Language Pathology | Clinical Associate Professor |
| Rebecca Rehm, M.S., CCC-SLP | Speech-Language Pathology | Clinical Supervisor |
| Cassandra Turner, Au.D., CCC-AUD | Audiology | Clinical Assistant Professor |

- Dr. Robey serves as our School Placement Coordinator.
- Ms. Traub also serves as our Adult Placement Coordinator.
- From time to time, students may also be supervised by academic faculty members holding the SLP-CCC credential.

SJC Hours and Clinical Appointments

- The SJC is open Monday through Friday from 8:00 a.m. to 5:00 p.m. In order to assure appropriate delivery of clinical services to our clients and appropriate education for our students, students are expected to be available for clinic assignments Monday through Friday.
- Clinical assignments are made by the SJC Director of Clinical Training and Services, in collaboration with Clinical Supervisors. Initial clinical assignments are made based on a combination of Associate Clinician schedules, supervisor schedules, coursework completion and individual training needs. Opportunities for Associate Clinicians to make choices in adding new clinical assignments based on areas of interest are presented mid-semester, only after initial assignments have been made.
- The minimum unit of service is 25 minutes. All sessions begin on the hour or on the half-hour.
- All Associate Clinicians are expected to remain available through the last scheduled day of clinic. Because the clinic is open 12-months/year, clinical experiences are available between semesters on a voluntary basis. Clinic dates are posted on Canvas.

- Clinical assignments are subject to change throughout the semester. The SJC Director of Clinical Services and Training must approve all changes.
- The supervisor is responsible for ensuring appropriate cancellation and re-scheduling of appointment, if necessary.

SJC Clinic Operations

- Supervisors and/or Associate Clinicians are responsible for obtaining signature from parents/guardians on the HIPPA forms, Release of Information forms, and Consent Form (see the next page) for treatment, observation, and recording when services are initiated. Please refer to the consent forms before recording sessions.
- All information pertaining to a client should be given to the front office staff for scanning and placement in the client's permanent electronic file immediately upon its receipt: evaluation and progress reports; correspondence to and from clients and/or their families and other professionals; pre-evaluation information (e.g., referral information, test results from other agencies, completed case history forms); test forms and any other materials containing identifying information.
- Clinical faculty mailboxes are located in SJC Room 033 for students to leave messages.
- Students needing supplies for clinic should discuss the need with their supervisor. General office and/or cleaning supplies can be obtained from the front desk.
- At the end of each session, the Associate Clinician is responsible for assuring that all furniture in the room is returned to the appropriate location and that the quality improvement tracker has been initialed and completed on the wall.
- All questions pertaining to client fees should be directed to the supervisor.
- All students have access to the clinic scheduling and electronic medical records program upon completion of the necessary HIPAA and technology training requirements.
- Students are alerted to diagnostic and therapy assignments, as well as client cancellations, through email. Students should check email several times each day.

Dress Code for Clinical Practice

1. Reason for Policy

Dress code and grooming standards are imperative in presenting a professional appearance. The SJC dress code has been updated to be inclusive of all clinical training programs and individuals working in the clinic. Expectations have been adjusted to be more flexible in scope and procedure.

2. Policy Statement

All SJC faculty, staff, and students are expected to dress in attire that presents a clean, professional appearance at all times when in the clinical spaces. Personal hygiene and grooming must also reflect professionalism in clinical spaces. Clothing and grooming styles dictated by religion or ethnicity are exempt from this policy. Clinicians should be aware that they are visible from cameras that view from different angles and should choose clothing accordingly. It is the supervisor's decision whether to allow a student to proceed with a scheduled session/meeting when the dress code has been violated. Students should also be aware that many offsite facilities have dress codes that are more stringent/specific. It is the student's responsibility to ask the off-site supervisor to review the code with them.

3. Scope

The dress code applies to all students who are currently treating clients/research subjects in the SJC or are observing client sessions.

The dress code must be followed when in visible clinical spaces to include:

- the "hard side" hallway
- the "soft side" hallway
- the front desk/client waiting room area.

Students are allowed to work in the student room without needing to be in dress code.

4. Procedures

The SJC dress code includes the following guidelines:

- UVA ID badge must be worn in clear sight at all times
- Clothes must be neat and clean with the proper fit and length. This includes dresses and skirts that when measured from a seated position, are no shorter than four (4) inches from the front of the knee to the bottom hem of the dress or skirt. Clothing must be free of rips and must not be sheer or revealing in nature (e.g. no torn jeans, spaghetti straps, halters or midriff tops)
- No t-shirts with advertisements, sayings or logos
- No denim blue jeans or shorts
- No sports attire (including exercise clothing, hats, sports sandals or athletic shoes)
- Tattoos that are perceived as offensive, hostile or that diminish the effectiveness of professionalism must be covered, and not visible to staff, clients or visitors.
- Scented personal products (fragrances, cologne, and lotions) should be minimally noticeable and not a distraction to others.
- Hair, including facial hair, must not be wet and should be styled in a professional manner.

