The Handbook is a guide of Policies and Procedures for Purdue University SLP Graduate Students during Clinical Practicum experiences.
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PREAMBLE: The preservation of the highest standards of integrity and ethical principles is vital to the responsible discharge of obligations in the profession of speech-language pathology and audiology. This Code of Ethics sets forth the fundamental principles and rules considered essential to this purpose. Any action specified or unspecified, that violates the spirit and purpose of this Code will be considered unethical.

Every individual who is a member of the Indiana Speech-Language-Hearing Association shall abide by this Code of Ethics. Associate and student members shall abide by this Code of Ethics to the extent that the provisions are pertinent to their status as employees or students.

The fundamentals of ethical conduct are described by Principals and Ethics and by Rules of Ethics as they relate to responsibility to persons served, to the public, and to the professions of speech-language pathology and audiology.

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

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

PRINCIPLE OF ETHICS I: Members shall honor their responsibility to hold paramount the welfare of person they serve professionally.

Rules of Ethics

A. Members shall provide all services competently.
B. Members shall use every resource, including referral when appropriate to other specials and service agencies as needed, to ensure that high-quality service is provided.
C. Members shall not discriminate in the delivery of professional services on the basis of race, sex, age, religion, national origin, disability, gender, gender identification, or sexual orientation.
D. Members shall fully inform the persons they serve of the nature and possible effects of service rendered and products dispensed.
E. Members shall evaluate the effectiveness of services rendered and of products dispensed and shall provide services or dispense products only when benefit can reasonably be expected.

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

G. Members shall not evaluate or treat speech, language, or hearing services solely by correspondence.

H. Members shall maintain adequate records of professional services rendered or products dispensed. They shall not reveal, without authorization, any professional or personal information about the person served professionally, unless required by law to do so, or unless doing so is necessary to protect the welfare of the person or of the community.

I. Members shall charge fees consistent with services provided. Fees shall be commensurate with prevailing responsible and customary charges. Members shall not charge for services not rendered, nor shall they misrepresent, in any fashion, services rendered or products dispensed*.

J. Members who dispense products shall:
   1. Allow freedom of choice for the procurement of products,
   2. Make clear differentiation between fees for professional service and prices for products dispensed,
   3. Provide full disclosure of fees in advance,
   4. Establish fees for services independent of whether a product is dispensed,
   5. Evaluate effectiveness of products dispensed.

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

L. Members shall withdraw from professional practice when substance abuse or an emotional or mental disability adversely affects the quality of the services they render.

PRINCIPLE OF ETHICS II: Members shall honor their responsibility to achieve and maintain a high level of professional competence.

Rules of Ethics

A. Members shall engage in the provision of clinical services only when they hold the qualification by law of engaging in such practice or when they are supervised by an individual who holds the appropriate qualifications.

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

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

D. Members shall delegate the provision of clinical services only to appropriately supervised persons who are qualified/licensed or in the educational process.

E. Members shall prohibit any of their professional staff or anyone under their supervision from providing services that exceed the individual's competence.

F. Members shall ensure that all equipment used in the provision of services is in proper working order and is properly calibrated.

PRINCIPLE OF ETHICS III: Members shall honor their responsibility to the public by promoting public understanding of the professions by supporting the development of services designed to fulfill the unmet needs of the public, and by providing accurate information in all communications involving any aspect of the profession.

Rules of Ethics

A. Members shall accurately represent their credentials, competence, education, training, and experience.

B. Members shall not participate in professional activities that constitute a conflict of interest.

C. Members shall not misrepresent diagnostic information, services rendered, or products dispensed or engage in any scheme or artifice to defraud in connection with obtaining payment or reimbursement for such services or products. Member’s statements to the public shall provide accurate information
about the nature and management of communication disorders, about the professions and about professional services.
D. Member’s statements to the public – advertising, announcing and marketing their professional services, reporting research results, and promoting products – shall adhere to prevailing professional standards and shall not contain misrepresentations.

PRINCIPLE OF ETHICS IV: Members shall honor their responsibilities to the professions and their relationships with colleagues, students and members of allied professions. They shall uphold the dignity and autonomy of the professions, maintain harmonious interprofessional and intraprofessional relationships, and accept the profession’s self-imposed standards.

Rules of Ethics

A. Members shall prohibit anyone under the supervision from engaging in any practice that violates the Code of Ethics.
B. Members shall not engage in dishonesty, fraud, deceit, misrepresentation, or any form of conduct that adversely reflects on the professions or on the individual’s fitness to serve person professionally.
C. Members shall assign credit only to those who contributed to a publication, presentation, or product.
D. Credit shall be assigned in proportion to the contribution only with the contributor’s consent.
E. Member’s statement to colleagues about professional services, research results, and products shall adhere to prevailing professional standard and shall contain no misrepresentations.
F. Members shall not provide professional services without exercising professional judgment, regardless of referral source or prescription.

ISHA Non Discrimination Policy
"ISHA Members shall not discriminate in their relationships with colleagues, students, and members of other professions and disciplines on the basis of race or ethnicity, gender, gender identity/gender expression, age, religion, national origin, sex, sexual orientation, or disability. All programs and activities of ISHA shall be conducted in accordance with this policy."

*For purposes of the Code of Ethics, misrepresentation includes any untrue statement or statements that are likely to mislead. Misrepresentation also includes the failure to state any information that is material and that ought, in fairness, to be considered.

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A. ETHICAL PRACTICES
- Conducts all clinical work in accordance with the Purdue University Professional Protocol and the Code of Ethics set forth by the American Speech-Language Hearing Association.
- See Purdue University SLHS-54900 Attendance Policy (Revised Summer 2009.)

B. DEPENDABILITY
- Prepares for and conducts clinical services as assigned.
- Prepares for and conducts meetings/conferences/consultations (reviews appropriate files, develops questions and/or key points for discussion).
- Carries out all duties to accomplish total case management (e.g., forms, phone calls, referrals, etc.).
- Makes appropriate arrangements and notifies all concerned regarding any schedule/location change or cancellation.

C. PUNCTUALITY
- Conducts clinical contacts within appropriate period.
- Therapy should begin promptly and end promptly in order to allow sufficient time for clean-up and setting-up the next session.
- Appointments will not be canceled without supervisor approval.
- In case of clinician illness, it is the clinician’s responsibility to
  a. Notify supervisor first
  b. Discuss with supervisor arrangements for make-up appointments
- Please be certain that supervisors are notified in advance of any anticipated absences from professional responsibilities.
- Submits all written assignments (e.g., lesson plans, test results, reports, letters, goals, etc.) in acceptable form (appropriate grammatical usage, paragraph structure, punctuation, and spelling) by scheduled deadlines.
- Attends all meetings/conferences/consultations promptly.

D. CONFIDENTIALITY
- Retains patient folders in assigned locations in office or therapy rooms.
- Utilizes discretion concerning patient information in written and oral communication with others.

E. PERSONAL APPEARANCE
- Utilizes discretion in dress and behavior in professional activities.
- Wears name badge.
- Maintains and promotes a professional image.
- Expanded Dress and Personal Appearance Code (Ethics page 26.)

F. COMMUNICATION
- Utilizes appropriate communication in all professional activities.
- Provides appropriate communication model for patient and family.
- Appropriate written and oral communication is used with all persons involved in the case including supervisor, co-clinicians, and other professionals.
- Contact supervisor regarding inability to complete work by designated deadline.
- Check mailbox at least once per day.
G. ACCOUNTABILITY
- A working folder (including lesson plans and patient-clinician analysis) is kept up-to-date for the full semester during which the patient is seen for services.
- Documentation (test results, data on specific goals, correspondence, release of information, etc.) is updated and kept in working folder.
- Appropriate billing forms are filled out in a timely manner.
- Information in the Purdue University Speech Clinic Handbook and Voice Manual is reviewed and used on a daily basis.
- Uses universal safety precautions whenever necessary.
- Uses HIPAA compliance standards whenever necessary.

H. ELECTRONIC COMMUNICATION DEVICES:
- Cell phone, pagers, and other electronic communication devices should be turned off during class and clinical assignments.

I. STUDENTS WITH DISABILITIES:
- Any student who has a disability that will require some modification of seating, testing, or other class requirements is urged to immediately seek such an accommodation. Students with disabilities must be registered with the Disability Resource Center in the Office of the Dean of Students before classroom/clinical accommodations can be provided. In order to activate the accommodations for which the student is eligible the student must initiate a meeting with the instructor/supervisor of record to make the necessary accommodations.

J. STUDENT RIGHTS, COMPLAINTS, AND ACADEMIC MISCONDUCT:
- The official policies of the University concerning student rights and complaints, honesty and academic misconduct can be found in the Academic Procedures Manual, and in the University Regulations, available from the Office of the Dean of Students. In general, a complaint(s) should be brought first to the instructor(s), the Director of Clinical Education, Prof. Claudia Mornout, and then, if the complaint(s) cannot be resolved, to the Departmental Chair. The Chair of SLHS is Professor Keith R. Kluender, Ph.D.

K. Campus Emergency:
- In the event of a major campus emergency, course requirements, deadlines, and grading percentages are subject to changes that may be necessitated by a revised semester calendar or other circumstances. We will e-mail you any changes and/or post information on the Purdue Blackboard class sites for 54900-1, 2, 3, 4, and 5.

Failure to meet these standards will result in probationary status to be determined by the Clinical Supervisor(s) directly involved and Director of Clinical Education. The result may be lowering of the semester clinical grade and/or termination of clinical responsibilities.
Purdue University SLHS 54900 Attendance Policy

Speech-Language Pathology Graduate Student Clinicians enrolled in SLHS 54900 have an obligation to provide clients with regular and consistent therapy sessions. Consistent attendance in the SLHS 54900 class is also required to enable students to gain appropriate skills across disorders. When students can anticipate that personal obligations will cause absence during a semester, they should consider not registering for clinic that semester. This will require approval from the Graduate Committee and Director of Clinical Education. Graduate Student Clinicians may need to extend their program in order to accumulate the experiences and types of clinical hours required for graduation.

The Department’s policy requires that Graduate Student Clinicians attend all scheduled appointments with clients and all class sessions, including SLHS 54900. Only personal illness, death of an immediate family member, or pre-approved extenuating circumstances will be considered an excusable absence and a reason for canceling an appointment with clients, failing to attend assigned clinical placements, or missing SLHS 54900 class periods. Graduate Student Clinicians must submit a doctor’s note if the combined absences for class and any clinical placements are in excess of two sessions during a semester. Whenever possible, given the constraints of individual practicum settings, every effort should be made to reschedule clients in a timely manner to make up the missed appointment. Absences from clinical assignments not related to illness will be considered unexcused unless approved, in advance, by the Director of Clinical Education or Director of the Speech-Language Clinic. Graduate Student Clinicians who miss more than 10% of any clinical practicum assignment or do not earn a grade of B or better on the CSCF anytime during a semester may have their clinical privileges removed. No hours will be accrued.

All unexcused absences will be considered excessive and will necessitate corrective action. The Graduate Student Clinician will be placed on probation and a Remediation Plan will be developed. The Remediation Plan will be one of the following options:

1. Graduate Student Clinicians who have an unexcused absence(s) in SLHS 54900 will be required to make up all of the class periods missed in the current semester by completion of an outside assignment to be determined in the Remediation Plan. The clinical grade for the semester may be lowered.
2. Graduate Student Clinicians who have an unexcused absence(s) in a clinical assignment will be required to make up all of the sessions missed in the current semester if the situation permits. The clinical grade for the semester may be lowered.
3. Graduate Student Clinicians who have an unexcused absence(s) in a clinical assignment will be required to make up all of the sessions missed in the following semester if the situation permits. The clinical grade for the semester will be “Incomplete” and the grade may be lowered once the sessions are made up. Due to the limited availability of practicum assignments and depending upon circumstances and client availability, Graduate Student Clinicians needing to make up sessions may need to extend their program in order to accumulate the experiences and types of clinical hours required for graduation.
4. Graduate Student Clinicians who have unexcused absences within a semester in an assignment may be removed from that particular clinical assignment; in this case no hours will be accrued and the clinician will earn a clinical grade of C or lower. The clinician may withdraw with a “pass” or “fail”, if allowable by the University’s timetable. Due to the limited availability of practicum assignments and depending upon circumstances and client availability, Graduate Student Clinicians needing to make up sessions may need to extend their program in order to accumulate the experiences and types of clinical hours required for graduation.
5. Graduate Student Clinicians who demonstrate a pattern of unexcused absences across two semesters may be removed from the clinical program either temporarily or permanently; in this case no hours will be accrued and the Graduate Student Clinician will earn a clinical grade of F for that semester.
Dress and Personal Appearance Code

It is important that clinicians dress in a professional manner whenever they are providing diagnostic or therapy services in any Purdue Speech-Language Clinic setting. The way one dresses reflects the quality of service provided, the level of respect one feels for the client and family, and the high standards of professionalism required. The way you dress should not distract the client from the services provided. If you are going to be in the Purdue Speech-Language Clinic area and are casually dressed please keep in mind that clinical services are still being provided by others. You may be asked to leave the area if the casual dress is distracting.

This dress code is also the minimum requirement for all off-campus clinical placements. Individual facilities may have additional or more stringent guidelines.

Any student who is not dressed appropriately will not be allowed to participate in clinic. For this reason, it may be beneficial to keep a change of clothing, sweater, etc., in your locker to use if needed. If inappropriate attire continues, a Professional Protocol Notice will be written and a “U” may be issued under Professional Behavior on the CSCF.

- **Name Badge:**
  - Clinicians must wear their name badge when providing services to patients.

- **Hair:**
  - No distracting hair styles or coloring is allowed.

- **Pants:**
  - No denim jeans, or shorts are allowed without permission from your supervisor.
  - Pants must not be excessively tight, baggy or ride excessively low on the hips.
  - Any pants/skirt/shirt combination must cover the midriff when the arms are raised and cover the back when bending over.
  - No bib overalls, sweatpants, or spandex.

- **All Clothing:**
  - All clothing must be loose fitting, clean, neat, and in good condition.

- **Skirts/Dresses:**
  - Skirts must be of a reasonable length and no more than 3 inches above the knee.
  - Skirts must be reasonably loose and not excessively form fitting.
  - No spaghetti-strap dresses.

- **Shirts/Blouses:**
  - Shirts and blouses must have sleeves (no tank tops).
  - Shirts for men must have collars and be tucked in. T-shirts are not appropriate.
  - Ladies’ low-cut tops that show cleavage or shirts that show through are not allowed.
  - Tops should be reasonably loose, not form fitting, and/or so tight as to create a gap in the front.

- **Shoes:**
  - Shoes should look professional.
  - Flip-flops are not allowed.
  - Tennis shoes are allowable only with supervisor’s consent.

- **Nails:**
  - Length must be moderate. No abnormal or distracting polish colors.

- **Body Art:**
  - Any visible or potentially visible body art needs to be removed or covered if possible. Tattoos must be covered with long sleeves or a high collar. Ankle or foot tattoos must be covered with pants or socks. Oral or facial piercing (tongue, lip, and eyebrow) must be removed.

- **Fragrances:**
  - Clients may have an allergic reaction. **No fragrances** are to be worn in Lyles-Porter Hall during clinic hours.
  - No fragrances may be used at Lafayette ENT, IU Health, and skilled nursing facilities. Please check with your clinical supervisor for any clarification.

Rev. 08.14.14
Professional Infraction Notice

To: __________________________________, Graduate Clinician
From: __________________________________, Clinical Supervisor
Date: __________________________________

On___________ (date), you ______________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

This behavior is not consistent with the standards of clinical behavior at Purdue University’s Speech-Language Clinic. Please review the Protocol of Professional Behavior, and the Written and Oral/Nonverbal Communication Protocols described in the Clinical Skills Competency Form. If you have questions following that, please make an appointment to discuss them with me.

You will be notified if probation and a remediation plan are appropriate. We will meet to formulate this plan in consultation with either the Director of Clinical Education in Speech-Language Pathology, or the Speech-Language Clinic Director.

Please review the Graduate handbook, which describes in detail Clinical Practicum Privileges, Policies and Implementation: Evaluation of Clinical Practicum Performance and Progress.

Please indicate that you have read this memo by signing and dating this memo and leaving it immediately in my mailbox.

_________________________________       ________________________________
Graduate Clinician       Date

__________________________________  ________________________________
Clinical Supervisor       Date

Cc: Claudia J. Mornout, M.S., CCC-SLP, Clinical Professor, Director of Clinical Education in Speech-Language Pathology; Mary Lou Poole, M.S. CCC-SLP, Clinical Associate Professor, Director of Speech-Language Clinic

Revised summer, 2015
CLINIC POLICIES ACKNOWLEDGEMENT FORM

I, the undersigned, acknowledge that I have received and reviewed the clinic handbook, professionalism agreement, and essential functions document. I agree to the terms and will adhere to the standards and policies set forth in these documents. I am also aware that these documents can all be found online at the Purdue University website. Additionally, I have had an opportunity to clarify any questions I might have concerning the provisions of the aforementioned documents.

Name: ____________________________________________________________
(Printed)

Name: ____________________________________________________________ Date ________________________
(Signature)

8.05.13
### GRADUATE Speech-Language Hours

<table>
<thead>
<tr>
<th>Evaluation</th>
<th>Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Articulation</td>
<td>Articulation</td>
</tr>
<tr>
<td>Fluency</td>
<td>Fluency</td>
</tr>
<tr>
<td>Voice &amp; Res</td>
<td>Voice &amp; Res</td>
</tr>
<tr>
<td>Recep-Language</td>
<td>Recep-Language</td>
</tr>
<tr>
<td>Swallowing</td>
<td>Swallowing</td>
</tr>
<tr>
<td>Cognitive</td>
<td>Cognitive</td>
</tr>
<tr>
<td>Social Aspects</td>
<td>Social Aspects</td>
</tr>
<tr>
<td>COMM.</td>
<td>COMM.</td>
</tr>
<tr>
<td>Mobility</td>
<td>Mobility</td>
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<td>C</td>
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</tbody>
</table>

#### GRADUATE
Total SLP Participation Clock Hours

You must have had at least 375 clock hours of practicum in speech-language pathology **at the graduate level.** Have you met this requirement?

Yes ______  No ______

**MINOR AREA (Audiology) show the number of Graduate clock hours:**

Evaluation/Screening of hearing _____  Habilitation and Rehabilitation of hearing impairment _____

**TOTAL GRADUATE AUDIOLOGY CLOCK HOURS ____**

You must have at least 10 clock hours in the evaluation/screening of hearing. Have you met this requirement?

Yes ______  No ______

You must have at least 10 hours in the habilitation/rehabilitation of individuals who have hearing impairment. Have you met this requirement?

Yes ______  No ______
**GRADUATE Speech-Language Hours**

<table>
<thead>
<tr>
<th></th>
<th>Evaluation</th>
<th>Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aphasia</td>
<td>CA</td>
<td>CA</td>
</tr>
<tr>
<td>Therapy</td>
<td>CA</td>
<td>CA</td>
</tr>
<tr>
<td>Voice &amp; Respiration</td>
<td>CA</td>
<td>CA</td>
</tr>
<tr>
<td>Neurological</td>
<td>CA</td>
<td>CA</td>
</tr>
<tr>
<td>Cognition</td>
<td>CA</td>
<td>CA</td>
</tr>
<tr>
<td>Social Aspects</td>
<td>CA</td>
<td>CA</td>
</tr>
<tr>
<td>Causation</td>
<td>CA</td>
<td>CA</td>
</tr>
<tr>
<td>Communication</td>
<td>CA</td>
<td>CA</td>
</tr>
<tr>
<td>Hearing</td>
<td>CA</td>
<td>CA</td>
</tr>
<tr>
<td>Speech</td>
<td>CA</td>
<td>CA</td>
</tr>
<tr>
<td>Total SLP Participation Clock Hours</td>
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</tr>
</tbody>
</table>

You must have had at least **375** clock hours of practicum in speech-language pathology **at the graduate level**. Have you met this requirement?

yes   no

**MINOR AREA (Audiology) show the number of Graduate clock hours:**

Evaluation/Screening of hearing  Habilitation and Rehabilitation of hearing impairment  

**TOTAL GRADUATE AUDIOLOGY CLOCK HOURS**

You must have at least **35** clock hours in audiology. Have you met this requirement?

yes   no

You must have at least **15** clock hours in the evaluation/screening of hearing. Have you met this requirement?

yes   no

You must have at least **15** hours in the habilitation/rehabilitation of individuals who have hearing impairment. Have you met this requirement?

yes   no
You must have at least 50 clock hours of supervised clinical practicum in each of three different clinical settings. The speech, language, and audiology clinic at Purdue is one of those settings. In the space below, give the name and city of each program where you have had supervised clinical practicum, and give the total number of clock hours obtained in each setting.

<table>
<thead>
<tr>
<th>PROGRAM</th>
<th>LOCATION</th>
<th>CLOCK HOURS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purdue University Clinic</td>
<td>West Lafayette, IN</td>
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</tbody>
</table>

TOTAL
(include undergraduate and graduate speech-language pathology and audiology hours) 
(must be a minimum of 375 participation hours)

Plus observation hours

GRAND TOTAL
(participation plus observation hours)

Were at least 25% of your treatment sessions directly supervised?

yes _____  no _____

Were at least one-half of each of your diagnostic evaluations directly supervised?

yes _____  no _____

Were at least 50 practicum hours obtained in three distinctly different practicum sites?

yes _____  no _____
What was the exact date on which you completed all of your clinical practicum requirements? [Month/Day/Year] 

What was your ASHA examination score? 

What is your exact date of graduation from Purdue? [Month/Day/Year] 

Are your external practicum forms, SITE Forms, log cards and observation hours attached to this application?

   yes _____   no _____

I have reviewed my final Academic and Clinical KASA and it is accurate.

   yes _____   no _____

**SIGNATURES**

When you sign below, this means that you have checked this PR form for accuracy in meeting ASHA’s minimum practicum requirements for certification.


① Student 

   Date  

② Speech-Language Clinic Director 

   Date  

③ Graduate Programs Director 

   Date  

Rev: 6/97
American Speech-Language-Hearing Association (ASHA)  
Scope of Practice in Speech-Language Pathology  
May 9, 2016  
http://www.asha.org/News/2016/New-SLP-Scope-of-Practice

2014 Standards and Implementation Procedures for the  
Certificate of Clinical Competence in Speech-Language  
Pathology (Revised 2016)  

OTHER PROFESSIONAL INFORMATION

ASHA - The American Speech-Language-Hearing Association

ASHA is the national scientific and professional association for speech-language pathologists, audiologists, and speech-language and hearing scientists concerned with communication behavior and disorders. ASHA is our professional association, and students are encouraged to become familiar with its goals, its programs, and its publications.

The manner in which clinicians receive clinical training follows certain guidelines prescribed by ASHA. The guidelines call for a minimum number of clinical clock hours of experience in various disorder categories, and require a certain percentage of supervised therapy sessions. However, it is the philosophy of the program that merely meeting minimum requirements does not mean that students have received adequate practicum experience. Our objective is to provide students with a number and quality of clinical experiences that will make them competent professionals. Meeting competency requirements often means that students will accumulate academic and clinical experiences well in excess of the ASHA minimum requirements.

NSSLHA - The National Student Speech-Language-Hearing Association

NSSLHA is the national organization for students interested in the study of normal and disordered communication behavior. Membership is open to undergraduate and graduate students. Membership at the national level will translate into reduced initial dues for ASHA, so students are encouraged to join. In addition to the national organization, many universities, including Purdue, maintain active chapters which meet during the year on a regular basis.

The Purdue Chapter of NSSLHA encourages student membership and support of its activities. Through Purdue Chapter programs, students will learn more about the opportunities that can result from professional training, more about the national NSSLHA Chapter, and about the workings of the ASHA. Each clinical trainee is urged to become a member of the Purdue Chapter of NSSLHA.
ISHA - Indiana Speech-Language-Hearing Association

ISHA is the state organization for individuals working or interested in the fields of speech-language pathology and audiology. Membership is open to undergraduate and graduate students at a reduced rate. ISHA encourages students to become members and participate in its activities. Through involvement in ISHA students learn more about the opportunities available in Indiana.

State Licensure and School Certification

In addition to the ASHA CCC, one should also be aware of the state regulatory (licensure) guidelines. Collectively, 48 states regulate the practice of speech language pathology and audiology. It is anticipated that all states are moving toward the trend of requiring a master's degree. In all states with regulatory requirements, the master's degree or its equivalent is the minimum practice credential for employment in hospitals, rehab sites, nursing homes, etc.

Except in those states where a license is required regardless of work setting, one does not have to have a health professions license to work in the schools. Instead, Speech Language Pathologists must be independently certified by the particular state's department of education. The 12 states that require licensure regardless of work setting are Arizona, Connecticut, Delaware, Hawaii, Illinois, Iowa, Kansas, Louisiana, Massachusetts, Montana, New Hampshire, and New Mexico. Not all states require a master's degree to work in the schools. Consequently, to work in the schools in states where licensure is not required (e.g., Indiana), one must obtain the Department of Education certification. Indiana requires a master's degree. If an SLP wants to work in any other setting, he or she must also have a license.

The names, addresses, and telephone numbers for state education agency contact, state speech-language pathology regulatory agencies, as well as the characteristics of state licensure laws, are available through the ASHA website: www.asha.org.

Additional information may be available from the following resources:

- **Indiana Department of Education**
  151 W. Ohio Street
  Indianapolis, IN 46204
  Phone: (317) 232-6610
  www.doe.in.gov/

- **Indiana Speech-Language-Hearing Association (ISLHA)**
  Central Office
  P.O. Box 24167
  Indianapolis IN 46224-0167
  Phone: (317) 916-4146
  www.ishla.org

- **Indiana Health Professions Bureau**
  Attn: SLPA Board
  402 W. Washington, Room WO66
  Indianapolis, IN 46204-2758
  Phone: (317) 234-2064
  E-mail: pla@pla.in.gov
  http://www.in.gov/pla/speech.htm
Purdue University
Directions to the MD Steer Speech-Language Clinic

The Purdue University Department of Speech, Language, and Hearing Sciences is located in the LYLES-PORTER Hall on the Purdue University campus. The address for the M.D. Steer Audiology and Speech-Language Clinics is:

Speech, Language, and Hearing Sciences (SLHS)
Lyles-Porter Hall
715 Clinic Drive
West Lafayette, IN 47907

Our phone numbers are: (765) 494-4229 or (765) 494-3789. The campus map is available on the following page as well as driving directions below. Parking is available in the Harrison Street Parking Garage, which is attached to Lyles-Porter Hall on the first floor. Access the parking structure from either University Street to Clinic Drive or going west on Harrison Street to the Harrison Street Garage. There are designated parking spaces for the SLHS Clinics on the first floor of the parking garage. As you enter the building form the parking garage, walk down the hall to the center of the building. The receptionist and waiting room are located on the first floor of the building, room 1042. Check in with the receptionist who will notify your clinician/audiologist that you have arrived.

Thank you. We look forward to seeing you in Lyles-Porter Hall.

Directions:

From North of Purdue University:
- I-65 South to Exit #193, US-231 S
- Right onto US-231 S to US-52
- Left onto US-52 for 4 miles
- Right onto US-231
- Follow US-231 to Martin Jischke Dr.
- Left onto Martin Jischke Dr.
- Right (first exit) off the roundabout onto Harrison St.
- Left onto University Dr.
- Left onto Clinic Dr.
- Parking garage will be on your left

From South of Purdue University
- I-65 North to Exit #172, State Rd. 26
- State Road 26 becomes State St.
- Left onto University Dr.
- Right onto Clinic Dr.
- Parking garage will be on your left

Revised, August 2016
Map and building information
M.D. Steer Speech-Language Clinics

M.D. Steer Speech-Language Clinic Location:
The Speech Clinic is located in Lyles-Porter Hall on the Purdue University campus. Clinic facilities are accessible to physically handicapped persons via a ground level entrance. Parking is available for clients at designated areas in the Harrison Street Parking Garage. The PGH ticket received on entrance to the Harrison Street Parking Garage must be validated in the SLHS Clinic Reception area or the client will be charged when exiting. If space is unavailable in the 15 marked SLHS/PPC parking spaces the client may park in other open spots for Part A parking.

The SLHS Speech-Language Clinical experiences for SLHS graduate students include evaluations, screenings, as well as individual and group intervention for children and adults with communication problems. Disorder areas addressed include, but are not limited to:

- Accent Modification
- Auditory processing, language comprehension, and other receptive communication difficulties
- Communication difficulties associated with hearing loss
- Speech production difficulties such as: speech sound/articulation, stuttering, voice disorders associated with vocal misuse, and a range of medical conditions such as cleft palate, Parkinson’s disease
- Developmental language difficulties as well as language problems associated with other conditions such as autism, neurological conditions
- Swallowing Problems

The Speech-Language Clinic has a rich tradition of providing a variety of clinical services to the community and Purdue University. Our missions include the provision of excellent services to clients as well as the highest quality of clinical training for graduate students. Below you will find detailed descriptions of our clinical experiences.

M.D. Steer Speech-Language Clinic

- **Accent Program:** Accent modification sessions are designed to help non-native English speakers reduce their accent, improve oral communication, build vocabulary, and learn about American culture. Effective communication requires not just the mastery of individual sounds and the accompanying aspects of pronunciation such as stress, rhythm, and intonation, but also the mastery of non-verbal communication skills such as gestures, posture, and eye contact. A typical accent modification program will involve individual and/or group sessions with a speech-language pathologist to address each of these aspects of communication. Completion of daily home assignments to augment goals of the individual session, and a commitment to consistent self-practice are necessary for optimal success. Barbara Cicholski, M.A., CCC-SLP supervises.

- **Adult Language Diagnostic and Treatment:** Adult clients with varying neurologic diagnoses including CVA (stroke), traumatic brain injury, Parkinson’s disease and dementia are seen weekly for individual and/or group therapy. Therapy focuses on improving communication skills via a multi-modal approach. Jaime Bauer Malandraki, M.S., CCC-SLP, Michelle Gutmann, Ph.D., CCC-SLP, Claudia Mornout, M.S., CCC-SLP, and Mary Lou Poole, M.S., CCC-SLP supervise.
- **Aural Rehabilitation for Children and Adults:** Assessment and intervention services are provided for individuals with hearing loss from infancy through adulthood. Individual and/or group intervention focuses on auditory perception and amplification with hearing aids and/or cochlear implants, lip reading, expressive speech and language, vocabulary and communication development as well as social communication skills. The benefits of assistive listening systems are explored. Both audiologists and speech-language pathologists collaborate to provide comprehensive treatment. Jeanette Leonard, M.A., CCC-SLP/A, Barbara Cicholski, M.A., CCC-SLP, Christi Masters, M.S., CCC-SLP, and Lata Krishnan, Ph.D., CCC-A supervise.

- **Birth-Three Program:** This program provides early intervention services for children aged three or younger and their families. Individual and group therapy sessions focus on collaborating with caregivers and sharing strategies associated with the development of communication skills in young children. Children with communication delays and their parents participate in a naturalistic, play-based setting. Christi Masters, M.S., CCC-SLP supervises.

- **Child Speech-Language Diagnostic and Treatment:** Communication disorders in children and adolescents are evaluated and treated in weekly individual and or group therapy. Evidence based practice approaches are utilized to maximize improvement in communication disorders. Barbara Cicholski, M.A., CCC-SLP, Christi Masters, M.S., CCC-SLP, Tamar Greenwell, M.S., CCC-SLP, and Emily Studebaker, M.S., CCC-SLP supervise.

- **I-EaT Swallowing Research Clinic:** Swallowing diagnostic and intervention for dysphagia includes a high quality FEES swallowing station, experience with a videofluoroscopic c-arm for conducting videofluoroscopic swallowing studies, and Swallow Strong intervention equipment. Jaime Bauer-Malandraki, MS, CCC-SLP serves as the director of the I-EaT clinic and supervision of students in this placement.

- **Pragmatic Language Groups:** Pragmatic Language Groups are designed to provide opportunities for children and teens with social communication difficulties to interact with peers, to learn and practice skills for social interaction, and to develop friendships. Weekly, 90-minute sessions are designed to provide opportunities for participants to learn and practice skills during motivating activities. Participants are involved in small group and large group activities targeting skills such as turn-taking, topic maintenance, compromise, reciprocity, and interruption during both direct teaching and practice. There are different groups available including Play Group (ages 3-5), Kids Club (ages 5-8 years), Tweens Club (ages 9-12 years) and Teens Club (ages 13-18 years) and Adult Group. Tamar Greenwell, M.S., CCC-SLP and Emily Studebaker, M.S., CCC-SLP supervise.

- **Preschool Language Program:** This communication-based program serves children ranging from 3-5 years of age. Various etiologies and communication problems are addressed in group and experiential situations. Children with typically developing communication skills are included as peer models. A transdisciplinary team consisting of a speech-language pathologist, early childhood special educator, and family members plan and implement communication intervention in an early childhood setting. The Preschool Language Program is open three mornings a week. Emily Studebaker, M.S., CCC-SLP, and Hope Gulker, M.A., M.S.W., supervise.

- **Stuttering Therapy Diagnostic and Treatment:** The clinic offers a variety of programs for people who stutter and their families. Therapy is designed to meet clients’ individual needs. Therapy with preschool and grade school
children consists of individual sessions combined with parent support/training groups. Adolescents and adults may receive both individual and group therapy. Treatment emphasizes not only achieving smoother speech patterns, but also reducing the fear and embarrassment so commonly experienced by those who stutter. Barbara Brown, MS, CCC-SLP, supervises, and Katie Garrett, MS, CF-SLP provides treatment.

- **Summer Intensive Articulation and Phonology Programs:** This program is designed to provide intensive intervention for children ages 4 to 10 years who receive speech therapy during the school year. The program runs for approximately eight weeks over the summer. Children attend 90-minute, group sessions three times a week. Each group consists of 2 to 4 children. The program helps children learn and stabilize producing targeted sounds to improve their ability to be understood. Barb Cicholski, M.A., CCC-SLP and Mary Lou Poole, M.S., CCC-SLP supervise.

- **Summer Child Language Treatment/Research Program:** Each summer, a four-week child language intervention and research program takes place from mid-June to mid-July. Children ranging from 4-6 years of age who meet the criteria established for research protocols participate in data collection tasks and intervention activities on three mornings a week. Jeanette Leonard, M.A., CCC-SLP/A, Tamar Greenwell, M.S., CCC-SLP, and Barbara Brown, M.S., CCC-SLP supervise.

- **Wellness Screenings:** Purdue employees and retirees may have their speech, language and hearing screened on advertised days throughout the calendar year.

**Additional Clinical Locations:** Current additional clinical locations are included in the clinic program description. Detailed information is provided to the graduate student clinician upon assignment to this clinical experience.

- **BrainBuilder’s Groups:** Groups are held weekly in conjunction with University Place in West Lafayette, IN. The program seeks to maximize thinking, memory, and communication in a social setting for those demonstrating mild memory losses. A spouse support/education group meets at the same time as the treatment group. The weekly sessions are conducted for 1 ½ hours. Michelle Gutmann, Ph.D., CCC-SLP, Claudia J. Mornout, M.S., CCC-SLP, and Mary Lou Poole, M.S., CCC-SLP supervise.

- **Greater Lafayette Area Special Services:** Kindergarten screening and a Quick Aric program are led by Mary Lou Poole, MS, CCC-SLP and Tamar Greenwell, MS, CCC-SLP.

- **Indiana University Health-Arnett-Greenbush:** Diagnostic and therapy services are provided for adults in the areas of dysphagia, motor speech and voice in an outpatient clinic setting. Videostroboscopy is performed by speech-language pathologists. The program is held at the Indiana University Health-Arnett Clinic on Greenbush Street in Lafayette, IN. Jaime Bauer Malandraki, M.S., CCC-SLP, and Dawn Wetzel, M.A.T., CCC-SLP supervise.

- **Indiana University Health-Arnett Hospital:** Diagnostic and therapy services are provided for adults with disorders of dysphagia, motor speech, cognitive-linguistics, voice, and trach/vent in an acute care hospital setting. Videofluoroscopic Swallowing Evaluations are performed in conjunction with the Radiology Department. The
program is held at the Indiana University Health Arnett Hospital in Lafayette, IN. Dawn Wetzel, M.A.T., CCC-SLP supervises.

- **Rosewalk Skilled Nursing Facility**: This program provides diagnostic screening for speech-language, or swallowing at *Rosewalk Village SNF in Lafayette, IN* for the adult geriatric population with diagnoses including aphasia, traumatic brain injury, dementia, dysarthria, dysphagia (swallowing) and neurological diseases such as ALS and Parkinson’s disease. Consultations with disciplines including Occupational Therapy, Physical Therapy, Nursing, Physicians, Dietitians, and Social Services provide the highest quality of care to each individual residing at this facility. Michelle Gutmann, Ph.D., CCC-SLP, Claudia J. Mornout, M.S., CCC-SLP, and Mary Lou Poole, M.S., CCC-SLP supervise.

- **Preschool Speech-Language-Hearing Screenings**: Speech, language and hearing screenings are performed at various preschools in the community during the academic calendar year. Christi Masters, M.S., CCC-SLP supervises.

- **Voice Program: Otolaryngology: Private Practice**: Voice diagnostics and therapy are conducted with both children and adults in a medical private practice setting. Videostroboscopy evaluation is performed by speech-language pathologists. The program is held at *Lafayette Otolaryngology Associates (Drs. Berner & Hillsamer)* in Lafayette two mornings a week. Barbara S. W. Solomon, M.A., CCC-SLP supervises.
Cancellation of Appointments by Clients

When a client cancels a session, this information is forwarded to the Clinical Faculty supervisor by phone message by the Clinical Reception staff.

Client Files

Client files are accessed through the Point and Click Electronic Health Solutions Record System. For clients who were first evaluated or treated prior to January 1, 2016 there are paper charts as well. The folders can be checked out of the file cabinet in 1042 for use. See Section on “Clinic Procedures” for information related to use of client files. Current client folders and clinic forms are kept in the filing cabinets to the left as you enter Room 1042. Room 1042 is directly behind the receptionist’s desk. Ask the receptionist for non-current client folders as they are stored in another location. The main office is open from 8:00 a.m. to 6:00 p.m. Monday through Friday. Client files cannot be taken from Lyles-Porter Hall.

Client Waiting Room

The client waiting room is located in Room 1042. Clinicians should arrange to meet their clients in the waiting room prior to each therapy session unless special arrangements are made in advance. Parent conferencing should not take place in 1042 or the hallway. Important therapy-related information should be discussed only in the privacy of a therapy room. Clients are asked to check in at the receptionist’s desk and then wait in the Clinic Waiting Area.

Computer Usage: Graduate Student Computer EHR - Room 2143

The student Computer Laboratory is located in Lyles-Porter Hall, Room 2143. The student computer lab is equipped with ten Dell PCs and Dell Flat Screen. Each has a CD drive, USB ports, and a hard drive.

Available Software: (this is a partial list)
- Electronic Health Record system—First priority is use of the computers for Client treatment documentation
- Microsoft Office
- MSWord
- Excel
- PowerPoint
- Adobe Reader
- Internet Explorer
- Web Mail
- Blue Tree Publishing Voice Software
- Miscellaneous other software related to Speech-Language Pathology, Auditory Interactivities, etc. (on some machines)—SALT, Braniac, PRAT, and Cool Pro Edit, and Matlab.

Policies and procedures for Computer EHR room:

- SLHS students’ clinical 54900 or 547900 assignments versus course work—each graduate student is issued a key that opens the door. The door is to remain locked AT ALL TIMES for security purposes.
- No inappropriate material allowed—including pornography or any software unauthorized by the department.
- Printing volume—Please be sensitive to other users. Since this is to be used for clinical obligations there would be little need for “large” printing jobs.
- Copier—Used for clinic purposes only. See information in next section.
- Clinic or personal files are not allowed to be stored on the hard drive. Use a USB jump drive to save files.
- I-Pads are NOT to be used for personal use.
**Copying/Scanning Machines**

There are copy machines in several locations: Room 3048A, Room 2159, and Room 1032 for copying documents for clinical use. (See above procedure under computer usage.) Be aware that the Speech Clinic is charged for each copy made. **Do NOT abuse this privilege.** Additional copy machines and scanning are available in the University libraries or the Purdue Memorial Student Union.

**Electronic Shop**

The electronic shop is located in Lyles-Porter, Room 3080. More sophisticated equipment is stored, assembled, restored and repaired by the Electronic Shop staff. Kevin Berry and David Kessler are the engineers responsible for the electronic shop.

**Graduate Lounge Area**

The graduate area is located on the third floor of Lyles-Porter Hall, 3091. Lockers are available in 3091A for graduate clinicians. Other gathering areas are located throughout Lyles-Porter Hall for use by graduate students.

**Handicap Access**

The Speech and Hearing Clinic is accessible through each entrance into Lyles-Porter Hall to all handicapped individuals. An elevator is located in the main entrance in the building for access to the 2nd and 3rd floors. All of the therapy rooms in the clinic accommodate wheelchairs.

**Keys**

A key is issued to graduate students for the therapy rooms, observation rooms, Electronic Health Record Room/Test Resource Room, and therapy Resource Room. **The key must be returned** when students are no longer enrolled at Purdue University. Entrance into Lyles-Porter Hall after hours and on the week-end is accessible by scanning a valid Purdue ID.

**Mailboxes**

All graduate student clinicians will be assigned mailboxes at the beginning of each semester. The mailboxes are located in Lyles-Porter 2143. Faculty and staff mailboxes are located in Lyles-Porter, Room 3028.

**Observation (Live) and Recorded Viewing Rooms**

Four rooms are directly observable: 2155, 2136, 2135, and 2111. 2155 and 2136 are observable from 2138 and 2135 and 2111 are observable from 2137. Observation rooms are limited in number and need to be used to everyone’s best advantage. All interested clinicians and the clients' parents/families are encouraged to observe, supervisors have top priority for observing therapy sessions when space in an observation room is limited. All other therapy rooms in Lyles-Porter are observable through the ExacoVision system on the computers in 2138 and 2135. Students will receive passwords to use in the system. Please heed the following rules when observing: 1) **Be quiet.** If communication is necessary, step away from the window and whisper; 2) **Do not leave hallway doors open** as light from the hallways can be seen in the therapy rooms through the one-way mirror; 3) **Do not lean too closely to the mirror** as shadows can be seen in the therapy rooms; and 4) **Use the headphones** available at each observation window if others need to observe a different room from that location.

**Point and Click Electronic Solutions Health Record System**

You will be issued a user name and temporary password to gain access to the Point and Click system. Once you have logged in you will then create your own password. Be certain you know what it is. We cannot retrieve it for you. Student clinicians will receive training on the EHR system. Incoming student clinicians will receive a user manual.

**Recording Sessions**

The cameras continuously record movement in the therapy rooms. The button in the therapy room must be set to “green” to record the sound. Following a session it MUST be disengaged to prevent continuous recording.
Resource Room
The resource rooms are located in Rooms 2143, 2161 and 1018K. See the section on materials and equipment for further information.

SLHS Administrative Offices
The SLHS Administrative Offices are located in Lyles-Porter Hall, Suite 3048 A-E. Offices for the Department Head, Dr. Keith Kluender, Secretary to the Head, Kathy Brewer, Graduate Secretary, Vicki Black, and Administrative Assistant to SLHS, Teasha McKinley are in this suite. The SLHS Business office is located in Suite 3026.

Therapy Rooms
Therapy rooms are located on the second floor of Lyles-Porter. Four of the rooms are observable via two-way mirror. Video recording equipment is located in all rooms. Each therapy room contains furniture appropriate for each room. Furniture should remain in that room but if removal is necessary, return it to the proper location immediately after the therapy session.

1. Permanent room reservations for the semester need to be scheduled with the receptionist in LYLE 1042. Do not use a vacant therapy room for any reason without first checking with the receptionist who schedules all of the therapy rooms. As a courtesy there is a sheet with room reservations that is located on the inside of the door for each room.
2. For special one-time occasions, reserve the room with the receptionist, who will note the date, time and room for the specific appointment.
3. In order to maintain current schedules for all therapy rooms, please coordinate room changes with the receptionist and the supervisor you are working with if an assignment changes during the semester.

Materials and Equipment

CLINICAL POLICY
The department provides a wide variety of therapy materials for use in the Clinic. These include stimulus materials, formal tests and speech and language therapy programs. This presents the students with a variety of materials to enhance the learning process during the clinical practicum.

Purchasing and maintaining materials is an expensive task. To ensure that materials are not misplaced and that they are maintained in the best possible condition, specific borrowing procedures have been developed. These procedures are outlined in the following paragraphs. Use of materials in the resource room is a privilege that may be revoked if procedures are not followed. Tests and therapy materials are not to be used in externships unless approval is provided by a SLHS faculty or staff person.

Resource Room (LYLE 2161, LYLE 2143, and LYLE 1018K)

Check-Out and Returns: Diagnostic Tests
There are many diagnostic tests available for your use in clinical practicum. Diagnostic tests and forms are kept in LYLE 2143. The tests are organized in alphabetical order. A comprehensive list of tests available is included in a binder kept in the resource room. The tests are organized in the binder in several ways for your convenience. The tests are listed according to primary disorder classification, age range and in alphabetical order within the binder.

Sign out all diagnostic tests on the checkout list in 2143. Directions for checking out tests are posted on the metal test cabinets. Clinicians should reserve needed tests materials before the diagnostic session. Diagnostic clinical teams have priority in reserving testing materials. Tests may be checked out for two hours at a time. Tests may not leave Lyles-Porter Hall between 8 a.m. to 5 p.m. You may check out a diagnostic test after 5:00 p.m. for overnight use, but it must be returned by 8:00 a.m. the following day. You may need to return the test and check it out later to complete scoring after administering the test. When checking out diagnostic tests take the entire folder (not just the manual or test plates inside the folder) and return it to the proper place in the metal cabinets. Tests and therapy materials are not to be used in externships unless approval is provided by a SLHS faculty or staff person.
Diagnostic test forms are very expensive. To prevent waste of forms, clinicians should use worksheets, photocopies and/or other recording sheets for initial data collection. This data can then be transferred to the test protocol form. **Use only one form per client.**

iPads are stored in LYLE 2143 in the cabinets in the south wall of the room. Sign-out is imperative as well as quick return. Charge iPads upon return. **NOT FOR PERSONAL USE.**

**Check-Out: Materials**

Therapy materials may be checked out of the resource room for daytime or overnight use. You must check out the materials by completing the check out sheets in the checkout binder kept on the table in the resource room. Please complete the checkout sheets with all requested information. Legibly write your name, not the name of the research project or program. Clinic materials are stored in room 2161. A comprehensive inventory of available materials is listed in a large binder kept in the resource room. **ALL MATERIALS MUST BE CHECKED OUT AND RETURNED AT THE END OF THE SESSION.**

**Check-In: Materials**

Return materials to the resource room as soon as you are finished. If materials are checked out for overnight use, they must be returned to the resource room by 8:30 am the following day. Specific guidelines for returning materials are posted in order to keep the resource room neat. **Please return all materials to the location where you found them.**

**Resource Room Employees and Bulletin Board**

The department employs one graduate student and undergraduate students to maintain materials in the resource room and to insure the upkeep of room. A Clinical Faculty member has over-all responsibility for the operation of the Resource Center. Please let a resource room employee know of damaged or missing items from the resource room by leaving a note on the check-out computer. There is a bulletin board located on the wall by the sign-out computer in LYLE 2143. Please check the bulletin board for information regarding the resource room. Please help to keep the resource room neat. The Resource Room door is locked at all times. Use your key to access the rooms.

**Note:** Due to the high demand for certain materials, removing items from the Resource Room for individuals other than clients (i.e., brothers and sisters) should be discouraged. Parents should be encouraged to bring favorite toys/books from home for any accompanying children or use those toys in the waiting room. Under no circumstances should parents or accompanying children be allowed to help themselves in the Resource Room. If it becomes necessary to check-out some materials for a client’s siblings, then the clinician is responsible for ensuring their safe return. **Resource Room materials should not be taken down to the Waiting Room at any time.**

**Rooms and Furniture**

If it is necessary to move furniture from room to room please return it to its proper place. In most cases it is preferable to change rooms rather than to move furniture. Keep supervisors aware of any room changes.