SJC supervisors will communicate with any students who are deemed in violation of the dress code.

Policies & Procedures for the SJC

The SJC has a Canvas site titled “Sheila C Johnson Center New Students (2020-2021)” in which a number of clinic wide topics are covered, including:

- Mandatory Privacy and Information Security
- Emergency Preparedness
- Confidentiality Agreement Form
- HIPAA
- Mandatory Information Security Awareness Training
- All Clinic Standard Operating Procedures
- Connecting to the SJC Secure Bavaro Network, Printer access and tech problem solving
- Training videos for EMR and camera system

It is each student’s responsibility to complete assignments through this Canvas site as requested by the Clinic Administrator.

Expectations for the SJC Clinical Practicum

Working with your SJC Supervisor

- We are available for unscheduled student meetings during our weekly drop-in office hours. Office hours are posted on our doors and are on Canvas and Dr. Chrono. Please use these meetings for quick questions that will not take more than 10 minutes.
- If you are unable to attend all office hours during a given week but need to schedule a meeting, please use Dr. Chrono to set a meeting time, then email the supervisor to confirm that the time is mutually convenient. Label the appointment to include your last name.
- ASHA requires that we supervise at least 25% of the total direct time you are with your clients in both evaluation and treatment sessions. The 25% supervision requirement is over the course of the semester; however, we strive for much more.
- Your supervisor is always happy to come into a session to model skills or offer support. Please do not hesitate to ask. There are times when your supervisor will join the session to better hear your client or to offer support in the moment.
- Medicaid and Medicare require a supervisor to be present in 100% of all sessions. Your supervisor will communicate to you if a client is billed under Medicaid or Medicare.
- You can assume your lesson plans are approved if you do not receive them back with edits. If there is an issue, we will email you your edits. Please adhere to the official SJC lesson plan template, found on Canvas.

- We may not be available for questions immediately prior to your session. Please plan ahead and make an appointment to meet, should you feel the need to, prior to your session. For Monday clients, we encourage you to contact your supervisor with questions by the Thursday before your next session.

Recording therapy and diagnostic sessions

- Evaluations should always be recorded via the camera system to ensure accurate data collection and behavioral observations.
- Therapy sessions can be recorded as needed but it is not a requirement.
- You may choose to record a session to review your own performance or to double check data collection.
- Your supervisor may also request that you record your session.
- Note: recording ability and guidelines may be different for sessions held over Zoom.

Client cancellations/Missed sessions

- When a client cancels or does not show up for sessions, please change the appointment status in Dr. Chrono to reflect the cancellation. Please ensure any billing charges are removed from a missed appointment.
- When the SJC is closed due to holidays, please remind your clients of the closing a week prior to the date.
- Rarely does the SJC close due to inclement weather; however, in the event this is necessary, and you have a scheduled client, contact your supervisor for instructions. SJC closes when the University closes. Refer to the UVA website for closings.

Timelines and Deadlines for SJC Clinical Practicum

- Provide lesson plans via email 24 hours prior to treatment sessions and 48 hours prior to diagnostic sessions (this means Thursday or Friday for Monday appointment).
- Arrive at least 15 minutes prior to your in-person treatment sessions
- Arrive at least 30 minutes prior to your in-person diagnostic sessions
- Develop a treatment plan for new clients; due to client/caregiver by the 4th treatment session
- Before each session, ACs should check Dr. Chrono to monitor when the client's status has been moved from "Established Client" to "Checked In." The clinician can then be greeted in the waiting room and the session can begin.
- After each session: All ACs are expected to mark the appointment status as "Complete" in Dr. Chrono and ensure that the diagnostic codes and billing codes are appropriately entered.
- SOAP notes should be completed within the Dr. Chrono template as soon as possible, but by noon the next day at latest.
- Progress and Discharge reports, as appropriate, are sent to the family via Dr. Chrono on the final session of the semester.
- Submit CALIPSO hours weekly by Friday at 5pm (you can submit at any time during the week). Include the client code and session date in the Comments box.

Documentation in the Clinic

- Please proofread all documents, including punctuation and grammar, prior to turning in the first draft document.
- Include your name and credentials at the bottom of each SOAP note. Sign your evaluation reports *legibly*.
- When submitting evaluation report drafts via email, label the document and the email subject the same, starting with the session date and your last name, the type of document (e.g. 5 4 2020 Smith evaluation report).
- Multiple edits are common in the clinic. Tx plans, Progress Reports and Evaluation Reports tend to take more time. Often, evaluation reports take three or more drafts. Remember that the number of edits required directly impacts the writing performance objectives on the midterm and final Clinical Practicum Evaluation. In SOAP notes, any edits or suggestions for wording should be consistently implemented from that point forward.
- Your supervisor will tell you when an evaluation report is approved. After your supervisor approves any document, please fill out an SLP document scanning form and attach it to the document for the chart room to scan.
- Please only use **black ink** in the clinic.