Also, please keep the therapy rooms as neat as possible. **Do not use tape on the walls, spill liquid on the carpets, etc.** As needed, please wipe off the table and chairs, clean up the floor with the Dust-buster or broom (available in the Resource Room), and wipe off the mirrors with paper towels and plain water. If there is a room that needs further attention, leave a note on the door for housekeeping to clean the room that evening. There is a Bio-hazardous Kit in each therapy room. Each kit is equipped with a bottle of bleach solution, rubber gloves, paper towels, etc. Please let the Speech Clinic Director know when these need to be replenished.

**Note:** 2155 is officially designated as the Voice Therapy Room. The Video Voice and the VisiPitch computers, and the Nasometer are located there. Please keep this equipment in 2155.
**Video Equipment**

If there are problems with the equipment, please request help from a supervisor or the shop staff. Headphones are available in the Resource Room for private listening by parents or other observers. Please turn the monitors off when finished with them.

**CLINIC PROCEDURES**

**Adult/Child Registration Requests for New Clients**
Typically the client or family of the client will call the Speech-Language Clinic to inquire about services. The receptionist will input the information into the PnC waitlist and notify the supervisor who handles cases of the type requested. If the person is currently receiving services at another location the case will be put in the “wait list”. Others will be either wait listed or scheduled for a diagnostic evaluation based on clinical training needs.

**Adult/Child Continuing Registration Requests**

Adult/child registration requests (see samples) must be fully completed before a client is enrolled in therapy. The information contained on this form is crucial to the scheduling of clients/clinicians. These forms should be completed by clinicians/clients/parents during the last week of therapy each semester if a client will be continuing therapy the following semester. Forms should be complete when handed in at the end of the semester. Forms may be completed in advance if a client wishes to enroll for future semesters. See Forms Appendices for examples.

**Appointment with Supervisor**

The clinician is required to schedule an initial conference with his/her supervisor prior to notifying the client concerning the clinical schedule. This initial meeting should be held as soon as possible after clinical assignments are made. In-service sessions may be scheduled to orient clinicians with the program to which they are assigned. Expectations will be discussed at that time, including proper professional attire for the placement and the individual supervisor’s expectations for his/her clinicians. Clinicians should also discuss their own expectations and learning styles with their supervisors at this meeting.

**Assignments**

Clinical assignments are posted in Lyles-Porter 2141 during the first few days of the semester. Clinicians should also check their mail boxes for any further information and then carry out the initial clinical procedures.

**Audiological Services**

Impedance testing or complete audiological testing may be arranged through the hearing clinic. Appointments are made with the receptionist in Room 1042. There is a charge for these services. Be sure to discuss all fees with clients’ families prior to scheduling appointments.

**Case Management Summary**

Supervisors will ask students to complete some form of summary of case management to determine the services needed to best meet the client’s needs. Clinicians are encouraged to utilize all resources available, including the client’s folder, previous clinicians, academic information, literature, etc. to gather as much information as possible for the summary. Supervisors may require the clinician to complete the Summary of Case Management form as a formal guide to this process. (See samples). Note on the form the services which are needed as well as areas which warrant further evaluation. Indicate what assessment measures might be appropriate to obtain the evaluation information. Be sure to have a rationale for the tests, probes, analyses, etc. that are chosen. Remember to consider all areas of case management including: medical, audiological, counseling/consultation, communication, educational and other areas. Clinicians will present this information to their supervisors during initial conferences. This information will also be used to develop an intervention plan.
**Client Files**

Client files for dates of service prior to January 1, 2016 are available in the Current Speech Client Files cabinet in the main office in 1042. When using a paper file for review the file MUST be checked out.

Client File Check-out:

Client files may be signed out by filling out a file place-holder out card located on top of the cabinet during regular business hours. Files may be taken only to the graduate offices, to the supervisors' offices or to the graduate room and returned the same day. Client folders may be taken to 2143 for use by graduate students between 8:00 a.m. and 6:00 p.m., but should **never leave the building**. There is no access to the office in 1042 after 6:00 to obtain or return client folders. If a file is needed past 6:00, the client file can be placed in the file slots in 2143. Put the client file in a large envelope available in the mail room with the following information listed: Supervisor’s Name, Client’s HIPAA name, and Date. It is the student’s responsibility to return the client folder to the office file cabinet in 1042 within two days of checking out the file. (See example of forms in Client File at the end of this section.) * If you need a file that for a returning client who was not a client since August, 2015, please ask the receptionist for the file.

All clients with dates of service after January 1, 2016 have electronic files in the Point and Click Electronic Heath Record system.

**Clinic Information Letter**

Each client should be given a copy of the *SLHS Clinic Information Letter* (see sample in the Appendix) at the beginning of each semester. This letter summarizes attendance policy, fee payment information and clinical services. The clinician fills this out to mail to the client prior to the first visit or to give to the client on the first visit if it is a returning client.

**Client Scheduling Policy**

It is the policy of the Purdue Speech-Language Clinic to schedule clients for services based on their waiting list order. This order is determined by the date of the client's request for services. (See sample for examples in the Appendix.)

Exemptions are made to this policy. Exemptions may take into consideration the nature and severity of certain communication disorders, research/grant needs and the clinical requirements of students as reflected by the accreditation policies of the American Speech-Language-Hearing Association.

**Consultations/Conferences**

While many parents/family/caregivers are involved in therapy daily, usually two or three formal conferences are held with the responsible party of the clients throughout the semester.

1. **Intake Interview:** The first of these conferences, the intake interview, is to be held early in the semester. The purpose of this conference is to up-date information regarding the client and his responsible party of the speech/language/hearing disorder.
2. **Information-giving Conference:** This conference is conducted at the midpoint of the semester. At this time, the clinician is to explain the goals that have been established for the client and the methods being employed to achieve the goals. Additionally, the clinician may explain a home program to be initiated.
3. **Dispositional Conference (Final Conference):** This is held at the conclusion of the semester. During this conference, the client’s goals should be reviewed. The responsible party is then informed of the client’s progress and is given recommendations regarding future management of the client’s problem. Registration forms and pertinent release of information forms are completed at this time.

Often, the intake interview and the information-giving conference are combined at mid-semester. Outlines or plans for all conferences should be discussed with the supervisor prior to the conference occurrence. While neutral comments concerning daily therapy may be shared with a responsible upon returning a client to the waiting room, please remember that pertinent information requires a trip to the therapy room for discussion.
Conferences with adult clients who are their own responsible party are also to be planned at least twice during the semester. Information exchange is basically the same as that for a “parent” conference, including the completion of registration forms and release of information forms at the final conference.

**Legal Release Forms**

Each file should contain a scanned copy of the [Legal Release and Request for Admission](#) form (see sample). This allows clinicians to provide therapy to the client, as well as to audiotape and video record sessions for educational purposes. In addition, each file should contain a scanned copy of a [Legal Release to Contact for Participation in Research](#). This may be accepted or declined, but the form must be included in the file. Please verify that the most recent version of the forms is signed and scanned in the client’s file each semester. If a form is missing, please see that it is completed immediately.

If needed, the [Consent to Release Information](#) must be completed and signed to allow us to provide to or obtain information concerning the client from another agency. (See sample). A separate form must be completed for each person/agency to which a report of our work with a client will be sent, as well as for each agency from which we are requesting information. Once completed a scanned copy should be entered in the electronic file.

**Master Client List**

A record of all individuals who have been seen in the Speech-Language or Audiology Clinic is maintained in a master client listing in the Point and Click Solutions system.

**Notification of Clients**

Once the clinician and supervisors have met, each clinician is to telephone his/her client(s), to inform them of the day and time that they are scheduled to be seen. Any change to the scheduled time must be approved by the supervisor. If a client lives beyond the local calling area, the clinician should discuss how to make this contact with his/her supervisor. Long distance calls from the clinic may be made only for clinic business and with permission of the supervisor.

**Parent/Family/Caregiver Observation of Therapy**

The opportunity for others to observe therapy sessions is the prerogative of each supervisor/clinician. Most clients are only observable once per week; however, special room arrangements may be possible if more frequent observation is crucial to therapy effectiveness. It is up to the discretion of each supervisor/clinician/parent as to whether or not siblings should be allowed to observe with parents.
Forms required to be completed and scanned in electronic PNC file

Registration Documents:
- Authorization for Use and Disclosure of PHI for Clinical or Educational Purposes - Acknowledgement of Receipt of Privacy Notice is at the bottom of this page
- Authorization for Use, Disclosure or Release of PHI and Medical Records
- Clinic Information Letter
- M.D. Steer Policies, Procedures and Informed Consent
- Photo Model Release

Clinical Documents:
- Case History
- Evaluation Protocols
- Outside Agency Referrals and Reports
- SLP Group Screening Visit

Billing Documents:
- Advanced Beneficiary Notice of Non-coverage (ABN)
- Community Assistance Form and Supporting Documentation
- Designation of Individuals Involved in Payment or Treatment Decisions
- Fee Payment Information
- Identification and Emergency Information
- Authorized Visits from Outside Agency

Rev. 8.2016
AUTHORIZATION FOR USE AND DISCLOSURE OF
PROTECTED HEALTH INFORMATION FOR CLINICAL OR EDUCATIONAL PURPOSES

I hereby authorize M.D. Steer Audiology and Speech-Language Clinics at Purdue University, and its employees, to use and disclose my protected health information, including medical records, audiotapes and videotapes created during services provided to me for clinical or educational purposes only. I understand that this authorization is limited to the uses and disclosures described below.

Information derived from evaluation, habilitation/rehabilitation and other services provided by M.D. Steer Audiology and Speech-Language Clinics at Purdue University may be used and disclosed by clinical and other personnel for purposes of clinical review, training, classroom discussions and other educational uses. The purpose of this authorization is to permit SLHS undergraduate and graduate students to review and discuss my case with instructors and other students for educational purposes only. The information to be shared will be limited to the facts of my case, treatment and possible alternatives, habilitation/rehabilitation services, video and audiotapes. I further understand that reasonable steps will be taken to protect my name, address and student or other identification number from disclosure.

I understand that clinical professors and other health care professionals reviewing my information are typically bound by ethical requirements to maintain the confidentiality of medical and treatment information. However, I understand that disclosure of the protected medical records and information, the records and information may be subject to re-disclosure by the recipient and may no longer be protected by federal privacy regulations.

I understand that Audiology and Speech-Language Clinics will not deny treatment or payment based upon whether I sign this authorization, and I may inspect or copy any information used or disclosed under this authorization.

I understand that I may revoke this authorization in writing at any time by mailing or delivering a written revocation to Audiology and Speech-Language Clinics, 715 Clinic Drive, West Lafayette, IN 47907. The revocation will be effective upon receipt by the University, except to the extent that the University has taken action in reliance on this authorization. I further understand that this authorization will expire five years from the Signature Date unless I specify a different expiration date or event here.

☒ As long as needed for educational purposes

After the expiration date or event, this authorization will no longer be effective, and no further information will be furnished pursuant to it.

Patient’s Name: _______________________________________ Date of Birth: ______________________

Signed ___________________________________ Relationship to Patient: _________________________

Patient or Legal Representative

___________________________ Signature Date ______________________

Printed name if not Patient

Witness __________________________

☒ Patient was offered a copy of this form and declined

________________________________________

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE

I acknowledge that I have received and/or read the Notice of Privacy Practices.

Patient or legal Representative ___________________________________ Signature __________________
I hereby request and authorize the use, disclosure and/or release by Purdue University Audiology and Speech, Language Clinics and its employees, of medical records, including my social security number, or other protected health information as described below:

Patient’s Name: ________________________________ Date of Birth: ___________ Patient’s
Address: ___________________________ (street) (city) state) (zip) Phone #: ________________________________
Patient’s I.D.#: _____________________________________

Please identify who is to receive the medical records or other medical information (name and address or name and fax #):
________________________________________________________________________________________________

Please describe specifically what medical records or other health information may be used or released:
________________________________________________________________________________________________

If this request is not made by the Patient, what is the reason for this request?
________________________________________________________________________________________________

Unless the "No" box is marked, this Authorization extends to such psychiatric, mental health, and drug and alcohol abuse treatment information, if any, as may be contained in said medical record including information protected by I.C. 16-39-1-9, I.C. 16-39-2-1 through 16-39-4-2 and I.C. 16-41-8-1. This release permits re-disclosure in accordance with 42 C.F.R., Part 2, which is a federal regulation governing release and use of medical information pertaining to treatment for alcohol or drug abuse. ☐ Yes ☐ No

Unless the "No" box is marked, the Authorization also extends to information regarding communicable diseases, including human immunodeficiency virus (HIV), and AIDS related complex (ARC) and acquired immunodeficiency syndrome (AIDS), if contained in said medical record. ☐ Yes ☐ No

I understand that upon release and disclosure of the protected medical records and information, the records and information may be subject to re-disclosure by the recipient and may no longer be protected by federal privacy regulations.

I understand that Purdue University will not deny treatment, payment, enrollment or eligibility for benefits based upon whether I sign this authorization. I also understand that an authorization may be necessary in order to process any request I have made for a release of medical records or other medical information. I may inspect or copy any information used or disclosed under this authorization.

I understand that I may revoke this authorization in writing at any time by mailing or delivering a written revocation to SLHS Dept., 715 Clinic Drive, West Lafayette, IN 47907. The revocation will be effective upon receipt by the University, except to the extent that the University has taken action in reliance on this authorization. I further understand that, this authorization will expire as follows: (1) sixty (60) days from the Signature Date for all records except mental health records, and (2) one hundred eighty (180) days from the Signature Date for mental health records, unless I specify a different expiration date or event here:
☐ As long as disclosure to provider(s) named above who will receive my medical records, is necessary
☐ As long as use or disclosure indicated above is needed for educational purposes
☐ As long as use or disclosure indicated above is needed for promotional purposes

After the expiration date or event, this authorization will no longer be effective, and no further information will be furnished pursuant to it.

I understand that there may be a charge to cover actual costs incurred by Purdue University in preparing and delivering the information requested in this authorization, in accordance with Indiana statutes and Purdue policies.

Signed __________________________________ Relationship to Patient: ____________________________________________
Patient or Legal Representative

______________________________ Date________________

Printed name if not Patient

Witness: ________________________________ Date________________

☐ Patient was offered a copy of this form and declined
Clinic Information Letter

The mission of the M.D. Steer Audiology and Speech-Language Clinics is to provide the highest quality of services for individuals with communication needs. The services are provided by Graduate Students under the direct supervision of a Speech-Language Pathologist and/or Audiologist. All Clinical Instructors hold an Indiana license and a Certificate of Clinical Competence in Speech Pathology and/or Audiology awarded by the American Speech-Language-Hearing Association and are directly responsible for client care and supervision.

This sheet contains important information for your sessions at the M.D. Steer Audiology and Speech-Language Clinics at Purdue University for the _______________________ semester.

Client: _______________________________

Clinician(s): ___________________________ Phone #: ___________________________
____________________________________ Phone #: ___________________________

Clinical Instructor(s): ___________________ Phone #: _________________________
____________________________________ Phone #: _________________________

Appointment Day(s) & Time(s): _____________________________________________

Starting Date: ________________________ Ending Date: _______________________

Dates Clinic will be closed this semester:
__________________________________________________________

Please notify us in advance when you are unable to attend your session. You may do this by calling the Clinical Instructor’s phone number listed above or by calling the clinic appointment secretary at (765) 494-3789 (voice mail is available 24 hours a day). Because excessive absences interfere with therapy, sessions may be terminated if 3 or more absences occur within a semester or if frequent or excessive lateness interferes with treatment.

Parking is available, including disability spaces, in the Harrison Street Parking Garage. There are 15 spaces reserved for client parking. You will be asked to sign in at the reception desk and list the make and model of your vehicle. The main office is located in Lyles-Porter Hall room 1042 and is open Monday – Friday 8 a.m. – 6 p.m.

We are interested in receiving your feedback concerning the services you or your child are receiving. Please feel free to contact your Clinician, Clinical Instructor or Speech-Language Clinic Director with any questions or suggestions you have. In addition, a client feedback questionnaire will be available at the end of the semester.

9.2014
I, _______________________, hereby consent to consultation, evaluation and/or habilitation/ rehabilitation and other services as may be provided to me and/or my family by the M.D. Steer Audiology and Speech-Language Clinics. I understand that I may withdraw this consent for treatment at any time.

I understand that the M.D. Steer Audiology and Speech-Language Clinics provide services through the use of clinical teams. Each team is composed of a clinic staff member, student clinician(s) and such other consultative staff as may be indicated. All clinic staff members hold an Indiana License and a Certificate of Clinical Competence in Speech-Language Pathology and/or Audiology awarded by the American Speech-Language-Hearing Association and are directly responsible for patient care and supervision. I understand that student clinicians are supervised by other staff professionals, and in such cases, my information may be shared with the supervising professional. I further understand that the services provided may be observed and reviewed by instructors and/or students for educational and/or research purposes by visual and/or electronic means.

By signing this form, I am consenting and agreeing only to those services that the clinician working with me is qualified to provide within:

(a) the scope of that clinician’s license, certification and training; or
(b) the scope of license, certification and training of clinicians directly supervising the services received by me.

The general nature of my condition, the proposed services, and the expected outcome of the proposed services, have been explained to me. I have been informed of the benefits of these services, as well as the risks and consequences associated with these services. The reasonable alternatives to these services have been explained to me.

Although we provide information on how to reach us electronically, we do not provide services via e-mail, and we discourage you from sending us any confidential information by e-mail. Please remember that e-mail is not a confidential mode of communication, and we ask that you contact us by phone.

I understand and agree to all practices noted above, and consent to the services described above. Exceptions to the above practices are: ________________________________.

Patient’s Name: ________________________________ Date of Birth: __________

Signed ________________________________ Relationship to Patient: ________________

Patient or Legal Representative

Printed name if not Patient ________________________________ Signature Date __________

Witness ________________________________

Lyles-Porter Hall 715 Clinic Drive West Lafayette, IN 47907-2122
(765) 494-3789 Fax: (765) 494-0771 www.purdue.edu/hhs/jhhs

Last Revision 8/26/2014
PHOTO RELEASE FORM

I, the undersigned, do hereby grant to Purdue University and the Trustees of Purdue University, its employees, officers, agents, representatives, trustees and assigns [“Purdue”] my permission to record my photographic image (by film and/or video), and comments (by tape and/or transcription), together with the right to use, publish, copyright and reproduce in whole or in part any such photographic images and comments as described above for use in promotional materials, whether the use of above materials be for public relations, recruitment, development, or any other legitimate purpose of Purdue. I hereby waive any right that I may have to inspect or approve any such photographic images and comments or completed products which incorporate all or part of any such photographic images and comments.

I hereby voluntarily release and hold harmless Purdue from any and all liability arising out of or in any way related to the use of such photographic images and comments, including but not limited to any liability arising by virtue of any blurring, distortion, alteration, illusion, editing, or use in composite form, whether intentional or otherwise, that may occur in the making or processing of the finished product.

Signature                        Name (printed)
__________________________________________________________

Date: _______________________________________________________________________
Adult Speech and Language Case History

General Information

Today's Date: / / 
Month/Day/Year

Name: _______________________________________ Date of Birth: / / 
Month/Day/Year Age: ________

Last                First  Middle                        Month/Day/Year
Home Address: _______________________________________________________________________
Street/P.O. Box                                   City                             State          Zip               County

Campus Address: _____________________________________________________________________
Street/P.O. Box                                   City                             State          Zip               County

Telephone: (___)________________________(___)_______________(___)______________________
Home   Work              Cell

What languages do you speak? __________________________________________________________
If more than one, which is your primary language? _________________________________________

Who referred you to the speech clinic? ____________________________________________________

Name of person filling out this questionnaire: ________________________ Relationship: ____________

Speech-Language History

Please describe the nature of your communication problem, including when you first noticed it and how it has changed since then:

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

What caused the problem:

____________________________________________________________________________________
____________________________________________________________________________________

Have any relatives had speech, language and/or hearing problems?  Yes      No
If Yes, relationship: ______________________ Type of problem: _______________________________

How has the speech-language problem affected your social life and/or occupation:

____________________________________________________________________________________
____________________________________________________________________________________

Describe any specific communication situations that present difficulty for you:

____________________________________________________________________________________

Describe the reaction of people, including your immediate family to your speech-language problem:

____________________________________________________________________________________

Do you avoid any communication situations?  Yes      No
If Yes, please explain: __________________________________________________________________

What, if anything, have you tried to do to correct the speech-language problem?

____________________________________________________________________________________

Have you ever had a hearing evaluation?  Yes      No
If Yes, when and by whom? ____________________________

What were the results? ________________________________________________________________
Have you ever had a speech-language evaluation?  Yes  No
If Yes, when and by whom?  ____________________________________________________________
What were the results?  ________________________________________________________________

Have you ever received speech-language therapy?  Yes  No
If Yes, by whom and what was the duration?  _____________________________________________
What were the goals of therapy?  _________________________________________________________
What were the results?  _________________________________________________________________
If therapy was terminated, describe why:  __________________________________________________

Please list any additional information that you think may be helpful in assisting with your problem:
__________________________________________________________________________________
__________________________________________________________________________________

**Employment History**
Please list your most recent information.

<table>
<thead>
<tr>
<th>Place</th>
<th>Dates</th>
<th>Position</th>
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</thead>
<tbody>
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</table>

**Educational History**
Please list your most recent information.

<table>
<thead>
<tr>
<th>School</th>
<th>Location</th>
<th>Degree</th>
<th>Date</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

**Medical History**
Describe your present health:  Good  Fair  Poor

Physician(s)

<table>
<thead>
<tr>
<th>Name</th>
<th>Specialty</th>
<th>Address</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

List all medical diagnoses including dates:
1.  ____________________________________________________________
2.  ____________________________________________________________
3.  ____________________________________________________________
4.  ____________________________________________________________
5.  ____________________________________________________________

List all periods of hospitalization for surgical or medical treatment including dates:
1.  ____________________________________________________________
2.  ____________________________________________________________
3.  ____________________________________________________________
4.  ____________________________________________________________
5.  ____________________________________________________________

List all health or medical problems experienced over the last 5 years.
List all medications used over the past year (prescription, over the counter, herbal supplements/alternative medicines):

<table>
<thead>
<tr>
<th>1.</th>
<th>2.</th>
<th>3.</th>
<th>4.</th>
<th>5.</th>
</tr>
</thead>
</table>

Check all that apply to your medical history:

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Allergies
- Head injury
- Heart trouble
- High Blood Pressure
- Hearing problem
- Poor dentition/Dentures
- Psychological counseling
- Scarlet fever
- Incoordination of face or tongue muscles
- Seizures
- Influenza
- Kidney problems
- Smoking: How often:
- Stroke
- Motor Disorder
- Syphilis
- Tinnitus (ringing in the ears)
- Neurological problem
- Tremor/twitching
- Noise exposure
- Ulcers
- Visual problems
- Paralysis/paresis
- Whooping cough
- Parkinson’s disease
- Physical defect
- Other:
- Pneumonia
- Other:
- Numbness
- Other:

If the answer to any of the above items is "Yes," give the relevant details (e.g., how frequent are these episodes, how severe are these episodes):

Please list the information regarding the most recent exams below:

<table>
<thead>
<tr>
<th>Type of Exam</th>
<th>Date</th>
<th>Name of Professional</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Exam</td>
<td></td>
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<td></td>
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<tr>
<td>Vision Test</td>
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</tr>
<tr>
<td>Hearing Test</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychological</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neurological</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Social History

Marital Status: Married Never Married Divorced Widowed

Do you have children? Yes No

If yes, please provide information below:

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Gender</th>
<th>Name</th>
<th>Age</th>
<th>Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>F</td>
<td></td>
<td>M</td>
<td>F</td>
</tr>
<tr>
<td></td>
<td>M</td>
<td>F</td>
<td></td>
<td>M</td>
<td>F</td>
</tr>
<tr>
<td></td>
<td>M</td>
<td>F</td>
<td></td>
<td>M</td>
<td>F</td>
</tr>
</tbody>
</table>

List the relation, name and age of other people in the household:
<table>
<thead>
<tr>
<th>Relation</th>
<th>Name</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

List your interests/hobbies and/or activities you engage in (e.g., clubs, organizations, etc.): ______________

Daily Routines

Check any problems with independent skills of daily living:

<table>
<thead>
<tr>
<th>Skill</th>
<th>Yes</th>
<th>No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eating</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mobility</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Toileting</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grooming</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dressing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medication</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meal Preparation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shopping</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Housework</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laundry</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Finances</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home Repair/Yard Work</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Driving</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Thank you for taking the time to complete this form completely. The information that you have given us will help us provide efficient and effective speech-language services.
Child Speech-Language Case History

General Information

Today's Date: _____ / _____ / _____

Name of Child: __________________________ Date of Birth: _____ / _____ / _____

Address: __________________________

Last First Middle Date of Birth: _____ / _____ / _____

Street/P.O. Box City State Zip

Telephone: __________________________ E-mail: __________________________

Home Work Cell

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Occupation</th>
<th>Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Father</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If the address of either parent is different from that of the child, please indicate:

Street/P.O. Box City State Zip

People in the Household:

<table>
<thead>
<tr>
<th>Relation</th>
<th>Name</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Who referred you to the speech clinic? __________________________

Child's Doctor: __________________________ Address: __________________________

Name of person filling out this questionnaire: __________________________ Relationship to Child: __________________________

Statement of the Problem

Describe the child's speech, language and/or hearing problems: __________________________

When was the problem first noticed and by whom? __________________________

What changes in your child's language and/or speech have you noticed since that time?

Is the child aware of the problem? Yes No

If Yes, how does he/she react? __________________________

Do you have any idea of what may have caused the problem? Yes No

If Yes, please describe: __________________________

Under what situations is the child's speech...

1. Better: __________________________
2. Worse: 

Has the child ever had a speech-language evaluation? Yes No
If Yes, when and by whom? 
What were the results? 

Has the child ever received speech-language therapy? Yes No
If Yes, when and by whom? 
For how long? 
What were the results? 

Have any relatives had speech and/or language problems? Yes No
If Yes, relationship to child: Type of problem: 

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

Please check the appropriate column that describes your child in the chart below:

<table>
<thead>
<tr>
<th>Child</th>
<th>Always</th>
<th>Frequently</th>
<th>Sometimes</th>
<th>Rarely</th>
<th>Never</th>
<th>Comment (if desired)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Talks</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is understood by parents/caretakers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is understood by other family members</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is understood by peers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is understood by strangers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attempts to fix speech errors</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Can follow simple directions (e.g., get your shoes)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Can follow a series of directions (e.g., put your socks away and turn out the light)</td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Has difficulty remembering what you have told him/her</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Says &quot;huh&quot; when given directions or needs directions repeated</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Understands common actions (e.g., run, eat, drink)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Names common objects</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Names actions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Can tell a simple story</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Can say a nursery rhyme</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has a voice that sounds hoarse, strained, breathy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yells and/or makes sound effects</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Takes turns with conversational partner</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Makes eye contact
Gets along with peers
Gets along with adults
Hesitates, "gets stuck", repeats or stutters on sounds or words
Avoids saying certain words
Enjoys being read to/reading
Avoids speaking at school
Avoids speaking in play situations
Avoids speaking at home
Avoids speaking to adults
Cries when unable to communicate
Becomes aggressive when unable to communicate
Prefers to play alone

Birth History

Is the child your biological child?  Yes  No
If No, please explain: __________________________________________________________

Did the mother have any medical problems during this pregnancy, labor or delivery?  Yes  No
If Yes, please describe: __________________________________________________________

Did the mother take any prescription and/or non-prescription medication during this pregnancy?  Yes  No
If Yes, what kinds? ______________________________________________________________

Was the child full term?  Yes  No.
If No, how many months premature? __________________

Were there any problems with delivery or immediately after birth with the child?  Yes  No
If Yes, please describe: __________________________________________________________

Child's birth weight: __________

Did the infant have feeding problems?  Yes  No
If Yes, please describe: __________________________________________________________

Developmental History

Give ages at which the following first occurred, if applicable (approximate ages are okay):

<table>
<thead>
<tr>
<th>Milestone</th>
<th>Age</th>
<th>Milestone</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Held head up</td>
<td></td>
<td>Babbled/Cooed</td>
<td></td>
</tr>
<tr>
<td>Sat unsupported</td>
<td></td>
<td>Said first word</td>
<td></td>
</tr>
<tr>
<td>Crawled</td>
<td></td>
<td>Used two word sentences (e.g., me go)</td>
<td></td>
</tr>
<tr>
<td>Reached for an object</td>
<td>Used three or more word sentences</td>
<td></td>
<td></td>
</tr>
<tr>
<td>----------------------</td>
<td>----------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stood</td>
<td>Fed self</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Walked</td>
<td>Bladder trained</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ran</td>
<td>Bowel trained</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dressed self</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Did the child keep learning new words once s/he started to talk?  Yes  No  
If No, please describe any changes in the child’s speech: ________________________________________________________________

________________________

________________________

Does your child make sounds incorrectly?  Yes  No  
If Yes, please give examples: ________________________________________________________________

________________________

________________________

Which hand does the child use most frequently?  Right  Left  No preference

**Medical History**

Give ages at which the following occurred, if applicable (approximate ages are okay):

<table>
<thead>
<tr>
<th>Age</th>
<th>Describe</th>
<th>Age</th>
<th>Describe</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Adenoidectomy</td>
<td></td>
<td>High Fevers</td>
</tr>
<tr>
<td></td>
<td>Allergies</td>
<td></td>
<td>Influenza</td>
</tr>
<tr>
<td></td>
<td>Asthma</td>
<td></td>
<td>Measles</td>
</tr>
<tr>
<td></td>
<td>Blood Disease</td>
<td></td>
<td>Meningitis</td>
</tr>
<tr>
<td></td>
<td>Chicken pox</td>
<td></td>
<td>Mental Illness</td>
</tr>
<tr>
<td></td>
<td>Chronic colds</td>
<td></td>
<td>Mumps</td>
</tr>
<tr>
<td></td>
<td>Convulsions</td>
<td></td>
<td>Muscle Disorder</td>
</tr>
<tr>
<td></td>
<td>Croup</td>
<td></td>
<td>Nerve Disorder</td>
</tr>
<tr>
<td></td>
<td>Diphtheria</td>
<td></td>
<td>Orthodontia</td>
</tr>
<tr>
<td></td>
<td>Dizziness</td>
<td></td>
<td>Pneumonia</td>
</tr>
<tr>
<td></td>
<td>Ear Surgeries</td>
<td></td>
<td>Seizures</td>
</tr>
<tr>
<td></td>
<td>Earaches or infections</td>
<td></td>
<td>Rheumatic fever</td>
</tr>
<tr>
<td></td>
<td>Encephalitis</td>
<td></td>
<td>Sinusitis</td>
</tr>
<tr>
<td></td>
<td>Eye Disorders</td>
<td></td>
<td>Tonsillitis</td>
</tr>
<tr>
<td></td>
<td>Headaches</td>
<td></td>
<td>Whooping cough</td>
</tr>
<tr>
<td></td>
<td>Head injuries</td>
<td></td>
<td>Other</td>
</tr>
<tr>
<td></td>
<td>Heart problems</td>
<td></td>
<td>Other</td>
</tr>
</tbody>
</table>

Describe any other illnesses, accidents, injuries, operations, and hospitalizations (include age):

______________________________________________________________

______________________________________________________________

______________________________________________________________

Circle the child’s current health:  Good  Fair  Poor

Is the child now under medical treatment or on medication?  Yes  No
If Yes, please describe: ________________________________________________________________

43
Please list the information regarding the most recent exams below:

<table>
<thead>
<tr>
<th>Type of Exam</th>
<th>Date</th>
<th>Name of professional</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Exam</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vision Test</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hearing Test</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychological Evaluation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Does the child wear: Hearing aid   Glasses

**Educational History**

Child attends (please circle): Day care   Nursery   Kindergarten   Grade School   Secondary School

Name of school: ___________________________ Grade/Level: ___________________________

Describe the child's academic performance: Below Average   Average   Above average

Has the child repeated a grade?   Yes   No   If Yes, which one(s)? ___________________________

What are the child's best subjects? ___________________________

What are the child's poorest subjects? ___________________________

What is your impression of the child's learning abilities? ___________________________

Does the child receive any occupational therapy or physical therapy services?   Yes   No

If Yes, please describe: ___________________________

If enrolled for special education services, has an Individualized Education Program (IEP) been developed?   Yes   No

If Yes, describe the most important goals: ___________________________

**Daily Behavior/ Family Routines**

Check these as they apply to your child:

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Describe (give ages, if applicable; approximate ages are okay)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eating problems</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sleeping problems</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Toilet training problems</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Difficulty concentrating, distractible</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Needs a lot of discipline
Underactive
Overactive
Excitable
Laughs easily
Cries a lot
Discipline problems
Overly sensitive
Makes friends easily
Irritable

Describe any other type(s) of behavior you feel is important for us to know: __________________________

Describe activities/toys that the child enjoys: ________________________________________________

Thank you for taking the time to complete this form completely. The information that you have given us will help us provide efficient and effective speech-language services.
**Purdue Advance Beneficiary Notice of Non-Coverage (ABN)**

**NOTE:** If Medicare doesn’t pay for items checked or listed in the box below, you may have to pay. Medicare does not pay for everything, even some care that you or your health care provider have good reason to think you need.

We expect Medicare may not pay for the items listed or checked in the box below.

---

**Listed or Checked Items Only:**
- Speech-Language Therapy Evaluation 92521, 92522, 92523, 92524
- Speech-Language Therapy 92507
  - X per __ X __
- Dysphagia Evaluation 92610
- Dysphagia Treatment 92526
  - X per __ X __

**Reason Medicare May Not Pay:**
- Medicare does not pay for this test/treatment for services provided by students who are not supervised 100% by SLP-CCC.
- Medicare does not pay for this test/treatment for chronic conditions.
- Medicare does not pay for research test/treatment.

**Estimated Cost:**

---

**What You Need to Do Now:**
- Read this notice, so you can make an informed decision about your care.
- Ask us any questions that you may have after you finish reading.
- Choose an option below about whether to receive the checked items listed in the first box above.

**Note:** If you choose Option 1 or 2, we may help you to use any other insurance that you might have, but Medicare cannot require us to do this.

**Options:**

- **OPTION 1.** I want the ______ listed above. You may ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn’t pay, I am responsible for payment, and **I can appeal to Medicare** by following the directions on the MSN. If Medicare does pay, you will refund any payments I made to you, less co-pays or deductibles.

- **OPTION 2.** I want the ______ listed above, but do not bill Medicare. You may ask to be paid now as I am responsible for payment. **I cannot appeal if Medicare is not billed.**

- **OPTION 3.** I don’t want the ______ listed above. I understand with this choice I am **not responsible for payment**, and I cannot appeal to see if Medicare would pay.

**Additional Information:**

This notice gives our opinion, not an official Medicare decision. If you have other questions on this notice or Medicare billing, call **1-800-MEDICARE** (1-800-633-4227/TTY: 1-877-486-2048).

Signing below means that you have received and understand this notice. You also receive a copy.

| Signature: | Date: |
### Application for Community Assistance

<table>
<thead>
<tr>
<th>Semester:</th>
<th>Fall 20</th>
<th>Spring 20</th>
<th>Summer 20</th>
<th>SLP Supervisor</th>
<th>Date:</th>
</tr>
</thead>
</table>

| Services: | □ Individual Therapy | □ Group Therapy | □ Other |

---

In order to determine your eligibility for a discount toward the fees charged in the Speech-Language Clinic, we will need you to complete the following information:

- **Client Name**: 
- **Telephone number**: 
  - Home: 
  - Work: 
  - Cell: 
  - Email: 
- **Billing Party** (if different than parent/guardian): 
- **Billing Address**: 
- **Gross Family Income**: Jan. 1, 2020, Dec. 31, 2020, $______
- **Number in Household**: 
- **Parent/Guardian’s Name**: 

Please provide a copy of the first page of your last 1040 or 1040EZ tax form and/or any financial documents that list last year’s income and number of dependents. Please indicate any other information you feel is important for us to understand in making a decision (extraordinary household expenses, therapies, medical expenses, etc.) This information will be shared if the discount is denied or placed in the client’s medical record if approved.

- **Signature**: 
- **Date**: 

---

**Approved**: [ ]  
Date: __________  
Clinic Fee: $________

**Denied**: [ ]  
Date: __________  
Discounted Fee: $________

**Fee Balance**: $________

**Documentation provided**: 

**Comments**: 

---

**Director Speech-Language Clinic**:  
**Apply Balance to Fund / Center**: 
Speech, Language Clinic: 77742390 4013026096  
SLHS Fund: 510102979 401302000

**Apply Balance to Fund / Center**: 

---

Copy: Business Office

---

Copy: Client File
**Designation of Individuals Who are Involved in My Payment or Treatment Decisions**

In order to comply with federal privacy laws, the Purdue University Audiology and Speech-Language Clinics ("Clinic") may provide limited information about you to individuals who may be involved in your treatment or payment decisions, unless you object to sharing this information. The Clinic requests that you list on this form the people you authorize to receive your health information (e.g. family members or others who accompany you to appointments or who call the Clinic on your behalf). Please provide the full names of these individuals in the lines below, the relationship to you and whether they are involved in decisions related to your treatment and/or payment. You do not need to list yourself, if you are the patient.

I authorize the Clinic to disclose information related to my treatment or payment obligations to the people listed below.

Please enter the information requested and check the appropriate box to indicate whether the individual is involved in your payment and/or treatment decisions.

<table>
<thead>
<tr>
<th>Individual's Full Name (Please print)</th>
<th>Relationship to Patient</th>
<th>Involved in Payment (Check if Yes)</th>
<th>Involved in Treatment (Check if Yes)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

This information will be presumed valid and the Clinic may rely on it until you have notified the Clinic in writing of any changes to this form. Notification of a change in the above information provided by you, should be sent to Purdue University Audiology and Speech-Language Clinics, 715 Clinic Dr., West Lafayette, IN 47907.

Full Patient Name (printed)       Legal Representative (printed)  if applicable

Patient or Legal Representative (signature)  Signature Date
**Fee Payment Information**

Your clinician will furnish the bill(s) describing your diagnostic-therapy fee for all aspects of our services. Payment is due upon receipt of services unless other arrangements have been made. You may pay by cash, check, or the following credit cards: Master Card, VISA, and Discover. All checks must be made payable to Purdue University.

If you need to be billed, we request that you pay for services provided in a timely manner to avoid collection fees. All fees must be paid by the end of the current semester so that we may continue to provide uninterrupted services the next semester.

The Speech-Language Clinic does not bill insurance companies. You will be responsible for submitting all claims to your insurance companies. Most insurance companies do not pay for services until after they have been provided. Therefore, you should plan to make payments and request that insurance reimbursements go directly to you. We would be happy to provide any additional information which may be needed to complete these claims (itemized bill, etc.).

**Clinical Services**

The mission of the M.D. Steer Audiology and Speech-Language Clinics is to provide the highest quality of services for individuals with communication needs. The services are provided by Graduate Students under the direct supervision of a Speech-Language Pathologist and/or Audiologist. All Clinical Instructors hold an Indiana license and a Certificate of Clinical Competence in Speech Pathology and/or Audiology awarded by the American Speech-Language-Hearing Association and are directly responsible for client care and supervision.

We are interested in receiving your feedback concerning the services you or your child are receiving. Please feel free to contact your Clinician, Clinical Instructor or Speech-Language Clinic Director with any questions or suggestions you have. In addition, a client feedback questionnaire will be available at the end of the semester.

**HIPAA Compliance at Purdue**

The Audiology and Speech-Language Clinics is a covered component and we are legally required to protect the privacy of your health information and to provide you with a Notice of Privacy Practices.

I have reviewed and agree with the contents of this letter (please sign and date).

Signature: ___________________________________________ Date: _________________

Revised 6-10-11
M.D. Steer Speech-Language Clinic
Purdue University

Identification and Emergency Information:

Client’s Name: ____________________________________________________
Date of birth: _________________________
Address: _________________________________________________________
Mother:  _________________________________________________________
Employment:  ________________________  Work Phone: _________________
             Home Phone: _________________
             Cell Phone: ___________________
Father: ___________________________________________________________
Employment: _________________________  Work Phone: _________________
             Home Phone: _________________
             Cell Phone: ___________________
Other Emergency Contact:
Name: _____________________________ Phone: _________________________
Client’s Physician: ___________________________________________________
Emergency Hospital preference: ________________________________________
Authorized to pick up client: __________________________________________

(yellow card)
PARTICIPATION IN RESEARCH

The mission of the Department of Speech, Language, and Hearing Sciences emphasizes the study of human communication. As clinicians and behavioral scientists, we study many aspects of normal and disordered communication. Providing quality service delivery, research and training are all part of this mission. As a clinic client, you have the opportunity to contribute to these research and training efforts. This research is in no way directly connected to the Audiology and Speech Pathology clinic services. Consequently, your decision to participate (or not) in research in this department will not affect the type and quality of clinic services you receive in any way.

Signing this form means that you are giving permission for our faculty or the students they supervise to contact you regarding their individual research projects if they believe that you can be of help. At that time, you have a right to know further information about any project so that you can decide if you wish to participate or not. All research projects at Purdue University are reviewed by the Committee of the Use of Human Research Subjects.

I grant authorization for personnel from the Department of Speech, Language, and Hearing Sciences to contact me regarding research participation by me (my child). It is understood that this authorization does not obligate me (my child) to participate in any research and that I may withdraw my authorization at any time.

Yes ______ No ______

_________________________  __________________________
Name of client                Address

_________________________  __________________________
Signature of client, parent, or legal guardian Relationship of signer to client

_________________________
Date

If you have any further questions or wish to withdraw your consent, please contact the Department of Speech, Language, and Hearing Sciences Clinic at (765) 494 – 4229 (Appointment Secretary), or write to:

Purdue University
Department of Speech, Language, and Hearing Sciences
715 Clinic Drive
West Lafayette, IN  47907-2211
c/o: Director of MD Steer Audiology Clinic or Director of MD Steer Speech-Language Clinic
CLIENT BILLING INSTRUCTIONS:

Fee Payment Information Form:
During his/her first appointment, each client or his/her parent/guardian is given the Fee Payment Information form. Only the responsible party can complete this form which describes the diagnostic and/or therapy fee for which he/she will be responsible. This form is scanned into the Point and Click Electronic Health Record System (PnC) by the Clinic Clerk in LYLE 1042.

Billing Procedures:
Clients must be billed for services through the PnC system. The bill is created when the client’s encounter note has been discharged by the Clinical Faculty assigned to the case.

- All clients who receive flat rate services (PLP, B-3, Pragmatic Groups, Phonology Groups, and BrainBuilders) will routinely be billed the entire amount for the semester on the first encounter.
- Clients who pay a per-session rate receive a bill to pay at the end of each session if the encounter note has been discharged.
- Installment billing will be offered only upon request by the client.
  - Clients can only be offered two (2) installments for payment.

CLIENT PAYMENT INSTRUCTIONS:

Payment: cash, check, credit card
- Give the payment to the Clinic’s Appointment Secretary in the SLHS main office, LYLE 1042.
  - She will document the receipt of payment and enter it in the PnC system.
  - The Clinic’s Appointment Secretary places the payment and the receipt in a lock box stored by her desk. The business office staff picks up the lock box at the end of each business day and reconciles the monies.
  - The Appointment Secretary will print a receipt and give to the client.

AFTER HOURS PAYMENTS: A cash or check payment made after 6:00 pm should be put in a sealed envelope and stored in the supervisor’s locked office. The following day it should be processed by the Clinic’s Appointment Secretary. Credit card payments cannot be completed after hours. Charge tickets and payments must remain in Lyles-Porter Hall.

Outstanding Account Balance:
- Charges must be paid in full in order for services to be continued the following semester.
- Only the Purdue University Accounts Receivable office can assist a client who wants to pay on his/her outstanding account balance. Please contact the office listed on the bill received if there are questions about the accuracy of the bill or to develop a payment plan.
Community Assistance Procedures

- The Federal Poverty Guideline Schedule is a sliding scale used to determine a client's contribution to their clinic charges. The remainder is to come from Community Assistance Fund (formerly The Indigent Endowment Fund) or be forgiven by the SLHS Clinic.
- An updated Federal Poverty Guideline Schedule is given to the Directors of the Speech-Language and Audiology Clinics at the start of each academic year by the SLHS business office.
- Community Assistance Forms are given to clients or their parents or legal guardians by their clinical supervisors upon request.
- The Community Assistance Form is filled out and signed by the client or his/her parent or legal guardian and then given to the client’s clinical supervisor. Clients/parents/guardians must also submit a copy of the front page of their most recent tax 1040, 1040-Easy form or copies of other types of household income which show gross family income and number of dependents. These forms will be filed in the client medical file in a secure location.
- The clinical supervisor gives the Community Assistance Form to the Director of the Speech-Language Clinic. If she/he is unavailable, the form is given to the Director of Clinical Education in Speech-Language Pathology.
- The Director of the Speech-Language Clinic reviews the form and approves/does not approve the request based on current federal poverty guidelines.
- The Community Assistance Form is returned to the clinical supervisor who gives the top, white copy to the Clinic Appointment Secretary/Clerk to be scanned into the PnC system under Registration/Eligibility.
- The Director of the Speech-Language Clinic uses the Federal Poverty Guideline Schedule to determine a client’s contribution to his/her clinic charges.
- Continuing clients must submit a new Community Assistance Form and copy of last tax form every 12 months.

CONTRACTED SERVICES BILLING INSTRUCTIONS:

IU Health Arnett
- Billed by the hour of service.
- The clinical supervisors will document the services provided on a Disposition of Services Form.
- The Disposition of Services Form is submitted to the SLP Clinic Director for review.
- The SLP Clinic Director completes an invoice for services in PnC and submits the invoice to the business office with supporting documentation on a monthly basis.
- The business office is responsible for faxing the information to the designated IUH-Arnett billing manager for processing.

Lafayette Otolaryngology Associates, Inc. (ENT)
- Billed by the hour of service.
- The clinical supervisors will document the services provided on a Disposition of Services Form.
- The clinical supervisor creates an invoice for services in PnC and submits the invoice and supporting documents to the business office on a quarterly basis.
- The business office is responsible for mailing the documents to Lafayette Otolaryngology Associates, Inc.
Current Procedural Terminology Codes (CPT) and International Classification of Diseases (ICD-10)

Reports and charge slips should include CPT procedure codes and ICD-10 diagnosis codes (use of the for proper processing of bills for insurance and for collection of clinical data. The Physician’s Current Procedural Terminology codes and ICD-10 codes are updated yearly. In order that the correct codes are used the ASHA website provides a current most used list for use by members. Please refer to this website for accurate information.

http://www.asha.org/Practice/reimbursement/coding/ICD-10/.
http://www.asha.org/practice/reimbursement/coding/SLPCPT.htm

Description of Services

• Diagnostic Evaluation
  This procedure consists of in depth assessment of all aspects of the client's speech and/or language disorder. It involves gathering detailed information about the individual, including a case history using a questionnaire and interviews. A battery of tests is usually administered to the client for determining the nature, consistency and severity of the communication impairment and to identify the basis of the problem. The purpose of a diagnostic evaluation is also to ascertain the client's candidacy for therapy. In the Speech-Language Clinic, a diagnostic evaluation lasts at least an hour, and usually two hours. The student writes an extensive report following the diagnostic session. There are different CPT codes for evaluation of speech/language/voice, swallowing function, and augmentative and alternative communication.

• Speech/Language Screening
  A screening procedure usually lasts no more than 15 or 20 minutes. It consists of brief observations of the person's speech, language, and hearing functions. Screening is to determine if additional evaluation is warranted to diagnose a communication disorder.

• Long Term Therapy
  Communication disorders generally necessitate prolonged treatment. The therapy program consists of individual or group sessions between the client and the clinician, two or three one-hour periods per week, for a full semester or more. Counseling of the client's parents or significant others is also an integral part of the program.