- Printing: Color printing is only permitted after receiving supervisor permission. Black and white copies should be directly related to clinic assignments (e.g. not academic or personal).

How-To Guides & Additional Information for the SJC Clinical Practicum

- There is a comprehensive “SLP Clinic Resource” Canvas site that contains a number of important training materials necessary for completion of the on-site SJC Clinical Practicum. These files include:
 - Information on specific disorders and developmental milestones
 - A full clinic calendar and master schedule
 - Information on infection control and universal precautions
 - Clinic documentation templates and example reports
 - “How-to” guides and step-by-step procedures for treatment sessions, evaluations, and Dr. Chrono.
 - All necessary forms for completion of clinical practice in SJC

All students should become familiar with the contents of the “SLP Clinic Resource” Canvas site that supplements the clinical training experience.

Clinical Externships and Internship Overview

- ASHA stipulates that graduate programs must ensure all graduate students understand the various models of delivery of speech-language pathology services (e.g., hospital, private practice, education, etc.). Certification standards also require that students acquire the ability to integrate information pertaining to normal and abnormal human development across the life span. To fulfill these standards, students must complete placements that offer them exposure to a variety of populations, settings and supervisors.
- Clinical practica are foundational to developing the necessary skills to become an SLP. The first experiences a student gains are in the Sheila Johnson Center (SJC) in the School of Education and Human Development. Upon successful completion of these SJC-supervised experiences, a student will complete two externships (one at a public school and one with adults, usually in some variation of a health care facility) and a final internship. These experiences provide practice in a variety of clinical settings with clients across the lifespan who present a variety of communication disorders spanning the breadth of our Scope of Practice. Externships and internships are essential for meeting ASHA requirements for the Certificate of Clinical Competence in Speech-Language Pathology (CCC- SLP).
- The purpose of clinical externships and internships include:
 - Increase a student’s level of experience and independence in providing clinical services. Offsite Supervisors expect students to arrive with core clinical skills (established in SJC).
 - Provide enriching clinical experiences across the depth and breadth of the profession.
 - Contribute to the required 400 direct clinical contact hours needed before graduation to meet ASHA certification requirements.
- Dr. Robey and Ms. Traub are the coordinators for externship and internship placements. Mr. Ryan Mehring provides assistance in developing contractual agreements between UVA and outside agencies for both school and adult placements. Ms. Traub (adult) and Dr. Robey (public school) make placement assignments for student externship and internship experiences with consultation from the Clinical Services Committee (“CSC” is composed of the SJC SLP clinical supervisors and the SJC Director of SLP Clinical Training and Services, in consultation with Placement Coordinators).
- After students complete the *in residence* portion of their program of study, externships and internships can be geographically located anywhere in the United States. Indeed, the central Virginia region has limited options for offsite placements. Therefore, we encourage students to plan for external placements that are far away from central Virginia, especially when seeking placement in health care facilities. Students may wish to consider geographic locations in which they may want to be employed in the future and/or places where family or friends could provide lodging while completing an externship or internship.
- We begin working collaboratively with students in September to establish their summer externship. For Track 1 students, this means that they will submit preferences for their adult externship shortly after orientation in August. Track 2 students will submit their preferences after completing the first year of the graduate program.

- After students have successfully completed one public school externship and one adult externship, the internship placement may be in the setting of their choice.
- Specific instructions and detailed information including timelines, due dates, etc. can be found in the CSD Off-Grounds Placements Canvas site.

Computer-Based Simulation Clinical Training

In addition to building core competencies in SJC and completing external placements, clinical training in our program includes computer-based simulation training to ensure that every student meets the certification requirements of training across the lifespan and full scope of practice in speech language pathology. ASHA certification requirements allow up to 75 clock hours to be earned through simulation training experiences. Students in our program can complete at least 70 hours toward their required 375 minimum clock hours by participating in two rounds of computer-based simulation training during their program of study. One round of simulation training focuses on adult cases, while the other round focuses on low incidence disorders. Each round of training is specifically curated according to the academic course and clinical training sequence.