Disposition of Services

Complete a Disposition of Services for the following circumstances or settings (see example on Fees Information):

• Wellness and/or adult or pediatric screenings
• Lafayette Otolaryngology Associates
• Indiana University Health-Arnett Greenbush
• Indiana University Health-Arnett Medical Hospital
• Diagnostic evaluations
Discount Procedures

When financial hardship limits access to therapy services the client should request an application for Community Assistance. (See description in previous section.) The form is submitted to the Director of the Speech-Language Clinic for review and processing. Purdue University full-time employees, retirees, and Purdue University students are eligible for discounted services.

Medicare Clients

The SLHS clinic must inform Medicare Eligible Recipients of procedures for our SLHS Clinic. The supervisor in charge of the case will be knowledgeable regarding the special forms and information that are required for this. The client must request and complete a Beneficiary Notification form (See Fees Information). The ICD-10 and CPT codes are critical information for completing the encounter note.

Refund, Return and Cancellation Policy

Fees paid for professional services provided in the M.D. Steer Speech-Language Clinic are non-refundable.

Speech-Language Clinic Fees

All rates for services in the M.D. Steer Speech Language Clinic, whether group or individual, and for the Preschool Language Program (PLP) are listed on the fee schedule (see sample). A full explanation of services in the clinic is provided in the Description of Services (see sample). In the event that a client is not financially able to fully pay for therapy, a scholarship fund is available for those who apply and qualify for it. Additionally, Purdue University students and their children receive a discount on diagnostics and/or therapy. In either of these situations, the client fills out the Application for Community Assistance Discount (see Sample on Fees Information)
Fee Payment Information

Your clinician will furnish the bill(s) describing your diagnostic-therapy fee for all aspects of our services. Payment is due upon receipt of services unless other arrangements have been made. You may pay by cash, check, or the following credit cards: Master Card, VISA, and Discover. All checks must be made payable to Purdue University.

If you need to be billed, we request that you pay for services provided in a timely manner to avoid collection fees. All fees must be paid by the end of the current semester so that we may continue to provide uninterrupted services the next semester.

The Speech-Language Clinic does not bill insurance companies. You will be responsible for submitting all claims to your insurance companies. Most insurance companies do not pay for services until after they have been provided. Therefore, you should plan to make payments and request that insurance reimbursements go directly to you. We would be happy to provide any additional information which may be needed to complete these claims (itemized bill, etc.).

I understand that payment is due at the conclusion of each appointment, unless other method of payment has been arranged. I will be provided with an itemized receipt and am responsible for filing insurance reimbursement claims. Purdue University does not file claims to insurance companies and cannot file claims to Medicaid, Medicare, Veterans or Military insurance.

Method of payment:
Private Pay: Cash: __________ Check: __________ Credit Card: __________
Third Party Payer: GLASS: __________ VOCATIONAL REHABILITATION: __________
Other: ______________________
Mailing address of responsible party: __________________________________________

HIPAA Compliance at Purdue

The Audiology and Speech-Language Clinics are covered components and we are legally required to protect the privacy of your health information and to provide you with a Notice of Privacy Practices.

I have reviewed and agree with the contents of this letter (please sign and date).

Signature: ___________________________ Date: ________________
<table>
<thead>
<tr>
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<th>Rate for Ind.</th>
<th>PU Student</th>
<th>PU Staff/Retiree</th>
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<td>Per Negotiated Rate</td>
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57
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</tbody>
</table>

Date: ________________________________

White copy: Facility
Yellow copy: SLHS Front Office
Pink Copy: File
C:\Forms\Disposition
**NOTICE OF NONCOVERAGE**

**NOTE:** If Medicare doesn’t pay for items checked or listed in the box below, you may have to pay. Medicare does not pay for everything, even some care that you or your health care provider have good reason to think you need.

We expect Medicare may not pay for the items listed or checked in the box below.

**WHAT YOU NEED TO DO NOW:**
- Read this notice, so you can make an informed decision about your care.
- Ask us any questions that you may have after you finish reading.
- Choose an option below about whether to receive the checked items listed in the first box above. **Note:** If you choose Option 1 or 2, we may help you to use any other insurance that you might have, but Medicare cannot require us to do this.

### Listed or Checked Items Only:

<table>
<thead>
<tr>
<th>Item Type</th>
<th>Description</th>
<th>Quantity</th>
<th>Frequency</th>
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</thead>
<tbody>
<tr>
<td>Speech-Language Therapy Evaluation</td>
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<td>Dysphagia Evaluation 92610</td>
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<td>Dysphagia Treatment 92526</td>
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</tr>
</tbody>
</table>

### Reason Medicare May Not Pay:

- Medicare does not pay for this test/treatment for services provided by students who are not supervised 100% by SLP-CCC.
- Medicare does not pay for this test/treatment for chronic conditions.
- Medicare does not pay for research test/treatment.

### Estimated Cost:

- Medicare Summary Notice (MSN).
- I understand that if Medicare doesn’t pay, I am responsible for payment, but I can appeal to Medicare by following the directions on the MSN. If Medicare does pay, you will refund any payments I made to you, less co-pays or deductibles.

### Options:

- **OPTION 1.** I want the ______ listed above. You may ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn’t pay, I am responsible for payment, but I can appeal to Medicare by following the directions on the MSN. If Medicare does pay, you will refund any payments I made to you, less co-pays or deductibles.

- **OPTION 2.** I want the ______ listed above, but do not bill Medicare. You may ask to be paid now as I am responsible for payment. I cannot appeal if Medicare is not billed.

- **OPTION 3.** I don't want the ______ listed above. I understand with this choice I am not responsible for payment, and I cannot appeal to see if Medicare would pay.

### Additional Information:

This notice gives our opinion, not an official Medicare decision. If you have other questions on this notice or Medicare billing, call **1-800-MEDICARE** (1-800-633-4227/TTY: 1-877-486-2048).

Signing below means that you have received and understand this notice. You also receive a copy.

**Signature:**

**Date:**
Clients as consumers receiving audiology or speech-language pathology services have:

1. THE RIGHT to be treated with dignity and respect;

2. THE RIGHT that services be provided without regard to race or ethnicity, gender, age, religion, national origin, sexual orientation, or disability;

3. THE RIGHT to know the name and professional qualifications of the person or persons providing services;

4. THE RIGHT to personal privacy and confidentiality of information to the extent permitted by law;

5. THE RIGHT to know, in advance, the fees for services, regardless of the method of payment;

6. THE RIGHT to receive a clear explanation of evaluation results, to be informed of potential or lack of potential for improvement, and to express their choices of goals and methods of service delivery;

7. THE RIGHT to accept or reject services to the extent permitted by law;

8. THE RIGHT that services be provided in a timely and competent manner, which includes referral to other appropriate professionals when necessary;

9. THE RIGHT to present concerns about services and to be informed of procedures for seeking their resolution;

10. THE RIGHT to accept or reject participation in teaching, research, or promotional activities;

11. THE RIGHT, to the extent permitted by law, to review information contained in their records, to receive explanation of record entries upon request, and to request correction of inaccurate records;

12. THE RIGHT to adequate notice of and reasons for discontinuation of services; an explanation of these reasons, in person, upon request; and referral to other providers if so requested.

Adopted by ASHA 11/93
Frequently Asked Questions about Diagnostic Evaluations

What is the purpose of the appointment?

The purpose of the appointment is to evaluate speech, language and hearing skills, to learn whether or not there is a problem, to study the nature of the problem, to determine whether or not therapy is indicated at this time, to make preliminary plans for therapy if it is recommended and to provide helpful suggestions.

How long will it take?

You can expect to spend approximately 1 ½ to 3 hours at our facility on the first visit.

How much will it cost?

You will be charged a fee of $195.00 for this service. This fee includes all speech-language testing as well as pure-tone and tympanometric screening if appropriate.

What will be done during the evaluation?

We will talk with you (and/or your child), observe you (your child) in a variety of tasks, check your (your child's) hearing, and discuss our findings with you.

What will you tell me?

We will discuss the results of our evaluation with you and indicate whether or not therapy is advisable at this time. If therapy is recommended, we will discuss the alternatives available to you here and elsewhere.

What do I have to do to get ready for the appointment?

We will schedule the appointment only after we have received the enclosed questionnaire. If you are bringing your child, we need to have an accurate history of his/her development. This takes time, and sometimes it is difficult to search your memory for answers to some questions. You might find it helpful to consult other family members, baby books, etc. We realize that it is often difficult to remember all of the specific information requested, but do your best.

Use the spaces marked COMMENT to explain anything you think we should know that was not specifically asked. Fill out the enclosed questionnaire as completely as you can. All information is confidential, for use by the speech and hearing staff only.

What is the purpose of the Information Release Form?

This authorizes us to obtain information, when appropriate, from other agencies or professionals who have seen you (your child). If we receive these reports prior to the appointment, we will have a broader range of information to consider in helping you or your child. Of course, this information will be treated in a confidential manner.

What if I find that I cannot keep the appointment after it has been made?

Remember, this time is reserved for you alone. If you find that you will be unable to keep your appointment, call us at (765) 494-3789 immediately, so that we can substitute someone else in your place. You can also indicate whether or not you want us to make an appointment for you at a later date. If it is necessary for you to call, please ask to speak with the Speech Diagnostic coordinator you have been in contact with.
Where is the Speech and Hearing Clinic located?

The clinic is located in Lyles-Porter Hall on the campus of Purdue University. Our building is accessible to the handicapped. A campus map is enclosed for your convenience.

Where can I park?

Parking is available in the Harrison Street Garage. There are 15 designated spaces for clients to Park on the 1st level of the parking garage. The spaces are on the east wall of the parking garage and have posted signs that state “clinic parking”. If no spaces are available you may park any place in the Harrison Street Parking Garage. Please remember to have your ticket validated in 1042 before leaving or you will be responsible for the parking charges.
### General Information

<table>
<thead>
<tr>
<th>Name:</th>
<th>Date of Birth:</th>
<th>Age:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>/</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>Middle</th>
<th>Month/Day/Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Home Address:</th>
<th>Street/P.O. Box</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Campus Address:</th>
<th>Street/P.O. Box</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone:</th>
<th>E-Mail:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Home</th>
<th>Work</th>
<th>Cell</th>
</tr>
</thead>
</table>

### Speech-Language History

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

Who referred you to the speech clinic?

Name of person filling out this questionnaire: 
Relationship: 

### Please describe the nature of your communication problem, including when you first noticed it and how it has changed since then:

What caused the problem?

Have any relatives had speech, language and/or hearing problems? Yes No
*If yes, relationship:* 
*Type of problem:*

How has the speech-language problem affected your social life and/or occupation?

Describe any specific communication situations that present difficulty for you:

Describe the reaction of people, including your immediate family, to your speech-language problem:

Do you avoid any communication situations? Yes No
*If yes, please explain:*

What, if anything, have you tried to do to correct the speech-language problem?

Have you ever had a hearing evaluation? Yes No
*If Yes, when and by whom?* 
*What were the results?*

Have you ever had a speech-language evaluation? Yes No
*If Yes, when and by whom?* 
*What were the results?*
Have you ever received speech-language therapy? Yes No
If yes, by whom and what was the duration? ____________________________
What were the goals of therapy? ______________________________________
What were the results? _____________________________________________
If therapy was terminated, describe why: ________________________________
Please list any additional information that you think may be helpful in assisting with your problem:
___________________________________________________________________

**Employment History**
Please list your most recent information.

<table>
<thead>
<tr>
<th>Place</th>
<th>Dates</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>School</th>
<th>Location</th>
<th>Degree</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


**Educational History**
Please list your most recent information.

<table>
<thead>
<tr>
<th>Name</th>
<th>Specialty</th>
<th>Address</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Medical History**
Describe your present health: Good Fair Poor

Physician(s)

<table>
<thead>
<tr>
<th>Name</th>
<th>Specialty</th>
<th>Address</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

List all medical diagnoses including dates:
1. ________________________________________________________________
2. ________________________________________________________________
3. __________________________________________________________________
4. __________________________________________________________________
5. __________________________________________________________________

List all periods of hospitalization for surgical or medical treatment including dates:
1. ________________________________________________________________
2. ________________________________________________________________
3. __________________________________________________________________
4. __________________________________________________________________
5. __________________________________________________________________

List all health or medical problems experienced over the last 5 years:
1. __________________________________________________________________
2. __________________________________________________________________
3. __________________________________________________________________
4. __________________________________________________________________
5. __________________________________________________________________
List all medication used over the past year (prescription, over the counter, herbal supplements/alternative medicines):
1. 
2. 
3. 
4. 
5. 

Check all that apply to your medical history:

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allergies</td>
<td>Head Injury</td>
</tr>
<tr>
<td>Anemia</td>
<td>Hearing problem</td>
</tr>
<tr>
<td>Asthma</td>
<td>Heart Trouble</td>
</tr>
<tr>
<td>Broken nose</td>
<td>High Blood Pressure</td>
</tr>
<tr>
<td>Bronchitis</td>
<td>Hormone Therapy</td>
</tr>
<tr>
<td>Cancer/tumor(s)</td>
<td>Incoordination of face or tongue muscles</td>
</tr>
<tr>
<td>Chicken Pox</td>
<td>Influenza</td>
</tr>
<tr>
<td>Chronic colds/upper respiratory infections</td>
<td>Kidney problems</td>
</tr>
<tr>
<td>Chronic laryngitis</td>
<td>Mumps</td>
</tr>
<tr>
<td>Cleft palate</td>
<td>Mouth breathing</td>
</tr>
<tr>
<td>Diabetes</td>
<td>Mumps</td>
</tr>
<tr>
<td>Diphtheria</td>
<td>Neurological problem</td>
</tr>
<tr>
<td>Dizziness</td>
<td>Noise exposure</td>
</tr>
<tr>
<td>Drinking: How often:</td>
<td>Numbness</td>
</tr>
<tr>
<td>Ear Disease</td>
<td>Paralysis/paresis</td>
</tr>
<tr>
<td>Emotional difficulty</td>
<td>Parkinson's disease</td>
</tr>
<tr>
<td>Glandular imbalance</td>
<td>Physical defect</td>
</tr>
<tr>
<td>Glasses</td>
<td>Pneumonia</td>
</tr>
</tbody>
</table>

If the answer to any of the above items is "Yes," give the relevant details (e.g., how frequent are these episodes, how severe are these episodes):

Please list the information regarding the most recent exams below:

<table>
<thead>
<tr>
<th>Type of Exam</th>
<th>Date</th>
<th>Name of Professional</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Exam</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vision Test</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hearing Test</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychological</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neurological</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Other:</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Social History

Marital Status:  Married  Never Married  Divorced  Widowed

Do you have children?  Yes  No

If yes, please provide information below.

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Gender</th>
<th>Name</th>
<th>Age</th>
<th>Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>F</td>
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<td>F</td>
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<td>M</td>
<td>F</td>
<td></td>
<td>M</td>
<td>F</td>
</tr>
</tbody>
</table>

List the relation, name and age of other people in the household:

<table>
<thead>
<tr>
<th>Relation</th>
<th>Name</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>
List your interests/hobbies and/or activities you engage in (e.g., clubs, organizations, etc.): ________________

---

**Daily Routines**

Check any problems with independent skills of daily living:

<table>
<thead>
<tr>
<th>Skill</th>
<th>Yes</th>
<th>No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eating</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mobility</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Toileting</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grooming</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dressing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medication</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meal Preparation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shopping</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Housework</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laundry</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Finances</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home Repair/Yard Work</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Driving</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Thank you for taking the time to complete this form completely. The information that you have given us will help us provide efficient and effective speech-language services.
Adult Aphasia Addendum Case History Form

I. SPEECH AND LANGUAGE
The following items are very important for helping us plan our test procedures so as to keep the time spent in evaluation at a minimum. Please check as carefully as possible those items the patient can and cannot do. Please write “N” in either column if the item does not apply to this patient.

<table>
<thead>
<tr>
<th></th>
<th>The patient can</th>
<th>The patient cannot</th>
</tr>
</thead>
<tbody>
<tr>
<td>SPEECH</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Imitate oral movements.</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>Indicate “yes” and “no” reliably.</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>Repeat words spoken by others</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>Articulate sounds.</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>Say own name.</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>Say words nouns verbs other</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>Say greetings.</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>Say short phrases; meaningful noun-verb combinations</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>Say short sentences non-automatic</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>Talk without using “roundabout” way of getting meaning across.</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>Speak with relative fluency.</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>Be easily understood.</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>Relate a story read or seen on television.</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>Carry on a telephone conversation.</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>COMPREHENSION</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recognize environmental sounds.</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>Recognize speech.</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>Understand own name.</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>Understand family names.</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>Understand single spoken words nouns verbs other</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>Understand names of familiar objects.</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>Understand simple spoken sentences.</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>Understand conversational speech with one person.</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>Understand conversational speech with several persons.</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>Follow radio or television speech.</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>Understand spoken directions.</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>Understand gestured directions.</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>Recognize objects.</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>Understand the use of these objects.</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>Understand everything he/she listens to.</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>READING</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Read single letters.</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>Read signs with understanding.</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>Read numbers with understanding.</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>Read single words with understanding.</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>Read newspaper headlines with understanding.</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>Read magazine articles with understanding.</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>Read books with understanding</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>Tell time.</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>WRITING</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Copy numbers, letters, or words.</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>Write from dictation.</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>Write his/her name without assistance.</td>
<td>______</td>
<td>______</td>
</tr>
</tbody>
</table>

67
Write single words without assistance.
Write short sentences without assistance.
Write personal letters without assistance.
Write creatively without assistance.

GESTURAL
Indicate meaning by pointing or gestures.
Indicate needs by pointing to objects.
Use a communication board effectively.
Use an elaborate gestural system such as sign language.

II. DAILY BEHAVIOR

The patient
Can

The patient
Cannot

ORIENTATION
Remember past events.
Remember events relative to his/her accident or illness.
Remember recent events.
Travel around town unassisted.

DAILY LIVING
Do simple arithmetic.
Dress himself/herself.
Tie shoes.
Handle all bathroom needs unassisted.
Plan his/her own activities.
Go shopping alone.
Answer the telephone.

WALKING
Walk unaided.
Walk with leg brace.
Walk with cane.
Rise to a standing position from a seated position without assistance.
Seat him/herself from a standing position.

USING HANDS
Use both hands easily for all tasks.
Use right hand easily for all tasks.
Use left hand easily for all tasks.
Open doors easily unassisted.

Was the patient right- or left-handed before the present illness or accident?
Right_____ Left_____
Check those hobbies and interests that apply to the patient. Use “P” for prior to illness, and “S” for since illness occurred. Both “P” and “S” may apply.

READING  MUSIC  SPORTS  WRITING  INTERESTS
____ Books  ____ Play instrument  ____ Baseball  ____ Letters  ____ Gardening
____ Magazines  ____ Listening  ____ Football  ____ Other  ____ Cooking
____ Newspapers  ____ Baseball  ____ Basketball  ____ Sewing  ____ Fishing
____ Going to Concerts  ____ Hockey  ____ Boating  ____ Traveling,
____ Magazines            ____ Football   ____ Other ____ Cooking
____ Newspapers ____ Listening ____ Basketball ____ Sewing ____ Fishing
____ Going to Concerts ____ Hockey  ____ Boating __ ____ Traveling,
____ Magazines            ____ Football   ____ Other ____ Cooking
____ Newspapers ____ Listening ____ Basketball ____ Sewing ____ Fishing
____ Going to Concerts ____ Hockey  ____ Boating __ ____ Traveling,
____ Magazines            ____ Football   ____ Other ____ Cooking
____ Newspapers ____ Listening ____ Basketball ____ Sewing ____ Fishing
____ Going to Concerts ____ Hockey  ____ Boating __ ____ Traveling,
____ Magazines            ____ Football   ____ Other ____ Cooking
____ Newspapers ____ Listening ____ Basketball ____ Sewing ____ Fishing
____Going to Concerts ____ Hockey  ____ Boating __ ____ Traveling,
____ Magazines            ____ Football   ____ Other ____ Cooking
____ Newspapers ____ Listening ____ Basketball ____ Sewing ____ Fishing
____ Going to Concerts ____ Hockey  ____ Boating __ ____ Traveling,
____ Magazines            ____ Football   ____ Other ____ Cooking
____ Newspapers ____ Listening ____ Basketball ____ Sewing ____ Fishing
____ Going to Concerts ____ Hockey  ____ Boating __ ____ Traveling,
____ Magazines            ____ Football   ____ Other ____ Cooking
____ Newspapers ____ Listening ____ Basketball ____ Sewing ____ Fishing
____ Going to Concerts ____ Hockey  ____ Boating __ ____ Traveling,
____ Magazines            ____ Football   ____ Other ____ Cooking
____ Newspapers ____ Listening ____ Basketball ____ Sewing ____ Fishing
____ Going to Concerts ____ Hockey  ____ Boating __ ____ Traveling,
____ Magazines            ____ Football   ____ Other ____ Cooking
____ Newspapers ____ Listening ____ Basketball ____ Sewing ____ Fishing
____ Going to Concerts ____ Hockey  ____ Boating __ ____ Traveling,
____ Magazines            ____ Football   ____ Other ____ Cooking
____ Newspapers ____ Listening ____ Basketball ____ Sewing ____ Fishing
____ Going to Concerts ____ Hockey  ____ Boating __ ____ Traveling,
____ Magazines            ____ Football   ____ Other ____ Cooking
____ Newspapers ____ Listening ____ Basketball ____ Sewing ____ Fishing
____ Going to Concerts ____ Hockey  ____ Boating __ ____ Traveling,
____ Magazines            ____ Football   ____ Other ____ Cooking
____ Newspapers ____ Listening ____ Basketball ____ Sewing ____ Fishing
____ Going to Concerts ____ Hockey  ____ Boating __ ____ Traveling,
____ Magazines            ____ Football   ____ Other ____ Cooking
____ Newspapers ____ Listening ____ Basketball ____ Sewing ____ Fishing
____ Going to Concerts ____ Hockey  ____ Boating __ ____ Traveling,
____ Magazines            ____ Football   ____ Other ____ Cooking
____ Newspapers ____ Listening ____ Basketball ____ Sewing ____ Fishing
____ Going to Concerts ____ Hockey  ____ Boating __ ____ Traveling,
____ Magazines            ____ Football   ____ Other ____ Cooking
____ Newspapers ____ Listening ____ Basketball ____ Sewing ____ Fishing
____ Going to Concerts ____ Hockey  ____ Boating __ ____ Traveling,
____ Magazines            ____ Football   ____ Other ____ Cooking
____ Newspapers ____ Listening ____ Basketball ____ Sewing ____ Fishing
____ Going to Concerts ____ Hockey  ____ Boating __ ____ Traveling,
____ Magazines            ____ Football   ____ Other ____ Cooking
____ Newspapers ____ Listening ____ Basketball ____ Sewing ____ Fishing
____ Going to Concerts ____ Hockey  ____ Boating __ ____ Traveling,
____ Magazines            ____ Football   ____ Other ____ Cooking
____ Newspapers ____ Listening ____ Basketball ____ Sewing ____ Fishing
____ Going to Concerts ____ Hockey  ____ Boating __ ____ Traveling,
____ Magazines            ____ Football   ____ Other ____ Cooking
____ Newspapers ____ Listening ____ Basketball ____ Sewing ____ Fishing
____ Going to Concerts ____ Hockey  ____ Boating __ ____ Traveling,
Child Speech-Language Case History

General Information

Today's Date: _____ / _____ / _____

Name of Child: ___________________________ Date of Birth: _____ / _____ / _____

Address: ___________________________

Street/P.O. Box             City               State       Zip

Telephone: ___________________________ E-mail: ___________________________

Home         Work             Cell

Name                      Age                      Occupation        Education

Mother

Father

If the address of either parent is different from that of the child, please indicate:

Street/P.O. Box             City               State       Zip

People in the Household:

Relation                      Name                      Age

Who referred you to the speech clinic? ___________________________

Child’s Doctor: ___________________________ Address: ___________________________

Name of person filling out this questionnaire: ___________________________ Relationship to Child: ___________________________

Statement of the Problem

Describe the child's speech, language and/or hearing problems: ___________________________

When was the problem first noticed and by whom? ___________________________

What changes in your child’s language and/or speech have you noticed since that time?

Is the child aware of the problem? Yes       No

If yes, how does he/she react? ___________________________

Do you have any idea of what may have caused the problem? Yes       No

If yes, please describe: ___________________________

Under what situations is the child’s speech...?

1. Better: ___________________________

2. Worse: ___________________________
Has the child ever had a speech-language evaluation?  Yes  No  
If Yes, when and by whom?  
What were the results?  

Has the child ever received speech-language therapy?  Yes  No  
If Yes, when and by whom?  
For how long?  
What were the results?  

Have any relatives had speech and/or language problems?  Yes  No  
If yes, relationship to child:  Type of problem:  

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

Please check the appropriate column that describes your child in the chart below:

<table>
<thead>
<tr>
<th>Child...</th>
<th>Always</th>
<th>Frequently</th>
<th>Sometimes</th>
<th>Rarely</th>
<th>Never</th>
<th>Comment (if desired)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Talks</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is understood by parents/caretakers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is understood by other family members</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is understood by peers</td>
<td></td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>Is understood by strangers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attempts to fix speech errors</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Can follow simple directions (e.g., get your shoes)</td>
<td></td>
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<tr>
<td>Can follow a series of directions (e.g., put your socks away and turn out the light)</td>
<td></td>
<td></td>
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<tr>
<td>Has difficulty remembering what you have told him/her</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Says &quot;huh&quot; when given directions or needs directions repeated</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Child...</th>
<th>Always</th>
<th>Frequently</th>
<th>Sometimes</th>
<th>Rarely</th>
<th>Never</th>
<th>Comment (if desired)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Understands common actions (e.g., run, eat, drink)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Names common objects</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Names actions</td>
<td></td>
<td></td>
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<tr>
<td>Can tell a simple story</td>
<td></td>
<td></td>
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<tr>
<td>Can say a nursery rhyme</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Has a voice that sounds hoarse, strained, breathy</td>
<td></td>
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</tr>
<tr>
<td>Yells and/or makes sound effects</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Takes turns with conversational partner</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Makes eye contact</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gets along with peers</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Gets along with adults</td>
<td></td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>Behavior</td>
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<tr>
<td>-------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>Hesitates, &quot;gets stuck&quot;, repeats or stutters on sounds or words</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Avoids saying certain words</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enjoys being read to/reading</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Avoids speaking at school</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Avoids speaking in play situations</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Avoids speaking at home</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Avoids speaking to adults</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Cries when unable to communicate</td>
<td></td>
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</tr>
<tr>
<td>Becomes aggressive when unable to communicate</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prefers to play alone</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**Birth History**

Is the child your biological child?  Yes  No  
*If No, please explain: _____________________________

Did the mother have any medical problems during this pregnancy, labor or delivery?  Yes  No  
*If yes, please describe: _____________________________

Did the mother take any prescription and/or non-prescription medication during this pregnancy?  Yes  No  
*If Yes, what kinds? ______________________________________

Was the child full term?  Yes  No.  
*If No, how many months premature? ________

Were there any problems with delivery or immediately after birth with the child?  Yes  No  
*If yes, please describe: _____________________________

Child's birth weight: __________

Did the infant have feeding problems?  Yes  No  
*If yes, please describe: _____________________________

**Developmental History**

Give ages at which the following first occurred, if applicable (approximate ages are okay):

<table>
<thead>
<tr>
<th>Milestone</th>
<th>Age</th>
<th>Milestone</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Held head up</td>
<td>Babbled/Cooed</td>
<td>Sat unsupported</td>
<td>Said first word</td>
</tr>
<tr>
<td>Crawled</td>
<td>Used two word sentences (e.g., me go)</td>
<td>Reached for an object</td>
<td>Used three or more word sentences</td>
</tr>
<tr>
<td>Stood</td>
<td>Fed self</td>
<td>Walked</td>
<td>Bladder trained</td>
</tr>
<tr>
<td>Ran</td>
<td>Bowel trained</td>
<td>Dressed self</td>
<td></td>
</tr>
</tbody>
</table>
Did the child keep learning new words once s/he started to talk?  Yes  No
If No, please describe any changes in the child’s speech: ________________________________

Does your child make sounds incorrectly?  Yes  No
If yes, please give examples: ________________________________

Which hand does the child use most frequently?  Right  Left  No preference

**Medical History**

Give ages at which the following occurred, if applicable (approximate ages are okay):

<table>
<thead>
<tr>
<th>Medical Condition</th>
<th>Age</th>
<th>Describe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adenoidectomy</td>
<td></td>
<td>High Fevers</td>
</tr>
<tr>
<td>Allergies</td>
<td></td>
<td>Influenza</td>
</tr>
<tr>
<td>Asthma</td>
<td></td>
<td>Measles</td>
</tr>
<tr>
<td>Blood Disease</td>
<td></td>
<td>Meningitis</td>
</tr>
<tr>
<td>Chicken pox</td>
<td></td>
<td>Mental Illness</td>
</tr>
<tr>
<td>Chronic colds</td>
<td></td>
<td>Mumps</td>
</tr>
<tr>
<td>Convulsions</td>
<td></td>
<td>Muscle Disorder</td>
</tr>
<tr>
<td>Croup</td>
<td></td>
<td>Nerve Disorder</td>
</tr>
<tr>
<td>Diphtheria</td>
<td></td>
<td>Orthodontia</td>
</tr>
<tr>
<td>Dizziness</td>
<td></td>
<td>Pneumonia</td>
</tr>
<tr>
<td>Ear Surgeries</td>
<td></td>
<td>Seizures</td>
</tr>
<tr>
<td>Earaches or infections</td>
<td></td>
<td>Rheumatic fever</td>
</tr>
<tr>
<td>Encephalitis</td>
<td></td>
<td>Sinusitis</td>
</tr>
<tr>
<td>Eye Disorders</td>
<td></td>
<td>Tonsillitis</td>
</tr>
<tr>
<td>Headaches</td>
<td></td>
<td>Whooping cough</td>
</tr>
<tr>
<td>Head injuries</td>
<td></td>
<td>Other</td>
</tr>
<tr>
<td>Heart problems</td>
<td></td>
<td>Other</td>
</tr>
</tbody>
</table>

Describe any other illnesses, accidents, injuries, operations, and hospitalizations (include age):

______________________________________________________________

______________________________________________________________

______________________________________________________________

Circle the child’s current health:  Good  Fair  Poor

Is the child now under medical treatment or on medication?  Yes  No
If yes, please describe: ________________________________
Please list the information regarding the most recent exams below:

<table>
<thead>
<tr>
<th>Type of Exam</th>
<th>Date</th>
<th>Name of professional</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Exam</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vision Test</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hearing Test</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychological Evaluation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Does the child wear?  Hearing aid   Glasses

**Educational History**

Child attends (please circle):  Day care   Nursery   Kindergarten   Grade School   Secondary School

Name of school: ___________________________ Grade/Level: __________________

Describe the child’s academic performance:   Below Average   Average   Above average

Has the child repeated a grade?  Yes   No  If Yes, which one(s)? __________________

What are the child’s best subjects? ____________________________

What are the child’s poorest subjects? ____________________________

What is your impression of the child’s learning abilities? ____________________________

Does the child receive any occupational therapy or physical therapy services?  Yes   No  If yes, please describe: ____________________________

If enrolled for special education services, has an Individualized Education Program (IEP) been developed?  Yes   No  If yes, describe the most important goals: ____________________________
### Daily Behavior/ Family Routines

Check these as they apply to your child:

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Describe (give ages, if applicable; approximate ages are okay)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eating problems</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sleeping problems</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Toilet training problems</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Difficulty concentrating, distractible</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Needs a lot of discipline</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Underactive</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overactive</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Excitable</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laughs easily</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cries a lot</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discipline problems</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overly sensitive</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Makes friends easily</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Irritable</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Describe any other type(s) of behavior you feel is important for us to know: __________________________
______________________________________________________

Describe activities/toys that the child enjoys: __________________________
______________________________________________________

Thank you for taking the time to provide the information in this form as completely as possible. The information that you have given us will help us provide efficient speech-language services.
Community Pediatric Speech-Language Therapy Resources

For children under 3 years of age:
1. First Steps (Indiana coordinating agency for all services for children under 3 years of age.)
   Contact Person: DeeAnn Cabell at 1-877-811-1644

2. Purdue Birth-Three Program (Friday mornings)
   Site: Lyles-Porter Hall, West Lafayette, IN
   Christi Masters, M.S., CCC-SLP: office 765-496-7932

For children over 3 years of age:
1. Greater Lafayette Area Special Services (G.L.A.S.S.): Offers a range of free services via the public school system for all qualifying children demonstrating delays in one of more developmental areas. These may include speech-language, motor, self-help, cognitive, socialization, etc. Parents need to call one of the following contact persons and request a speech-language evaluation:
   *For children ages 3-5 years, call GLASS at Linwood, 765-476-2900. Explain to the receptionist that your child needs a speech-language evaluation. The receptionist will put you in touch will a preschool facilitator who will answer your questions and send you an information/permission packet.
   *For children ages kindergarten and older, call GLASS at Hiatt Center, 765-771-6000, and explain your situation. You will be put in contact with the appropriate personnel.

2. Purdue University Speech and Hearing Clinic: Speech-language-voice diagnostic and therapy services.
   Call the clinic appointment secretary at 765-494-3789.

3. Purdue Preschool Language Program (Tuesday, Wednesday and Thursday mornings during the Purdue fall-spring academic year)
   Site: Lyles-Porter Hall, West Lafayette, IN
   Hope Gulker, M.S.W., Developmental Specialist: office 765-494-3800
   Emily Tyson Studebaker, M.S., CCC-SLP: office 765-496-3192

4. St. Elizabeth Regional Hospital: 765-423-6336

5. Indiana University Health Arnett outpatient, Speech Pathology Department: 765-448-8329
   Scheduling Center for evaluation and therapy: 765-448-8100

6. Private Practice Speech-Language Pathologists: Search on-line for Private Practice Providers
CLIENT FEEDBACK QUESTIONNAIRE
(Adult Client Format)

Check as appropriate:

Group Therapy □ Individual Therapy □

Age of person treated: __________
Number of semesters in therapy: __________

After answering all items, please return.

READ each item carefully and CIRCLE the one answer that is best for you.

SA – Strongly Agree N – Neutral SD – Strongly Disagree
A – Agree D – Disagree NA – Not Applicable

1. It is important that we see you in a timely manner.
   A. My appointments were scheduled in a reasonable period of time. SA A N D SD NA
   B. I was seen on time for my scheduled appointments. SA A N D SD NA
   C. I am able to reschedule appointments when necessary. SA A N D SD NA

2. It is important that you benefit from Speech-Language Therapy.
   A. I have improved because I received these services. SA A N D SD NA
   B. My family and I better understand my problem. SA A N D SD NA

3. You are important to us; we are here to work with you.
   A. The support staff (e.g., secretary, receptionist, assistant) Who served me was courteous and pleasant. SA A N D SD NA
   B. The clinician/supervisor who served me was courteous and pleasant. SA A N D SD NA
   C. The clinician/supervisor considered my special needs (age, culture, Education, handicapping condition, eyesight and hearing). SA A N D SD NA
   D. The clinician/supervisor included my family or other persons Important to me in the services provided. SA A N D SD NA
   E. I am able to discuss my concerns with the clinician/supervisor. SA A N D SD NA

4. Our Speech-Language staff is trained and qualified to serve you.
   A. The clinician/supervisor was prepared and organized. SA A N D SD NA
   B. The services were explained to me in a way that I could Understand. SA A N D SD NA
   C. My clinician/supervisor was experienced and knowledgeable. SA A N D SD NA
5. It is important that our environment is secure, comfortable, attractive, distraction free, and easy to reach.

A. Health and safety precautions were taken when serving me.  
B. The environment was clean and pleasant.  
C. The environment was quiet and distraction free.  
D. The building and speech-language pathology services were easy to get to.  
E. Parking was available and convenient.  
F. Signs clearly show where the speech clinic is.

6. It is important that we provide you with efficient and comprehensive services.

A. I feel that the length and frequency of my service program  
B. My clinician/supervisor planned ahead and provided sufficient instruction and education to help me retain my skills after my program ended.  
C. I feel that my program was well-managed, involving other services when needed (e.g., teachers, dentist, doctor, psychologist).  
D. Written information about my program was helpful.  
E. Billing procedures were handled in a professional manner.

7. We respect and value your comments.

A. Overall, the program services were satisfactory.  
B. I would seek your services again if needed.  
C. I would recommend your services to others.

Comments: ____________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Thank you for your time.

Please place the questionnaire in the comment box in the waiting room, or mail in the envelope provided to: M.D. Steer Audiology and Speech-Language Center, Lyles-Porter Hall, 715 Clinic Drive, West Lafayette, IN 47907-2122.
CLIENT FEEDBACK QUESTIONNAIRE
(Child Client Format)

Check as appropriate:

Group Therapy □ Individual Therapy □

Age of person treated: ________   Number of semesters in therapy: ________

After answering all items, please return.

READ each item carefully and CIRCLE the one answer that is best for you.

SA – Strongly Agree  N – Neutral  SD – Strongly Disagree
A – Agree  D – Disagree  NA – Not Applicable

1. It is important that we see your child in a timely manner.
   A. My child’s appointments were scheduled in a reasonable
      Period of time.            SA A N D SD NA
   B. My child was seen on time for my scheduled appointments.   SA A N D SD NA
   C. I was able to reschedule appointments when necessary.    SA A N D SD NA

2. It is important that your child benefit from Speech-Language Therapy.
   A. My child has improved as a result of receiving services.    SA A N D SD NA
   B. My family and I better understand my child’s problem.    SA A N D SD NA

3. You are important to us; we are here to work with you.
   A. The support staff (e.g., secretary, receptionist, assistant)
      who served me was courteous and pleasant.       SA A N D SD NA
   B. The clinician/supervisor who served my child was courteous and
      pleasant.              SA A N D SD NA
   C. The clinician/supervisor considered my child’s special needs
      (age, culture, education, handicapping condition, eyesight
      and hearing).             SA A N D SD NA
   D. The clinician/supervisor included my family or other persons
      important to us in the services provided.       SA A N D SD NA
   E. I am able to discuss my concerns with the clinician/supervisor.   SA A N D SD NA

4. Our Speech-Language staff is trained and qualified to serve you.
   A. The clinician/supervisor was prepared and organized.       SA A N D SD NA
   B. The services were explained to me in a way that I could
      understand.             SA A N D SD NA
   C. The clinician/supervisor was experienced and knowledgeable.   SA A N D SD NA
5. It is important that our environment is secure, comfortable, attractive, distraction free, and easy to reach.

A. Health and safety precautions were taken when serving my child. SA A N D SD NA
B. The environment was clean and pleasant. SA A N D SD NA
C. The environment was quiet and distraction free. SA A N D SD NA
D. The building and speech-language pathology services were easy to get to. SA A N D SD NA
E. Parking was available and convenient. SA A N D SD NA
F. Signs clearly show where the speech clinic is. SA A N D SD NA

6. Your child is a unique individual.

A. The clinician/supervisor listened and responded to my concerns, questions, and ideas. SA A N D SD NA
B. Staff gave me information that is clear and useful to me. SA A N D SD NA
C. I feel the program for my child included what was important to me. SA A N D SD NA
D. My child’s program met my child’s needs. SA A N D SD NA
E. The help my child received fit into our family routines and activities. SA A N D SD NA
F. The staff respected the limits my family puts on our time and energy for our child’s program. SA A N D SD NA
G. I have learned about helping my child at home. SA A N D SD NA
H. I am aware of how home activities are part of my child’s learning and development. SA A N D SD NA
I. I received written suggestions for helping my child at home. SA A N D SD NA
J. Provision made for observing my child’s therapy was satisfactory. SA A N D SD NA

7. It is important that we provide you with efficient and comprehensive services.

A. I feel that the length and frequency of my child’s service program was appropriate. SA A N D SD NA
B. The clinician/supervisor planned ahead and provided sufficient instruction and education to help my child retain skills after the program ended. SA A N D SD NA
C. I feel that my child’s program was well-managed, involving other services when needed (e.g., teachers, dentist, doctor, psychologist). SA A N D SD NA
D. Written information about my child’s program was clear and helpful. SA A N D SD NA
E. Billing procedures were handled in a professional manner. SA A N D SD NA

8. We respect and value your comments.

A. Overall, the program services were satisfactory. SA A N D SD NA
B. I would seek your services again if needed. SA A N D SD NA
C. I would recommend your services to others. SA A N D SD NA

Comments: ________________________________________________________________

Thank you for your time.

Please place the questionnaire in the comment box in the waiting room, or mail in the envelope provided to: M.D. Steer Audiology and Speech-Language Center, Lyles-Porter Hall, 715 Clinic Drive, West Lafayette, IN 47907-2122.
Clinical Practicum 54900 Seminars
Student clinicians are assigned to a seminar class that meets weekly during the fall and spring semesters. The class is divided into two sections with first year students in one and second year graduate students in the other. During the spring semester the second year students attend the first 6 weeks prior to leaving campus for the first externship placement. Class attendance is required and follows the same policy as the clinical practicum policy. The syllabus for the current semester class can be found on the Purdue University Blackboard website for the enrolled course number.

Clinical Practicum Overview
Requirements for the Certificate of Clinical Competence by ASHA include the completion of a minimum of 400 clock hours of supervised clinical experience with individuals who present a variety of communication disorders. This includes the following breakdown:

1. A minimum of 25 observation hours before beginning or during their graduate clinical experience. These required observation hours may be completed by enrollment in SLHS 44900.
2. 50 hours of required clinical experience may be accrued in an undergraduate accredited program.
3. 325 hours of clinical experience must be accrued in the graduate program you are attending.
4. If the student’s final clinical grade falls below B, or if the student withdraws from any portion of their clinical practicum (SLHS 54900/64900) clinic hours accumulated for that semester will not be counted toward the 325 graduate clinic hours or the 400 hours required for ASHA certification.

Usually coursework must be completed in the disorder category prior to doing therapy in that area. Beginning SLHS 54900-01 or 02 clinicians will most likely be assigned articulation and language cases, whereas advanced SLHS 54900-03, 04, 05 clinicians will be assigned diagnostics as well as articulation, language, dysphasia, aphasic, voice and fluency cases. SLHS 54900-02 clinicians may also request diagnostics (speech-language, fluency, and/or voice) the pre-school language program, and the preschool screening program.

The assignments for SLHS 44900 enrollees involve observations with a variety of client disorders and service delivery methods. First semester SLHS 54900/64900 clinicians will be assigned 2-4 client contact hours, second semester SLHS 54900/64900 clinicians will be assigned 4-6 hours. The usual assignment for third semester clinicians and beyond SLHS 54900 is 6-9 contact hours (for example: three clients, or diagnostic practicum plus two clients, or a combination of experiences including externships). These assignments may be offset by work in audiological assessment and/or aural rehabilitation if hours are needed in these areas for certification purposes.

Liability Insurance needs to be obtained before practicum can begin (54900). The policy is good for one year, from August 1 to July 31. The fee is included in the SLHS 54900 Clinic Lab Fee. Basic Life Saving (CPR) is also required and offered through the Purdue Fire Department. The certification is good for two years. If students do not have Basic Life Saving certification and take it through the Purdue Fire Department the fee is included in the SLHS 54900 Clinic Lab Fees. Flu vaccinations are required at Health Care Assignments. The vaccine is available in the fall only so students should plan ahead for this. The cost of the vaccination is the responsibility of the student.

Clinical training begins with an introductory clinical experience during the first semester of the graduate program. Clinic levels may be modified for those students who are completing pre-requisite courses before entering clinic (students who do not enter the masters program with a degree in Communication Disorders). Such modifications must be planned as the graduate plan of study is developed and must be approved by the director of clinical education in speech language pathology. The amount of direct client contact assigned varies with the clinical level of the graduate student.

If a student has circumstances that necessitate a change from the typical clinic load requirements, written approval from the Director of Clinical Education in Speech-Language Pathology and from the graduate committee is required. Requests for changes in clinic loads may be for the following: 1) reduced clinic loads, 2) increased clinic
loads, or 3) no clinic assignment (approved for one semester only.) Students should discuss the modification and its implications for the plan of study with their major professor and the Director of Clinical Education in Speech-Language Pathology before making any request.

<table>
<thead>
<tr>
<th>Time line</th>
<th>SLHS Clinical Course</th>
<th>Clinic Practicum</th>
<th>Clinic Level</th>
<th>Hrs. of Direct Client Contact</th>
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<tbody>
<tr>
<td>First Fall Semester</td>
<td>SLHS 54900 (Seminar 1)</td>
<td>Introductory assignment</td>
<td>I</td>
<td>1-2</td>
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<tr>
<td>First Spring Semester</td>
<td>SLHS 54900 (Seminar 2)</td>
<td>Assignment in Purdue Clinics</td>
<td>II</td>
<td>4-6</td>
</tr>
<tr>
<td>First Summer</td>
<td>SLHS 54900 (No Seminar)</td>
<td>Assignment in Purdue Clinics</td>
<td>III</td>
<td>5-7</td>
</tr>
<tr>
<td>Second Fall</td>
<td>SLHS 54900 (Seminar 3)</td>
<td>Assignment in Purdue Clinics</td>
<td>IV</td>
<td>5-7</td>
</tr>
<tr>
<td>Second Spring</td>
<td>SLHS 54900 (Seminar 4) SLHS 64800: 3 credits</td>
<td>Assignment in Purdue Clinics (and/or Education Extern)</td>
<td>V</td>
<td>5-7</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Education or Healthcare Externship</td>
<td></td>
<td>10 wks. Full-time exp.</td>
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<tr>
<td>Second Summer</td>
<td>SLHS 64900: 2 credit</td>
<td>Healthcare Externship</td>
<td>VI</td>
<td>8-12 wks full-time exp.</td>
</tr>
</tbody>
</table>

**Clinical Participation Requirements**

1. Physical examination by a licensed physician prior to beginning 54900. You may bring a copy of the physical required by Purdue for admission to its graduate program.

2. TB test, Chest x-ray or Quantiferon Gold Test
   You will be notified if this is required and can do so either on campus (PUSH) or at a physician’s office. There is a place on the Medical History Form you completed for enrollment for TB Test information. It states it is required ONLY for international students but if you have it done before you come please have the MD add this to your Medical History Form. You may decline the TB testing and you will receive a form to complete regarding this in the Risk Management Training at the beginning of the Fall Semester. However, some training sites require TB testing and if you decline you may not be allowed to go to that training site.

3. Hepatitis B Vaccination
   Vaccination for the virus is available. You may decline the vaccination but again individual sites may require it or documentation that you are declining. The vaccinations are a series of 3 inoculations and can be completed on campus (PUSH) or through your physician.

4. 5 panel drug screen
   You will be notified when this needs to be completed and can do so at Lafayette’s Indiana University Health-Arnett Hospital.

5. Proof of vaccination and or disease for measles, mumps and chicken pox (varicella), vaccination for rubella, and vaccination for flu virus.
   The measles, mumps and rubella are included on the Purdue Medical History form. Please have the MD add the chicken pox information if the information available.
   If you don’t know if you’ve had chicken pox or the vaccine then you will be required to have a titer to determine this if you are assigned to one of the clinical rotations that require it.

6. CPR-American Heart Association’s Basic Life Skills for Healthcare Providers
   The American Heart Association’s Basic Life Support (BLS) for Healthcare Providers course is required for all SLP and AuD graduate students. Certification class will be made available on campus during the
fall semester and is good for a two year period. Other locations also offer CPR training that is accepted but the student will be responsible for charges for this training when not taken on campus.

7. You will also be required to provide a Criminal Background check. The form will be passed out in class during the first week of the fall semester and you will need to submit it within two weeks. There is a fee that you must pay when submitting this form.

**Evaluation of Practicum**
The KASA for Certification & the CSCF (see Supervisory Process) were designed to collect information regarding a student’s professional and interpersonal skills. See Supervisory Process section for a complete explanation of the grading procedure. Clinical supervisors and clinicians complete the appropriate sections of the form at mid-term and at the conclusion of the semester to determine a rating which reflects the independence and competence of the clinician during each practicum experience.