- Computer-based simulation training is provided to our students at no additional cost and is supervised by simulation training experts who hold the CCC-SLP. Detailed instructions for registration and participation are provided in a dedicated Canvas site to which students will be invited at the appropriate time in their program.
- Simulation training is not associated with course credit. No course grade is earned through participation.
- Computer-based simulation provides guided and standardized clinical training experiences to ensure that every student learns about disorders and populations that they may not encounter by chance during their clinical rotations.
- Successfully completing both rounds of simulation training in addition to the clinical rotation sequence ensures that the participating student meets ASHA certification requirements of training across the lifespan and the full scope of practice in speech language pathology. This is a requirement for graduation as part of the comprehensive exam capstone independent studies in the last semester of the program (EDHS 5993).
- Any student who does not successfully complete both rounds of simulation training will need to carefully monitor their clinical training activities and proactively seek comprehensive clinical training experiences that include services to individuals across the full lifespan and with low incidence disorders to ensure that they acquire clock hours that meet the ASHA certification requirements of training across the lifespan and the full scope of practice in order to successfully complete the requirements of EDHS 5993 in their final semester. Failure to meet this requirement delays or prevents graduation.
- Like all clinical training experiences, students are evaluated using the CALIPSO assessment at mid-cycle and at the end of each round of training. The SJC scoring scale and performance requirements are used.
- Satisfactory performance as measured on the CALIPSO assessments is required to earn the simulation training clinical clock hours. Unsatisfactory performance voids the clinical clock hours for that round of training.
- Computer-based simulation opportunities are carefully curated and offered to students at specific points in their sequence of academic and clinical training. It is not an option to complete the trainings at a different time during their program of study.
- Each round of training is offered only once to each student. There is no opportunity to repeat the training following unsatisfactory performance.
- Computer-based simulation training was first deployed in 2020 as a COVID accommodation to support students in achieving on-time graduations when faced with external placements that evaporated with the national lockdown and the slow recovery afterwards. As such, the program is not required to continue to offer this opportunity. It may be discontinued at any point during your program of study. If computer-based simulation training is discontinued, students must still meet the national certification requirements for training across the lifespan and full scope of practice prior to graduation, as was always the requirement before the pandemic. We are hopeful that we will be able to continue to offer this opportunity to our students.

Becoming Credentialed to Practice SLP

- There are **two credentials** needed for practicing speech-language pathology in the state of Virginia:
 1. The Certificate of Clinical Competence (CCC-SLP) awarded by ASHA.
 2. State licensure through the Virginia Department of Health Professions to practice in public and/or private settings.
- The procedures for obtaining these credentials differ in purpose, requirements, and continuing education standards. Students are responsible understanding, meeting and applying for the appropriate credentials.

ASHA Membership and Certification Manual

- The ASHA Membership and Certification Manual is available through the ASHA website: <http://www.asha.org/certification/>. There, you will find information about how to apply for:
 - The National Examination your Clinical Fellowship
 - Your Certificate of Clinical Competence ASHA membership...when the time comes!

Obtaining the Certificate of Clinical Competence from ASHA

- The Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP) is the national standard in credentialing speech-language pathologists.
- General information regarding certification is available at <http://www.asha.org/certification/>.
- Here is a step-by-step overview of becoming a credentialed and practicing SLP:
 1. Complete academic coursework and clinical practica as stated in the Standards and Implementation Procedures for the Certificate of Clinical Competence:
 - a. The 2020 standards for the CCC-SLP are available online at <https://www.asha.org/Certification/2020-SLP-Certification-Standards/>
 - b. Please review this document carefully.
 - c. The UVA general sequence draws directly from the ASHA Standards:
 - i. Complete and pass academic courses and clinical practica at the SJC
 - ii. Complete and pass two off-site clinical practica: one semester as an adult- focused experience and one semester in the public schools
 - iii. Complete and pass the full-time off-site clinical practica during the final semester
 - iv. Pass the comprehensive examination
 2. Apply to receive your graduate degree.
 3. Pass the Praxis Examination in Speech-Language Pathology
 - a. The PRAXIS II Exam (speech-language Pathology) is a specialty area test administered by the Educational Testing Service (ETS). Exam registration booklets are available in the School of Education and Human Development Admissions Office. To register online, information is available at <http://www.ets.org/praxis/>.
 - b. ASHA's website contains information related to this exam at http://www.asha.org/certification/praxis/praxis_scores.htm
 - c. The test can be taken on assigned dates during the year at UVA and other locations. Students are responsible for making arrangements to take this exam. A preparation booklet is available for purchase at <https://www.ets.org/s/praxis/pdf/5330.pdf>
 - d. When registering, be sure to:
 - i. List the Communication Sciences and Disorders Program at UVA as a score recipient.
 - ii. List ASHA as a score recipient.
 4. Pass UVA CSD Comprehensive Exams
 5. Graduate from UVA's CSD program with a master's degree.
 6. Contact your state licensing agency to determine their requirements for persons completing the clinical fellowship experience.