**Scheduling Procedures for Clinical Assignments in the M.D. Steer Speech-Language Clinic and additional training sites**
Near the end of each semester the student is requested to fill out a schedule indicating when s/he will and will not be available to participate in clinical activities. This schedule should include information pertaining to course numbers and the times they are being taken, work assignments and family commitments (see Practicum). Each student in the SLP training program must, also, update the “Clinic Record and Practicum Plan” which includes caseload requests for the new semester (see Practicum) every semester. Deadlines for submitting updates typically occur during the second half of each semester. Remember that all forms must be kept up to date and all changes are to be given to the schedule coordinator as soon as they occur. Students are responsible for changing any clinical assignments after the schedule team has made them, with the consent of their assigned supervisor.

Scheduling of clinical practicum is done by the SLP Clinical Faculty. The following information is considered to determine each individual's clinic assignment:

a. Disorder courses taken both at the graduate and undergraduate level.

b. Clock hours previously accrued in graduate clinical placements. Each student's clinical hours are entered into a computer database at the end of each semester by the Graduate Secretary. The scheduling team uses summary sheets from this database showing each student's number of hours accrued toward the goal of a minimum of 10 client contact hours in: pediatric speech diagnostics, pediatric speech intervention, pediatric language diagnostics, pediatric language intervention, adult speech diagnostics, adult speech intervention, adult language diagnostics, adult language intervention, audiological assessment and aural rehabilitation. Speech includes the disorders of articulation, voice, fluency and dysphagia. *Be aware if you seek licensure in some states other than Indiana the minimum required hours may be different.* On rare occasions the Director Clinical Education in SLP may allow the number of hours to be reduced to a minimum of 5 hours after review of the student’s over-all academic and clinical record.)

c. Clock hours are projected in current clinical assignments. In conjunction with their supervisor(s), students’ estimate how many clinical clock hours they expect to earn for clinical assignments not yet completed. These numbers are included in the total sum of clock hours and distributed within the various categories as described above when completing the request form.

d. Planned date of graduation.

e. Future plans for health care/school externships (i.e., semester planned, type of clientele, etc.).

f. Dates and locations of previous clinical assignments.

g. List of previous supervisors.
h. Prioritized list of desired clinical placements for the following semester.

i. Concentration area of healthcare externship.

j. Participation in specialized departmental training grant programs.

2. The clinical faculty meets and examines each individual student's projected clinical needs and submitted clinical requests using the above survey results. Student clock hours are reviewed and checked by the Director of Clinical Education, the clinic director, and the supervisory staff. Each student's progress in the clinical training program is compared with the current ASHA regulations as stipulated above. Using information from this detailed comparison, the professional staff compiles a list of prioritized student needs for each individual student. Factors governing this process are numerous and may be weighed differently depending upon the perceived needs of the individual student. These may include (e.g., prioritized from most to least important):

a. Anticipated date of graduation. Student must have a minimum of 400 clock hours of direct client contact prior to graduation. At least 325 of these hours must be earned at the graduate level. In addition, the clock hours must be distributed in such a way as to satisfy all of the designated clinical categories specified by ASHA. Students must also show evidence of having completed 25 additional hours of observation beyond the 375 total clock hours (i.e., Grand Total = 400 hours). Students demonstrating shortages in any of the designated areas of clinical concentration and who are enrolled in their last semester in the Purdue Clinic receive top priority in scheduling of clinical assignments.

b. Anticipated dates of off-campus externships (i.e., health care/education). Every attempt is given to provide student clinicians a similar clinical experience with the varied Purdue supervisory staff prior to their scheduled externship assignment. Thus, individuals expecting to go out on a health care externship would be given at least one experience working with adult speech-language clients, either in the Purdue Clinic or at one of its affiliated practicum sites (i.e., ENT, Hospital, etc.) prior to departing on their externship. For students desirous of an education externship assignment, the following guidelines are considered:

1) Student teaching placement may occur in either the fall or spring semesters.

2) In order to be considered for an education externship, students are required to have completed the following graduate courses: Phonological Disorders, Language Disorders: Principles in Preschool, and School Clinical Methods. In addition Voice Disorders and Stuttering may be taken either prior to, or concurrently with the educational externship if scheduling permits.

3) Prior to being approved for an education externship placement, students must have had at least 2 semesters of clinical assignments working with children and have accrued a minimum of 50 clock hours (75 hours preferred) working with this population, and grades of "B" or better.

4) Students must have an overall GPA of at least 3.0 to be approved to go out on an education externship.

5) Students must apply to the Office of Field Experience in addition to working with the SLHS Externship Coordinator, to arrange their practicum.

c. Disorder courses taken. Every effort is made not to schedule a student clinician for a given clinical assignment unless they have already completed the necessary disorder course work. In certain situations, pending the approval of that student's major professor, the Clinic Director, and the student himself, students may be allowed to take a clinical assignment concurrently with their enrollment in a particular disorder course.
d. **Previous types of clinical experiences.** Clinical training programs are obligated to provide a breadth of clinical experiences in order to train well-rounded clinicians and to satisfy ASHA requirements. Accordingly, every semester, the supervisory staff carefully examines each student's previous clinical practicums to ensure that each clinician has been exposed to and/or has demonstrated mastery of:

1) Working with child **and** adult clients.
2) Providing individual **and/or** group intervention.
3) Utilizing indirect **and** direct therapy intervention techniques.

Whenever possible, supervisory staff also attempt to supply:
4) Diagnostic experience.
5) Counseling opportunities (i.e. via parent training, fluency support groups, adult language groups etc.).

Student clinicians not exhibiting mastery in one or more of the above areas may be scheduled for additional clinical opportunities in the given category area. On rare occasions, students may request or be asked to consider a repeat assignment in a given practicum placement. Typically, these requests are not granted unless the student, supervising clinician, and Clinic Director consent.

3. Students are to be available to meet with supervisors to begin planning for clinic assignments on the **first day of each semester.** Master Schedules of clinic assignments are typically provided to students in a HIPAA compliant manner.

4. Changes and additions to clinical assignments are made by the supervisor or the student clinician acting on instructions by the supervisor under the direction of the Clinic Director and Scheduling Coordinator.

Students registering for clinical practicum (SLHS 54900/64900 or 59000), are expected to complete the entire semester. Clinic assignments are based upon the enrollments at the beginning of the semester. In unusual circumstances, a student may find it necessary to drop the practicum after the semester has begun because of unusual circumstances. When this happens, however, it becomes very difficult to reassign the clients to someone else and treatment may suffer as a consequence.

Students requesting a **reduced clinical caseload or a clinical overload** must complete a written statement petitioning the Graduate Committee to grant that request. Requests must be turned in with the Clinical Record and Practicum Plan at the end of the preceding semester or at least one month prior to the start of the semester for which the change in caseload is being requested. See the Graduate Handbook for details of this process.

Students should discuss a request to **drop practicum** with the clinic supervisors. Before it can be approved, the drop slip (form 23) **must** be signed by the Department Head and Director of Clinical Education regardless of when the drop is requested during the semester.

**Log Cards**
Therapy sessions are generally 50 minutes in length, and 54900 clinicians are entitled to log one hour for each session in which they participate that is at least 50 minutes. 44900 clinicians are entitled to log one hour of observation for each 45-50 minute session observed. Occasionally, sessions of greater length are scheduled according to client needs and student/supervisor availability. In such cases, the amount of time logged per session is modified to match the length of the session.
2nd year students:
Log cards are available through the department. At the end of the semester, log cards are completed by recording the date, category (artic, language, etc.) and type (diagnostic, therapy) of hours, age range of the client and number of hours observed by the supervisor. **Duplicate copies of these cards must be made**; one is kept by the clinician and one is filed in room 1042 (clinic reception area) with the clinic secretary. Supervisors must sign all cards in order to validate them; take the prepared cards to all final conferences. The student clinician will need to check out the card from the clinic secretary by making a copy of the original card to leave with her until the original is returned. Destroy the copy that you make. A copy will not serve as a permanent record. **DO NOT USE WHITE OUT ON THE LOG CARDS. CROSS OUT ANY ERROR WITH ONE LINE AND HAVE YOUR SUPERVISOR INITIAL THE ERROR AND RECORD THE CORRECT INFORMATION.** This information is necessary for ASHA Certification and it is the student’s responsibility to maintain accurate records. (See sample log card, Practicum).

1st year students:
The Typhon Group Healthcare Solutions will be utilized for the cohort of students beginning in August, 2017. All hours will be captured by student input and supervisor’s (s) approval of the hours of service. Daily Case logs created by the students are to be utilized to verify the information.

**Practicum Record Form for the ASHA Certificate of Clinical Competence**
The Practicum Record Form (See Summary Information of Graduate and Undergraduate Hours) can be found in the Healthcare Externship Handbook. Graduate students should use this form at the end of observation and clinical practicum experience. The form is necessary in completing the ASHA application form. Students must submit this completed form along with their log cards or Typhon summary record to the graduate secretary prior to graduation.
COURSE COORDINATOR:
SLHS 54900 Claudia J. Mornout, Clinical Professor, LYLE 2122, office; 494-2343, cmornout@purdue.edu
All supervisory faculty will participate in the 54900 class presentations.

Required Materials:
- Speech Clinic Handbook and Healthcare Externship Handbook (one packet)
- Two log cards – available in the
- Name Badge—will be ordered the first week of classes—cost to be determined. Additional materials necessary for your clinical assignment (scrubs, etc.)
- Liability insurance: billed through the SLHS Business Office; check for cost-- $13 per year

Recommended Texts:

Attendance Policy for 54900 class meetings:
Class meets every Friday afternoon during this semester unless cancelled for University holidays. Attendance is required. Students are responsible for attaining handouts and notes to gain necessary information for any missed seminars. See Attendance Policy for detailed information. Some class sessions may include in-class activities or written assignments.
**CLINICAL RECORD AND PRACTICUM PLAN**

Name: ________________________________

Semester/year you began 54900-1: ___________ Expected Graduation Date: ___________

Phone number: _________________________ E-Mail address: ________________________________

Are you fluent in another language? Yes  No  If yes, what language?___________________

Please indicate your supervisor's name and the type and location of your past clinical experiences which you will have completed by the end of the current semester (e.g., in house, PLP, 0-3, etc.)

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<tr>
<th>54900-1</th>
<th>54900-2</th>
<th>54900-3</th>
<th>54900-4</th>
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<th>54900-6</th>
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<table>
<thead>
<tr>
<th>Check courses taken as undergrad or in grad program</th>
<th>Undergrad or Pre-Requisite</th>
<th>Graduate Program</th>
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<tr>
<td></td>
<td>54900-1</td>
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<tr>
<td><strong>Core Disorders Courses (required)</strong></td>
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<tr>
<td>52100: Speech Disorders in Children</td>
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<tr>
<td>52300: Language Disorders in Children</td>
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<tr>
<td>53100: Language Disorders in Adults</td>
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<tr>
<td>53900: Dysphagia</td>
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<td><strong>Special Emphasis Disorders Courses</strong></td>
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<td>51800: Counseling in SLP/AUD</td>
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<td>52500: Autism Spectrum Disorders</td>
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<td>52900: Stuttering</td>
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<td>53200: Voice Disorders</td>
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<td>53300: Medical Speech-Language Path.</td>
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<td>53800: Motor Disorders in Speech</td>
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<td>54400: School Clinical Methods</td>
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<td>55000: Aural Rehabilitation</td>
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### SUMMARY INFORMATION OF GRADUATE AND UNDERGRADUATE HOURS

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<thead>
<tr>
<th></th>
<th># of Hours Required by ASHA</th>
<th># of Hours as of 4/26/2008</th>
<th># of Hours Still Needed to be Completed</th>
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<tr>
<td>Adult Evaluation Speech</td>
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<td>Adult Evaluation Language</td>
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<td>Adult Language Intervention</td>
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<td>AA (Audiological Assessment/Hearing Screenings)</td>
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<td>AR (Aural rehabilitation treatment)</td>
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<tr>
<td>Observation Hours</td>
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**Note:** Speech comprises fluency, voice, swallowing, articulation, and other speech disorders. Language comprises expressive and receptive language disorders, cognition, other communication modalities, and social aspects.
# Fall-Spring Schedule Sheet

**NAME:** 

**TERM:**

**ADDRESS:** 

**PHONE:**

<table>
<thead>
<tr>
<th>Hour</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
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**Special Requests**

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Special Requests ________________________________
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<th>Observation Participation</th>
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<tr>
<th>Signature and Asha Account # of Supervisor</th>
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<th>Total SLP Participation Clock Hours</th>
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C report secretary/form to log SLP
Rev Fall 2003
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<tr>
<th>Date</th>
<th>Evaluation</th>
<th>Selection and Use Amplification and Assistive Devices</th>
<th>Intervention</th>
<th>Other (Specify)</th>
<th>Observation</th>
<th>Participation</th>
<th>Facility</th>
<th>Signature and ASHA Account # of Supervisor</th>
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</table>

**Total Audiology Participation Clock Hours**

C: Child  
A: Adult
Supervision of Practicum

Student clinicians will be assigned to one or more supervisors during each semester of practicum. At least 25% of each session, including screening, identification and treatment, is observed by a supervisor who holds the CCC in the appropriate area. The observation may be direct observation or through review of recorded sessions. More frequent supervision will be dependent upon clinician needs as determined by the supervisor.

Supervisory Conferences

Initial supervisor/clinician conferences will be used to define the responsibilities of each person in regard to lesson plans, evaluations, video recording, observations, reports and other clinical matters. Generally each supervisor and clinician will schedule a weekly conference. These meetings can be used to evaluate past therapy sessions for areas of strengths and weaknesses, discuss proposed plans, communicate upcoming responsibilities or jointly work on personal goals established by the clinician.

Supervisory Approaches

The Professional Staff and students have compiled a list of possible supervisory approaches that clinicians may want to discuss with their supervisors during their clinical experience at Purdue University. The following options may be available:

Samples: The supervisor may provide examples of lesson plans, session analysis, SOAP notes or reports.

Joint Planning: The supervisor and clinician may write a lesson plan and/or objectives together. They may formulate step by step strategies for conducting the therapy activities.

Role Playing: The supervisor and clinician may role play therapy procedures as each one assumes the client or clinician stance.

Demonstration Therapy: A part of, or an entire therapy session may be planned to be modeled by the supervisor while the clinician observes.

Structured Observations: The clinician may arrange to observe other clinicians who demonstrate strong clinical skills in specific areas, particularly those in which he/she is experiencing some difficulty. During the observation, the clinician should gather ideas and strategies which could be implemented in his/her therapy sessions. Data collection may be practiced as well.

Videorecording and/or Audiotape: Reviewing of taped sessions may be completed by the clinician and/or the supervisor in order to identify the strengths and weaknesses of the session. In addition, the supervisor and the clinician can view recordings together. They can jointly find concrete solutions and strategies for the identified areas of weakness.

Script Taping: The supervisor and/or clinician may transcribe the clinician’s directions and models given during the therapy session. Those may further be analyzed and evaluated. The supervisor should provide specific feedback regarding alternative to the clinician’s choice or implementation of strategies.

Observation of the Clinician’s Therapy by Other Supervisors: Other supervisors may observe the clinician in order to provide additional specific feedback based on the data collected during the observation.

Joint Evaluation: The supervisor and clinician may evaluate the clinician’s session through written analysis. These evaluations would be shared and compared to obtain supervisor-clinician accuracy and agreement.
Lesson Plans and Evaluations

Clinicians will submit written lesson plans and evaluations of their therapy sessions. Examples may be found in the Clinical Report Writing Handbook. The specific format and content of these assignments may vary and will be determined at the beginning of each semester by the case supervisor.

Evaluations

Evaluations are usually done on a weekly basis and reflect the planning and execution of the past therapy session(s). The analysis should be based upon clinician’s reflection of the session and information gathered from audio/video recordings. Evaluations are to include objective and subjective descriptions of the client’s, parents’ and clinician’s, etc., behavior and their interaction. Both positive and negative aspects should be discussed. In addition, indicate concrete suggestions for improving future therapy sessions (see sample).

Session Analysis

Critique sessions using the items listed below. This is not complete, but may constitute a beginning from which clinicians learn to better analyze therapy sessions. Clinicians should include other aspects that they feel are important. Indicate specific examples of clinician and client’s behaviors which illustrate comments. Be sure to include concrete suggestions for improving future sessions, as well as indicating effective behaviors within each session. Clinicians should also explain the rationale for their comments and suggestions.

Client and Clinician Evaluation

1. What aspects of this session were productive? Why?

2. What aspects of this session were not productive, why not, and what specific suggestions do you have for improvement?

3. What suggestions do you have for more effective management of this client?

Session Organization

1. Did you incorporate supervisory suggestions and information from your own analysis of previous sessions in your plans?

2. Were the session objectives appropriate based on client needs, previous progress, and diagnostic information?

3. Were the activities goal-directed? Appropriately sequenced? Age and ability appropriate? Appropriate in number?

4. Did you plan effective reinforcement and feedback?

5. Were you familiar enough with diagnostic and other materials to handle them efficiently?

6. Were discussion, consultations, and conferences organized effectively?

Session Execution

1. Did you conduct the session to facilitate optimum performance and progress by?
   a. structuring the teaching environment and pacing the session for maximum correct responses?

   b. providing clear and appropriate instructions and feedback; including multisensory models, effective reinforcement, and minimal extraneous interaction.
c. managing client behavior; including attention, motivation, and self-monitoring skills?

d. modifying your own behavior in response to client performance?

2. Was record-keeping accurate and consistent during this session?

3. Did you conduct consultations/conferences and discussions effectively?

4. Did your interpersonal skill enhance the effectiveness of the session and consultation?

Student Clinician’s Evaluation of Practicum

The KASA for Certification & the CSCF (see Supervisory Process) were designed to collect information regarding a student’s professional and interpersonal skills. Clinical supervisors and clinicians complete the appropriate sections of this evaluation tool at mid-term and at the conclusion of the semester to determine a rating which reflects the independence and competence of the clinician during this practicum experience.

Information Concerning Clinical Grades and Professional Protocols Grades

Grades are compiled from ratings on the Clinical Skills Competency Form (CSCF). The expected ratings indicate the level of ability, which is commensurate with each sequential level of practicum experience. Each supervisor who works with a student clinician rates him/her on his/her performance. The overall SLHS 54900 practicum grade is determined by averaging the individual ratings. The percentages of expected competency ratings associated with each grade are as follows:

<table>
<thead>
<tr>
<th>Grade</th>
<th>Rating</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>A+</td>
<td>97-100%</td>
<td>4.0</td>
</tr>
<tr>
<td>A</td>
<td>93-96%</td>
<td>4.0</td>
</tr>
<tr>
<td>A-</td>
<td>90-92%</td>
<td>3.7</td>
</tr>
<tr>
<td>B+</td>
<td>87-89%</td>
<td>3.3</td>
</tr>
<tr>
<td>B</td>
<td>83-86%</td>
<td>3.0</td>
</tr>
<tr>
<td>B-</td>
<td>80-82%</td>
<td>2.7</td>
</tr>
<tr>
<td>C+</td>
<td>77-79%</td>
<td>2.3</td>
</tr>
<tr>
<td>C</td>
<td>73-76%</td>
<td>2.0</td>
</tr>
<tr>
<td>C-</td>
<td>70-72%</td>
<td>1.7</td>
</tr>
<tr>
<td>D+</td>
<td>67-69%</td>
<td>1.3</td>
</tr>
<tr>
<td>D</td>
<td>63-66%</td>
<td>1.0</td>
</tr>
<tr>
<td>D-</td>
<td>60-62%</td>
<td>0.7</td>
</tr>
<tr>
<td>F</td>
<td>≥ 59%</td>
<td>0.0</td>
</tr>
</tbody>
</table>

The overall practicum grade may be lowered due to an infraction of a professional protocol as described below.

Practicum experiences are documented through records of clock hours. These hours will be credited to a clinician’s practicum experience when they obtain a grade of B or better in each practicum experience. Clock hours will not be recorded for practicum experiences in which a grade of B- or lower is obtained. If a grade of B- or lower is obtained during a practicum experience, a Remediation Plan may be developed as described below.

The CSCF ratings/grades will be used to determine attainment of the competencies on the Knowledge and Skills Assessment (KASA). Grades of B or better will indicate attainment of the appropriate KASA knowledge and skills. However, grades of B- or lower will indicate that those competencies have not been attained.

Professional Protocol

This is a general term for the 3 specific areas delineated on the CSCF, which are evaluated as Satisfactory (S) or Unsatisfactory (U).

Professional Behavior –an Unsatisfactory will lower the overall SLHS 54900, 64800 or 64900 clinic grade. An Unsatisfactory must be remediated within a specified time period or clinical privileges may be terminated.
Written Communication Skills – an Unsatisfactory may lower the overall SLHS 54900 clinic grade, and clinical privileges may be terminated. Remediation Plans will not be extended past the end of semester 3.

Oral and Non-verbal Communication – an Unsatisfactory may lower the overall SLHS 54900 clinic grade, and clinical privileges may be terminated. Remediation Plans will not be extended past the end of semester 2.

**Remediation Plan**

This is a plan developed by the Director of Clinical Education in SLP along with the Clinical Faculty who are currently supervising a student clinician. A Remediation Plan is developed when a student clinician is not demonstrating knowledge and skills commensurate with the expectations for the student’s current level in clinical practicum. This clinician will typically have earned a grade of B- or lower in clinical practicum and/or have received a U on one or more of the Professional Protocols. The Remediation Plan will include:

- Description of expected knowledge and skills, which are not being demonstrated by the clinician.
- Specific goals and behaviors which must be demonstrated to indicate knowledge and skills appropriate for current practicum level.
- Time frame within which these improvements must be demonstrated and consistently maintained.
- **A maximum number of 2 Remediation Plans** will be developed for a student clinician during the M.S. in SLP. Should a student earn a grade of B- or a U for Professional Protocol during a practicum experience following the completion of 2 Remediation Plans, his/her clinical privileges will be terminated.

**Probation**

This is the status given to a student clinician who is working under the guidelines of a current Remediation Plan.

- A student clinician who has successfully completed a Remediation Plan is no longer on Probation. However, the skills delineated in the Remediation Plan must be maintained and if they are not, the student clinician will automatically be returned to Probationary status and another Remediation Plan will be developed and clinical privileges may be terminated.
- Student clinicians who are on probation must obtain a grade of B or better in all clinical assignments and must obtain an S on all professional protocols from all Clinical Faculty currently supervising this student in order to be removed from Probationary status.
- A student clinician who does not successfully complete the Remediation Plan within the specified time frame will either have the Remediation Plan extended or have clinical privileges terminated.

**Eligibility for Externships**

An overall clinical practicum grade of B or better must be obtained in the two semesters immediately prior to participating in an externship. If a grade of B- or lower is earned in any of these semesters, it will delay and may preclude an externship if adequate improvement is not demonstrated within the specified time period listed in the Remediation Plan as described above.

Successful completion of the first externship with a grade of B or better must be achieved to advance to the last externship. If a grade of B- or lower is received remediation of the knowledge and skills or professional protocols is required before advancing. This may require additional training at the Purdue University Clinic or a repeat of the externship with a remediation plan. This will extend the time for completion of the Master’s program by at least a semester if the student wants to continue with a clinical Master’s degree. If the student has previously completed two remediation plans in previous semesters the clinical privileges will be terminated. The student will be counseled to obtain a non-clinical Master’s degree.
**Evaluation of Supervisors**

A form such as “Supervisory Evaluation Summary” (see Supervisory Process) may be filled out any time by student clinicians. The form may be given to the supervisor and/or The Director of Clinical Education in Speech-language Pathology to share information on the supervisory process.

**Lines of Communication**

In the event that the student has a concern regarding the supervisory support and/or clinical performance, the student may do the following in a hierarchical order:

**Step 1:** The student should directly discuss the concern with the supervisor. A discussion with the supervisor should include information about individual learning style and suggestions about the most beneficial supervisory style for the individual student clinician.

If the concern is not resolved:

**Step 2:** The student should contact the Director of Clinical Education in Speech Language Pathology who will in turn hold a meeting with the supervisor and the student. The Director will act as a facilitator and may include the Clinic Director in this, or subsequent meetings. If the concern is in regard to the Director of Clinical Education for Speech Language Pathology the student should contact the Major Professor to act as the facilitator.

If the concern is not resolved:

**Step 3:** The student may negotiate with the Director of Clinical Education in Speech-Language Pathology regarding additional people who can participate in a meeting with the Director and the Supervisor. Additional people may include other professional staff members (supervisors) the major professor, the graduate clinical psychologist, and/or the graduate student representative or student colleague.