7. Apply to ASHA for Membership and Certification:
 - a. Application form and instructions for application are available at:
<http://www.asha.org/Certification/SLPCertification.htm>
 - b. If a student has already taken and passed the PRAXIS exam, but did not originally list ASHA as a score recipient, she/he must now request that ETS send a copy of your score to ASHA. Only scores received directly from ETS will be accepted for certification. Note that the score you submit for certification must have been taken no more than 5 years prior to your ASHA certification application.
8. Begin the Clinical Fellowship (CF)
 - a. The CF is a period of paid employment, completed according to specific ASHA guidelines under the supervision of an individual who holds the Certificate of Clinical Competence in speech-language pathology. Students are responsible for procuring a CF placement.
 - b. Prior to beginning the CF, students should verify the supervisor's current ASHA certification status by contacting the ASHA Action Center (800-498-2071). The supervisor must maintain current certification status throughout the CF in order for the CF experience to be accepted by ASHA. Students should review detailed information to learn more about the CF available online at
<http://www.asha.org/Certification/Clinical-Fellowship.htm>
9. Submit the Clinical Fellowship Report
 - a. Upon completion of the CF, submit to ASHA the Speech-Language Pathology Clinical Fellowship (SLPCF) Report and Rating Form (available at <http://www.asha.org/Certification/Clinical-Fellowship.htm>) signed by both the CF and the CF supervisor.
- Continuing Education Requirements for Maintaining the CCC-SLP
 - ASHA has established Certification Maintenance Standards requiring certificate holders to earn 30 Certification Maintenance Hours (CMHs) or 3.0 ASHA Continuing Education Units (CEUs) of professional development during 3-year certification maintenance intervals in order to maintain the CCC. Further information is available at <http://www.asha.org/Certification/maintain-ccc.htm>

SPEECH-LANGUAGE PATHOLOGY PATHWAY TO CERTIFICATION

PRO TIP Save \$225 on your first year of ASHA Membership and Certification by maintaining NSSLHA membership for 2 consecutive years. Find out how by visiting www.asha.org/Members/NSSLHA

PRO TIP Apply for ASHA certification with membership between May 1–August 31 to receive ASHA's Gift to the Grad offer and receive up to 20 months of membership for the price of 12 months.

PRO TIP Verify that your Mentor is current by visiting www.asha.org/certification. Click on the Verify ASHA Certification button at the top of the page.



Note: Timeline corresponds to the UVA MSed in SLP graduate program of study.



For more information about Certification visit our website: www.asha.org/certification // E-mail Us: certification@asha.org
 For more information about Membership visit our website: www.asha.org/benefits // E-mail Us: membership@asha.org
 Call the ASHA Action Center: 800-498-2071

Virginia State Licensure in Speech-Language Pathology

- Licensure to practice in Virginia is governed by the Virginia Board of Audiology & Speech-Language Pathology. Application criteria, forms, and procedures are found at <http://www.dhp.virginia.gov/Boards/aslp/>.
- Additional resources for SLPs practicing in Virginia Schools are found at http://www.doe.virginia.gov/special_ed/disabilities/speech_language_impairment/index.shtml
- Helpful checklists are found at <http://www.dhp.virginia.gov/Boards/aslp/PractitionerResources/Forms/>

Continuing Education and Maintaining Licensure in Virginia

The state of Virginia requires continuing competency activity for license renewal. The Virginia Board of Audiology and Speech-Language Pathology requires 20 contact hours of continuing education every two years. However, speech-language pathologists in Virginia are advocating for recognition of ASHA continuing education and certification maintenance (i.e., if the license holder is a current ASHA member with the CCC-SLP and this ASHA certification is maintained, then no additional documentation/paperwork would be required at the state level).

Appendix A

Selected Portions of the 2020 Standards and Implementation Procedures for the Certificate of Clinical Competence in Speech-Language Pathology

Effective Date: January 1, 2020

Introduction

The Council for Clinical Certification in Audiology and Speech-Language Pathology (CFCC) is a semi-autonomous credentialing body of the American Speech-Language-Hearing Association (ASHA). The charges to the CFCC are to define the standards for clinical certification; to apply those standards in granting certification to individuals; to have final authority to withdraw certification in cases where certification has been granted on the basis of inaccurate information; and to administer the certification maintenance program.

A [Practice and Curriculum Analysis of the Profession of Speech-Language Pathology](#) was conducted in 2017 under the auspices of the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA) and the CFCC. The survey analysis was reviewed by the CFCC, and the following standards were developed to better fit current practice models.

The 2020 Standards and Implementation Procedures for the Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP) go into effect on January 1, 2020. View the [SLP Standards Crosswalk](#) [PDF] and consult [Changes to Speech-Language Pathology Standards](#) for more specific information on how the standards will change.

Terminology

Clinical educator: Refers to and may be used interchangeably with supervisor, instructor, and preceptor

Individual: Denotes clients, patients, students, and other recipients of services provided by the speech-language pathologist.

Citation

Cite as: Council for Clinical Certification in Audiology and Speech-Language Pathology of the American Speech-Language-Hearing Association. (2018). *2020 Standards for the Certificate of Clinical Competence in Speech-Language Pathology*. Retrieved from <https://www.asha.org/certification/2020-SLP-Certification-Standards>.

Standard IV:

Standard IV-C

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

- Speech sound production, to encompass articulation, motor planning and execution, phonology, and accent modification
- Fluency and fluency disorders
- Voice and resonance, including respiration and phonation
- Receptive and expressive language, including phonology, morphology, syntax, semantics, pragmatics (language use and social aspects of communication), prelinguistic communication, paralinguistic communication (e.g., gestures, signs, body language), and literacy in speaking, listening, reading, and writing
- Hearing, including the impact on speech and language

- Swallowing/feeding, including (a) structure and function of orofacial myology and (b) oral, pharyngeal, laryngeal, pulmonary, esophageal, gastrointestinal, and related functions across the life span
- Cognitive aspects of communication, including attention, memory, sequencing, problem solving, and executive functioning
- Social aspects of communication, including challenging behavior, ineffective social skills, and lack of communication opportunities
- Augmentative and alternative communication modalities

Implementation: It is expected that coursework addressing the professional knowledge specified in this standard will occur primarily at the graduate level.

Standard IV-D

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

Standard IV-E

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

Implementation: The applicant must have demonstrated knowledge of the principles and rules of the current [ASHA Code of Ethics](#).

Standard IV-G

The applicant must have demonstrated knowledge of contemporary professional issues.

Implementation: The applicant must have demonstrated knowledge of professional issues that affect speech-language pathology. Issues include trends in professional practice, academic program accreditation standards, [ASHA practice policies](#) and guidelines, educational legal requirements or policies, and reimbursement procedures.

Standard IV-H

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

Standard V: Skills Outcomes

Standard V-A

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

Implementation: Applicants are eligible to apply for certification once they have completed all graduate-level academic coursework and clinical practicum and have been judged by the graduate program as having acquired all of the knowledge and skills mandated by the current standards.

The applicant must have demonstrated communication skills sufficient to achieve effective clinical and professional interaction with persons receiving services and relevant others. For oral communication, the applicant must have demonstrated speech and language skills in English, which, at a minimum, are consistent with ASHA's current position statement on [students and professionals who speak English with accents and nonstandard dialects](#). In addition, the applicant must have demonstrated the ability to write and comprehend technical reports, diagnostic and treatment reports, treatment plans, and professional correspondence in English.

Standard V-B

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

1. Evaluation

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

2. Intervention

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

3. Interaction and Personal Qualities

- a. Communicate effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the individual(s) receiving services, family, caregivers, and relevant others.
- b. Manage the care of individuals receiving services to ensure an interprofessional, team-based collaborative practice.
- c. Provide counseling regarding communication and swallowing disorders to clients/patients, family, caregivers, and relevant others.
- d. Adhere to the ASHA Code of Ethics, and behave professionally.

Implementation: The applicant must have acquired the skills listed in this standard and must have applied them across the nine major areas listed in Standard IV-C. These skills may be developed and demonstrated through direct clinical contact with individuals receiving services in clinical experiences, academic coursework, labs, simulations, and examinations, as well as through the completion of independent projects.

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

These experiences allow students to:

- interpret, integrate, and synthesize core concepts and knowledge;
- demonstrate appropriate professional and clinical skills; and
- incorporate critical thinking and decision-making skills while engaged in prevention, identification, evaluation, diagnosis, planning, implementation, and/or intervention.

Supervised clinical experiences should include interprofessional education and interprofessional collaborative practice, and should include experiences with related professionals that enhance the student's knowledge and skills in an interdisciplinary, team-based, comprehensive service delivery model.

Clinical simulations (CS) may include the use of standardized patients and simulation technologies (e.g., standardized patients, virtual patients, digitized mannequins, immersive reality, task trainers, computer-based interactive). These supervised experiences can be synchronous simulations (real-time) or asynchronous (not concurrent in time) simulations.

Clinical educators of clinical experiences must hold current ASHA certification in the appropriate area of practice during the time of supervision. The supervised activities must be within the [ASHA Scope of Practice in Speech-Language Pathology](#) in order to count toward the student's ASHA certification requirements.

Standard V-C

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

Implementation: Guided clinical observation hours generally precede direct contact with clients/patients. Examples of guided observations may include but are not limited to the following activities: debriefing of a video recording with a clinical educator who holds the CCC-SLP, discussion of therapy or evaluation procedures that had been observed, debriefings of observations that meet course requirements, or written records of the observations. It is important to confirm that there was communication between the clinical educator and observer, rather than passive experiences where the student views sessions and/or videos. It is encouraged that the student observes live and recorded sessions across settings with individuals receiving services with a variety of disorders and completes debriefing activities as described above.

The observation and direct client/patient contact hours must be within the [ASHA Scope of Practice in Speech-Language Pathology](#) and must be under the supervision of a qualified professional who holds a current ASHA certification in the appropriate practice area. Guided clinical supervision may occur simultaneously during the student's observation or afterwards through review and approval of the student's written reports or summaries. Students may use video recordings of client services for observation purposes.

Applicants should be assigned practicum only after they have acquired a base of knowledge sufficient to qualify for such experience. Only direct contact (e.g., the individual receiving services must be present) with the individual or the individual's family in assessment, intervention, and/or counseling can be counted toward practicum. When counting clinical practicum hours for purposes of ASHA certification, only the actual time spent in sessions can be counted, and the time spent cannot be rounded up to the nearest 15-minute interval.

Up to 20% (i.e., 75 hours) of direct contact hours may be obtained through CS methods. Only the time spent in active engagement with CS may be counted. CS may include the use of standardized patients and simulation technologies (e.g., standardized patients, virtual patients, digitized mannequins, immersive reality, task trainers, computer-based interactive). Debriefing activities may not be included as clinical clock hours.

Although several students may observe a clinical session at one time, clinical practicum hours should be assigned only to the student who provides direct services to the individual receiving services or the individual's family. Typically, only one student at a time should be working with a client in order to count the practicum hours. Several students working as a team may receive credit for the same session, depending on the specific responsibilities that each student is assigned when working directly with the individual receiving services. The applicant must maintain documentation of their time spent in supervised practicum, and this documentation must be verified by the program in accordance with Standards III and IV.

Standard V-D

At least 325 of the 400 clock hours of supervised clinical experience must be completed while the applicant is enrolled in graduate study in a program accredited in speech-language pathology by the CAA.

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

Standard V-E

Supervision of students must be provided by a clinical educator who holds ASHA certification in the appropriate profession, who has the equivalent of a minimum of 9 months of full-time clinical experience, and who has completed a minimum of 2 hours of professional development in clinical instruction/supervision after being awarded ASHA certification.

The amount of direct supervision must be commensurate with the student's knowledge, skills, and experience; must not be less than 25% of the student's total contact with each client/patient; and must take place periodically throughout the practicum. Supervision must be sufficient to ensure the welfare of the individual receiving services.

Implementation: Effective January 1, 2020, supervisors for ASHA certification [must complete 2 hours of professional development/continuing education](#) in clinical instruction/supervision. The professional development/continuing education must be completed after being awarded ASHA certification and prior to the supervision of a student. Direct supervision must be in real time. A clinical educator must be available and on site to consult with a student who is providing clinical services to the clinical educator's client. Supervision of clinical practicum is intended to provide guidance and feedback and to facilitate the student's acquisition of essential clinical skills.

In the case of CS, asynchronous supervision must include debriefing activities that are commensurate with a minimum of 25% of the clock hours earned for each simulated individual receiving services.

Standard V-F

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

Implementation: The applicant must demonstrate direct clinical experiences with individuals in both assessment and intervention across the lifespan from the range of disorders and differences named in Standard IV-C.

Standard VI: Assessment

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

Implementation: Results of the [Praxis® Examination in Speech-Language Pathology](#) must be submitted directly to ASHA from the Educational Testing Service (ETS). The certification standards require that a passing exam score be earned no earlier than 5 years prior to the submission of the application and no later than 2 years following receipt of the application. If the exam is not successfully passed and reported within the 2-year application period, the applicant's certification file will be closed. If the exam is passed or reported at a later date, then the applicant will be required to reapply for certification under the standards in effect at that time.

Please visit the ASHA website for reviewing the 2020 Standards: (<https://www.asha.org/certification/2020-slp-certification-standards/>)

Appendix B

Track I and Track II Curricula 2021-2022

Track I Curriculum 2021-2022

| | | Credit Hours |
|---|---|---------------------|
| First Fall | <i>In residence</i> period begins in August | |
| EDHS 7040 | Cognitive and Linguistic Development | 3 |
| EDHS 7060 | Disorders of Phonology and Articulation | 3 |
| EDHS 7190 | Neuroanatomy & Neurophysiology of Communication, Swallowing, & Cognition | 3 |
| EDHS 7120 | Prevention, Assessment, and Intervention I | 3 |
| EDHS 8090 | Disorders of Language I | 3 |
| EDHS 8691 | Clinical Practicum: Communication Disorders (in Sheila Johnson Center; SJC) | 2 |
| TOTAL | | 17 |
| First Spring | <i>In residence</i> period ends in May | |
| EDHS 7020 | Evidence Based Practice | 2 |
| EDHS 8030 | Neurogenic Communication Disorders | 3 |
| EDHS 8100 | Disorders of Language II | 3 |
| EDHS 7140 | Autism & Related Disorders | 2 |
| EDHS 8130 | Dysphagia | 3 |
| EDHS 8150 | Clinical Seminars | 2 |
| EDHS 8691 | Clinical Practicum: Communication Disorders (in SJC) | 2 |
| TOTAL | | 17 |
| (May-July Computer-based simulation clinical training: Adult cases) | | |
| First Summer | Externship: anywhere in the United States | |
| EDHS 8120 | Disorders of Communication Based in Cognitive Dysfunction: Adults (online course) | 3 |
| EDHS 7080 | Disorders of Fluency (online course) | 3 |
| EDHS 8170 | Clinical Externship in Speech-Language Pathology: Adult (3 to 5 days/week) | 4 |
| TOTAL | | 10 |
| Second Fall | Externship: anywhere in the United States | |
| EDHS 8020 | Disorders of Communication: Augmentative and Alternate Systems (online course) | 3 |
| EDHS 7180 | Habilitative Audiology 1 (online course) | 3 |
| EDHS 7090 | Disorders of Voice (online course) | 3 |
| EDHS 8170 | Clinical Externship in Speech-Language Pathology: School (2 to 3 days/week) | 4 |
| TOTAL | | 13 |
| Second Spring | Internship: anywhere in the United States | |
| EDHS 8800 | Clinical Internship in Speech-Language Pathology (full-time: 5 days/week) | 9 |
| EDHS 5993 | Independent Study | 3 |
| TOTAL | | 12 |
| GRAND TOTAL | | 69 |

Track II Curriculum 2021-2022

| First Fall | <i>In residence</i> period begins in August | Credits |
|-------------------------|---|----------------|
| EDHS 7040 | Cognitive and Linguistic Development | 3 |
| EDHS 4020 | Clinical Phonetics | 3 |
| EDHS 7120 | Prevention, Assessment, and Intervention I | 3 |
| EDHS 7060 | Disorders of Phonology and Articulation | 3 |
| EDHS 4050 | Introduction to Audiology | 3 |
| EDHS 8090 | Disorders of Language I | 3 |
| EDHS 8691 | Clinical Practicum: Communication Disorders (in Sheila Johnson Center: SJC) | 1 |
| TOTAL | | 19 |
| First Spring | | |
| EDHS 8100 | Disorders of Language II | 3 |
| EDHS 4040 | Anatomy and Physiology of the Speech and Hearing Mechanisms | 3 |
| EDHS 4030 | Speech and Hearing Science | 3 |
| EDHS 7140 | Autism and Related Disorders | 2 |
| EDHS 7020 | Evidence-Based Practice | 2 |
| EDHS 8691 | Clinical Practicum: Communication Disorders (in SJC) | 1 |
| TOTAL | | 14 |
| First Summer | | |
| EDHS 7080 | Disorders of Fluency (online course) | 3 |
| EDHS 8691 | Clinical Practicum: Communication Disorders (in SJC, 5 days/week) | 2 |
| TOTAL | | 5 |
| Second Fall | | |
| EDHS 8020 | Disorders of Communication: Augmentative and Alternative Systems (online course) | 3 |
| EDHS 7180 | Habilitative Audiology 1 (online course) | 3 |
| EDHS 7190 | Neuroanatomy & Neurophysiology of Communication, Swallowing, & Cognition (online course) | 3 |
| EDHS 7090 | Disorders of Voice (online course) | 3 |
| EDHS 8691 | Clinical Practicum: Communication Disorders (in SJC) | 1 |
| TOTAL | | 13 |
| (Dec – Jan | Computer-based simulation training: Low Incidence Cases) | |
| Second Spring | Externship begins in January. <i>In residence</i> period ends in May | |
| EDHS 8030 | Neurogenic Communication Disorders | 3 |
| EDHS 8130 | Dysphagia | 3 |
| EDHS 8150 | Clinical Seminar | 2 |
| EDHS 8170 | Clinical Externship in Speech-Language Pathology: School (2 to 3 days/week in central Virginia) | 4 |
| TOTAL | | 12 |
| (May – July | Computer-based simulation training: Adult Cases) | |
| 2nd Summer | Externship: anywhere in the United States | |
| EDHS 8120 | Disorders of Communication Based in Cognitive Dysfunction: Adults (online course) | 3 |
| EDHS 8170 | Clinical Externship in Speech Language Pathology: Adult | 4 |
| TOTAL | | 7 |
| Third Fall | Internship: anywhere in the United States | |
| EDHS 8800 | Clinical Internship in Speech-Language Pathology | 9 |
| EDHS 5993 | Independent Study | 3 |
| TOTAL | | 12 |
| GRAND TOTAL = 82 | | |