If the concern is not resolved:

**Step 4:** The student should contact the Department Head. Additional meetings with the supervisor, the Director of Clinical Education, and the Clinic Director may take place.

**Video recording**

Students are expected to video record and evaluate his/her therapy sessions. How often and in what form the evaluation shall be performed will be decided by the student and supervisor.
Purdue University Supervisor/Clinician Contract

Clinician: ___________________________  Total ASHA Hours to Present: _______

Supervisor: ___________________________  Conference Date: _________________

Commitments that address the planning, analysis, or evaluation phases of the clinical process:

<table>
<thead>
<tr>
<th>Assignment</th>
<th>Due Date</th>
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<tbody>
<tr>
<td>• Initial Supervisory Conference/Case Summary and Diagnostic Plan; discuss supervisory/clinician contract.</td>
<td></td>
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<tr>
<td>Comments: ________________________________________________________________</td>
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<tr>
<td>• Initial session with parent/client (if adult) interview.</td>
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<tr>
<td>Comments: ________________________________________________________________</td>
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<tr>
<td>• Submit identifying Information/Historical Summary (if pertinent) of Semester Report.</td>
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<td>Comments: ________________________________________________________________</td>
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<tr>
<td>• Lesson Plans</td>
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<td>Comments: ________________________________________________________________</td>
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<tr>
<td>• Self-Evaluations</td>
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<td>Comments: ________________________________________________________________</td>
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<td>• Interpretation of diagnostic results and formulations of LTGs and STGs. Discuss these with the supervisor.</td>
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<td>• Submit diagnostic/semester goals portion of report.</td>
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<td>• Submit outline for parent or client conference.</td>
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<td>Comments: ________________________________________________________________</td>
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<tr>
<td>• Conduct parent or client conference (videotape analysis).</td>
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<td>• Submit entire first half of report with revisions.</td>
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<td>Comments: ________________________________________________________________</td>
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<tr>
<td>• Mid-term evaluation: Clinical Competency Form/Supervisory Evaluation Form.</td>
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</tbody>
</table>
• Procedural Section of Report.
  Comments: ____________________________________________________________

• Analysis of Video Recording of Session.
  Comments: ____________________________________________________________

• Submit cover letters, Clinical Impressions, and Consultation Section of report.
  Comments: ____________________________________________________________

• Submit copy of final diagnostics plan and discuss.
  Comments: ____________________________________________________________

• Complete final diagnostics:
  Comments: ____________________________________________________________

• Submit Progress and Recommendations sections of report.
  Comments: ____________________________________________________________

• Submit Summary Report. (two-three pages)
  Comments: ____________________________________________________________

• Conduct parent or client conference and last therapy session.
  Comments: ____________________________________________________________

• Final Supervisory Conference; Clinical Competency form, Supervisor’s evaluation form (oral, written, etc.), log cards, registration requests, client’s completed file.
  Comments: ____________________________________________________________

• Home Program.
  Comments: ____________________________________________________________

SUPERVISION:

Observations: frequency and type ____________________________________________________________

Feedback: amount and type

Written

Verbal

Comments: ____________________________________________________________
Supervisory Style

Direct ____________ Indirect ____________ Direct/indirect ________________

Comments:_________________________________________________________________

________________________________________
Supervisor Evaluation Summary

Clinician: ______________________  Semester: Fall ____ Spring ____ Summer ____ Year ____

Supervisor: ______________________

Circle one: 44900  54900  64900  Semesters in Clinic: 1  2  3  4

A. Establishment and maintenance of an effective working relationship:
   1. a. Clinical responsibilities and expectations (e.g., lesson plan format, due dates, report format, contract, optional lesson plans as determined by clinician's experience, etc.) were developed jointly and communicated clearly during the initial supervisory conference.
      b. Contract was modified accordingly as semester progressed.
   2. Provided enough on-going, objective feedback to satisfy personal needs regarding clinical skills.
   3. a. Areas of strength were communicated clearly.
      b. Areas of weakness were communicated clearly.
      c. Feasible suggestions/alternatives were provided.
   4. Jointly evaluated and communicated the effectiveness of the clinician-supervisor relationship.
   5. Expressed a willingness to integrate feedback suggested by the clinician.
   6. Encouraged clinician to analyze his/her work to become more independent as the term progressed commensurate with the level of experience with designated population.
   7. Provided opportunities for clinician to communicate suggestions/critiques regarding supervisory process or contract.

Comments:
Midterm
Final

B. Assisting in the development and implementation of the therapy program:
   1. Offered guidance in jointly determining effective assessment strategies/tools for each designated population.
   2. Offered guidance in the development of effective goals if requested by clinician and/or deemed necessary by the supervisor.
   3. Discussed and demonstrated basic clinical and counseling techniques when appropriate and/or requested.
   4. Served as a resource person in supplementing theoretical information with practical suggestions regarding clinical activities (e.g., materials, data collection techniques, equipment activities, etc.).
   5. Permitted a variety of therapeutic techniques as well as differing philosophical beliefs within the framework of the student's experience without jeopardizing the client's performance.

Comments
Midterm
Final

C. Developing verbal and written communication skills:
   1. When possible, the clinician's individual writing styles were preserved during revisions of written work (e.g., reports, lesson plans, evaluations, etc.).
   2. Offered guidance in presenting both verbal and written information in a logical, concise, and sequential manner if necessary.
   4. Lesson plans were reviewed prior to sessions and returned to clinician in time to make indicated changes.
   5. Written reports were returned to the clinician within a reasonable amount of time.

Comments
Midterm
Final
D. Evaluation of clinical process:
   1. Held sufficient number of conferences with the clinician.
   2. Written/verbal evaluation was given to the clinician following each session observed.
   3. Observed sufficient number of sessions based on individual need (e.g., level of experience with client population).
   4. Promoted active participation of clinician during supervisor/clinician conferences.
   5. Evaluation was based on clinician's abilities rather than client's progress/performance.
   
   Comments
   Midterm
   
   Final

E. Professionalism:
   1. Modeled appropriate professional behavior during professional contacts (e.g., parent conferences, therapy sessions, midsemester and final evaluations, supervisor/clinician conferences, etc.). *Specific instances to be cited below.
   2. Demonstrated punctuality for supervisor/clinician conferences.
   3. Demonstrated ability to work with other professional team members (e.g., supervisors, clinicians, and multidisciplinary professionals, etc.).
   4. a. Diplomatically presented criticism.
      b. Responded tactfully to clinician's comments.
   5. Diplomatically presented praise to clinician.
   6. Openly received constructive criticism and modified conduct when appropriate.
   7. Demonstrated objectivity throughout all facets of the clinical process.
   
   Comments
   Midterm
   
   Final

F. Overall evaluation of supervisor

Comments
Midterm

Final
**Clinical Skills Competency Form**

Department of Speech, Language, and Hearing Sciences — Purdue University

**Clinician:** __________________________ **Clinical Supervisor:** __________________________

**Semester:** Fall / Spring / Summer 20__ **Semester in Clinic:** 1 2 3 4 5 6

**Clinic Assignment(s):**

<table>
<thead>
<tr>
<th>Evaluation</th>
<th>Intervention</th>
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<tbody>
<tr>
<td>Child</td>
<td>Child</td>
</tr>
</tbody>
</table>

**Approach to Clinical Work**

- Evaluation
- Intervention
- Interaction/Personal Qualities

- Professional Behavior
- Written Communication
- Oral/Nonverbal Communication

**Clinical Skills Competencies**

- ≥ 83% = S (Satisfactory)
- ≤ 82.5% = U (Unsatisfactory)

**Culturally and Linguistically Diverse Populations Served:** _____________________________________________

Not less than 25% of student’s total contact with client was directly and periodically supervised. Yes___ No___

- Articulation
- Fluency
- Voice and resonance
- Receptive & expressive language
- Hearing
- Swallowing
- Cognitive aspects
- Social aspects
- Communication modalities

**Clinical Assignment Grade** ____________

---

**Purdue University Grading Scale:**

- A+ 97-100 4.0  C+ 77-79 2.3
- A 93-96 4.0  C 73-76 2.0
- A- 90-92 3.7  C- 70-72 1.7
- B+ 87-89 3.3  D+ 67-69 1.3
- B 83-86 3.0  D 63-66 1.0
- B- 80-82 2.7  D- 60-62 0.7
- F ≤59 0.0

**Date:** ____________ **Clinical Supervisor:** __________________________ **Clinician:** __________________________
## Professional Competency

<table>
<thead>
<tr>
<th>Professional Behavior (V-B; 3d)</th>
<th>Mid-term</th>
<th>Final</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ethical Practice</strong>&lt;br&gt; Conducts all clinical work in accordance with Purdue University Professional Protocol and the Code of Ethics and Scope of Practice in Speech-Language Pathology set forth by the American Speech-Language Hearing Association. (See Graduate Handbook.)</td>
<td></td>
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</tr>
<tr>
<td><strong>Responsibility</strong>&lt;br&gt; Consistently prepares for and completes clinical services, conferences, and other practicum activities. Uses universal safety precautions whenever necessary.</td>
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</tr>
<tr>
<td><strong>Punctuality</strong>&lt;br&gt; Completes all clinical practicum responsibilities in a timely manner and follows prescribed clinical procedures for service delivery.</td>
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</tr>
<tr>
<td><strong>Confidentiality</strong>&lt;br&gt; Protects and maintains confidentiality of clinical information as prescribed by HIPAA guidelines and clinic protocols.</td>
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<tr>
<td><strong>Personal Appearance</strong>&lt;br&gt; Presents professional image through appropriate personal appearance and dress, identification with professional nametag, and professional demeanor.</td>
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</tbody>
</table>

### Written Communication Skills (V-A)

<table>
<thead>
<tr>
<th>Written Communication Skills</th>
<th>Mid-term</th>
<th>Final</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consistently and accurately conveys professional information from coursework, supervisory input, clinical activities and other resources.</td>
<td></td>
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</tr>
<tr>
<td>Consistently writes information in a clear and organized manner using accurate spelling and grammar.</td>
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<td></td>
</tr>
<tr>
<td>Consistently and accurately uses professional writing conventions, terminology and style to clearly communicate information in a manner consistent with audience and/or clinical setting.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Oral/Nonverbal Communication (V-A)

<table>
<thead>
<tr>
<th>Oral/Nonverbal Communication</th>
<th>Mid-term</th>
<th>Final</th>
</tr>
</thead>
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<tr>
<td>Consistently and accurately describes behaviors of client.</td>
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<td>Oral and nonverbal communications are appropriate for the cultural, socioeconomic, and semantic needs of the audience.</td>
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<td>Effectively and promptly communicates with supervisor regarding all aspects of case management.</td>
<td></td>
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<td></td>
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</tr>
</tbody>
</table>
# Clinical Skills Competency Form

## Clinical Skill Grade

### Approach to Clinical Work

<table>
<thead>
<tr>
<th>Standard</th>
<th>Semester in Clinic</th>
<th>Mid-term</th>
<th>Final</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Clinical Perspective</td>
<td>Purdue</td>
<td>3 3 4 4 4 4</td>
<td></td>
</tr>
<tr>
<td>B. Organizational Skills</td>
<td>Purdue</td>
<td>3 4 4 4 4 4</td>
<td></td>
</tr>
<tr>
<td>C. Clinical Initiative/Decision-Making</td>
<td>Purdue</td>
<td>3 3 3 4 4 4</td>
<td></td>
</tr>
<tr>
<td>D. Participation in Supervisory Process</td>
<td>Purdue</td>
<td>3 3 4 4 4 4</td>
<td></td>
</tr>
<tr>
<td>E. Flexibility in Clinical Practice</td>
<td>Purdue</td>
<td>2 3 4 4 4 4</td>
<td></td>
</tr>
</tbody>
</table>

### Evaluation

<table>
<thead>
<tr>
<th>Standard</th>
<th>Semester in Clinic</th>
<th>Mid-term</th>
<th>Final</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Conducts screening and prevention procedures</td>
<td>V-B; 1a</td>
<td>3 4 4 4 4 4</td>
<td></td>
</tr>
<tr>
<td>B. Collects and integrates case history information</td>
<td>V-B;1b</td>
<td>3 3 4 4 4 4</td>
<td></td>
</tr>
<tr>
<td>C. Selects and implements evaluation procedures</td>
<td>V-B;1c</td>
<td>2 3 3 4 4 4</td>
<td></td>
</tr>
<tr>
<td>D. Adapts interviewing and testing procedures</td>
<td>V-B;1d</td>
<td>2 2 3 3 4 4</td>
<td></td>
</tr>
<tr>
<td>E. Interprets results and makes recommendations</td>
<td>V-B;1e</td>
<td>2 2 3 3 4 4</td>
<td></td>
</tr>
<tr>
<td>F. Completes administrative &amp; reporting functions</td>
<td>V-B;1f</td>
<td>2 3 3 4 4 4</td>
<td></td>
</tr>
<tr>
<td>G. Makes appropriate recommendations &amp; referrals</td>
<td>V-B;1g</td>
<td>2 2 3 3 4 4</td>
<td></td>
</tr>
</tbody>
</table>

### Intervention

<table>
<thead>
<tr>
<th>Standard</th>
<th>Semester in Clinic</th>
<th>Mid-term</th>
<th>Final</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Develops treatment plans</td>
<td>V-B; 2a</td>
<td>2 3 3 4 4 4</td>
<td></td>
</tr>
<tr>
<td>B. Implements intervention plan</td>
<td>V-B;2b</td>
<td>3 3 4 4 4 4</td>
<td></td>
</tr>
<tr>
<td>C. Effectively utilizes materials &amp; instrumentation</td>
<td>V-B;2c</td>
<td>3 3 4 4 4 4</td>
<td></td>
</tr>
<tr>
<td>D. Measures/evaluates performance and progress</td>
<td>V-B;2d</td>
<td>3 3 4 4 4 4</td>
<td></td>
</tr>
<tr>
<td>E. Modifies plan to meet needs of clients</td>
<td>V-B;2e</td>
<td>2 3 3 4 4 4</td>
<td></td>
</tr>
<tr>
<td>F. Completes administrative &amp; reporting functions</td>
<td>V-B;2f</td>
<td>3 3 4 4 4 4</td>
<td></td>
</tr>
<tr>
<td>G. Identifies associated conditions/makes referrals</td>
<td>V-B;2g</td>
<td>2 2 2 3 3 4</td>
<td></td>
</tr>
</tbody>
</table>

### Interaction/Personal Qualities

<table>
<thead>
<tr>
<th>Standard</th>
<th>Semester in Clinic</th>
<th>Mid-term</th>
<th>Final</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Communicates effectively w/ client, family, etc.</td>
<td>V-B; 3a</td>
<td>3 4 4 4 4 4</td>
<td></td>
</tr>
<tr>
<td>B. Collaborates with other professionals</td>
<td>V-B; 3b</td>
<td>3 3 4 4 4 4</td>
<td></td>
</tr>
<tr>
<td>C. Counsels &amp; collaborates with client, family, etc.</td>
<td>V-B; 3c</td>
<td>3 3 3 4 4 4</td>
<td></td>
</tr>
</tbody>
</table>

0 = Absent: Specific repeated direction does not alter unsatisfactory skills
1 = Taught: Specific repeated direction required
2 = Emerging: Specific direction results in some generalization of skills
3 = Present: General and some specific direction results in competence
4 = Developed: Demonstrates independence but needs some supervisory direction
5 = Exceptional: Takes initiative; displays superior competencies

### Skills Not Achieved

---

### Clinical Grade Calculator Percent Score

<table>
<thead>
<tr>
<th>Mid-Term</th>
<th>Final</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total CSCF (Received/Expected) %</td>
<td></td>
</tr>
<tr>
<td>Number of Skills Not Achieved</td>
<td></td>
</tr>
<tr>
<td>Clinical Grade Calculator Percent Score</td>
<td></td>
</tr>
<tr>
<td>Clinical Grade Calculator Letter Grade</td>
<td></td>
</tr>
</tbody>
</table>

106 Revised 9/11/20114
Clinical Skills Competency Form

<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
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<th>12</th>
<th>13</th>
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</thead>
<tbody>
<tr>
<td>Skills Missed</td>
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<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

Directions: In determine overall percent score, circle CSCP % in left column. Circle Skills Missed in bottom row. Locate intersection.

Letter Grade (from table):
- A+
- A
- A-
- B+
- B
- B-
- C+
- C
- C-
- D+
- D
- D-
- F

Percent Score (from table):
- A+
- A
- A-
- B+
- B
- B-
- C+
- C
- C-
- D+
- D
- D-
- F

Number of Skills Missed

CSCP %

Clinical Grade Calculator

Department of Speech, Language, and Hearing Sciences, Purdue University
Clinic Assignment Summary
(List key experiences, strengths/accomplishments, and recommendations for improvement)

______________________________________________________________________________

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______________________________________________________________________________
Professional Competency Rating Scale

<table>
<thead>
<tr>
<th>U: Unsatisfactory: Absent or Taught:</th>
<th>Specific repeated direction/demonstration from supervisor required to perform clinical skill and to accurately evaluate self/client.</th>
</tr>
</thead>
<tbody>
<tr>
<td>S:- Emerging:</td>
<td>Specific supervisory direction results in some generalization and application of knowledge to perform competently and accurately evaluate self/client.</td>
</tr>
<tr>
<td>S: Satisfactory:</td>
<td>Present or Developed: Demonstrates independence but some supervisory direction needed to perform competently and accurately evaluate self/client.</td>
</tr>
</tbody>
</table>

Professional Behavior (V-B; 3d)

**Ethical Practice**
- Conducts all clinical work in accordance with Purdue University Professional Protocol and the Code of Ethics and Scope of Practice in Speech-Language Pathology set forth by the American Speech-Language Hearing Association. (See Graduate Handbook for details.)
- Avoids use of electronic devices including pagers, PDAs, cell phones and emails for personal use in all clinical activities, including diagnostic and therapy sessions, supervisory staffing, conferences, etc.

**Responsibility**
- Consistently prepares for and completes clinical services, conferences, and other practicum activities.
- Uses universal safety precautions when necessary.
- Carries out all duties to accomplish total case management (e.g., forms, phone calls, referrals, etc.).
- Makes appropriate arrangements and notifies all concerned regarding any schedule/location change or cancellation.
- Keeps documentation (test results, data on goals, release of information) up-to-date for the full semester during which client is seen for services.
- Reviews and uses information in the Purdue University Speech Clinic Handbook.
- Demonstrates initiative by reading client’s file, being prepared to ask questions, communicating what one wishes to learn during a clinical experience and using references to learn necessary information.
- Respects clinic property including resource therapy materials; checks out according to protocol and re-shelves in a timely manner.
- Checks e-mails and mailbox regularly. Notifies clinic directors of change to address/numbers.
- Maintains general good health and self-care to not jeopardize the health and safety of self and individuals with whom one interacts in the academic and clinical setting.

**Punctuality**
- Completes all clinical practicum responsibilities in a timely manner and follows prescribed clinical procedures for service delivery.
- Promptly begins and ends therapy sessions in order to allow for sufficient time for clean-up and setting up the next session.
- Does not cancel appointments without supervisor approval.
- Notifies supervisor in case of illness, and discusses arrangements for make-up appointments.
- Follows clinic handbook protocol in advance of any anticipated absences from clinical responsibilities.
- Submits all written assignments (e.g., lesson plans, test results, reports, letters, goals etc.) by scheduled deadlines.
- Attends all meetings/conferences/consultations promptly.
- Contacts supervisor regarding inability to complete work by designated deadline.
Confidentiality
- Protects and maintains confidentiality of clinical information as prescribed by HIPAA guidelines and clinic protocols.
- Retains client folders in assigned locations in office or therapy rooms.
- Utilizes discretion concerning client information in written and oral communication with others.
- Views DVDs within designated viewing rooms and stores in client’s file or supervisor’s office when not in use.

Personal Appearance
- Presents professional image through appropriate personal appearance and dress, identification with professional nametag, and professional demeanor.
- See graduate handbook for expanded dress and personal appearance code.

Written Communication Skills (V-A)
- Consistently and accurately conveys professional information from coursework, supervisory input, clinical activities and other resources.
- Session notes and reports accurately describe session performance.
- Consistently writes information in a clear and organized manner using accurate spelling, punctuation and grammar. All submitted paperwork is edited and proofread thoroughly.
- Consistently and accurately uses professional writing conventions, terminology and style to clearly communicate information in a manner consistent with audience and/or clinical setting (e.g., hospital, family, educational, billing or insurance report).

Oral/Nonverbal Communication Skills (V-A)
- Consistently and accurately uses oral communication that demonstrates speech and language skills in English, which, at a minimum, are consistent with ASHA’s most current position statement on students and professionals who speak English with accents and nonstandard dialects.
- Consistently and accurately conveys correct information from coursework, supervisory input, clinical activities and other resources.
- Consistently and accurately describes behaviors of client and patient.
- Nonverbal language, including but not limited to affect, eye contact, tone, or body language, is consistently appropriate for clinical interactions.
- Consistently models appropriate communication in all clinical settings and provides appropriate clarification to clients, family members, or other professionals when needed.
- Oral and nonverbal communications are appropriate for the cultural, socioeconomic, and semantic needs of the audience.
- Effectively and promptly communicates with supervisor regarding all aspects of case management.
- Interacts and communicates in a professional and positive manner with students, peers, school and university personnel, and others. Avoids bias, prejudice, or lack of fairness toward individuals or groups of people.
Clinical Skills Rating Scale

0 = Absent: Specific repeated direction from supervisor does not alter unsatisfactory performance/evaluation skills; inability to make change.

1 = Taught: Specific repeated direction/demonstration from supervisor required to perform clinical skill and to accurately evaluate self/client.

2 = Emerging: Specific supervisory direction results in some generalization and application of knowledge to perform competently and accurately evaluate self/client.

3 = Present: General and some specific supervisory direction results in competence and accurate evaluation of self/client.

4 = Developed: Demonstrates independence but some supervisory direction needed to perform competently and accurately evaluate self/client.

5 = Exceptional: Demonstrates independence by taking initiative; displays superior competencies and accurately evaluates self/client.

Approach to Clinical Work

A. Clinical Perspective
   • Initiates and accomplishes professional activities related to overall case management
   • Demonstrates ability to focus on client’s needs and to modify case management as needed to meet those needs
   • Demonstrates clear understanding of assessment, intervention, and case management responsibilities

Comments:_________________________________________________________________
______________________________________________________________________________________________

Rating for Midterm:                               Rating for Final:

B. Organizational Skills
   • Accomplishes clinical work in an efficient and effective manner
   • Thoroughly plans and prepares for all clinical activities to increase competence
   • Organizes information within a theoretical perspective that is guided by current research and clinical experience

Comments:_________________________________________________________________
______________________________________________________________________________________________

Rating for Midterm:                               Rating for Final:
C. Clinical Initiative/Decision-Making
- Demonstrates an active and responsible approach to clinical work
- Seeks and considers alternative interpretations of clinical data, observations, other relevant information
- Seeks and considers alternative approaches for providing effective professional services

Comments:_________________________________________________________________
______________________________________________________________________________________________
Rating for Midterm:                               Rating for Final:

D. Participates in the Supervisory Process by:
- Actively participating in own clinical development by recognizing and stating own needs and requesting meaningful feedback
- Positively responding to supervisory feedback by thoughtful consideration of new ideas and information
- Implementing supervisory suggestions to maximize clinical growth and effectiveness
- Initiating discussions of clinically relevant information and issues to facilitate clinical effectiveness
- Demonstrating strategies to analyze and develop own clinical effectiveness including self-observation and analysis of knowledge and skills

Comments:_____________________________________________________________________________________
______________________________________________________________________________________________
Rating for Midterm:                               Rating for Final:

E. Flexibility in Clinical Practice
- Actively develops a variety of clinical perspectives, models, and strategies
- Demonstrates self-confidence in considering and utilizing a variety of clinical perspectives, models, and strategies
- Demonstrates and applies a range of interaction styles and clinical approaches to provide services appropriate to each client

Comments:_____________________________________________________________________________________
______________________________________________________________________________________________
Rating for Midterm:                               Rating for Final:

Evaluation Skills

A. Conducts screening and prevention procedures (V-B; 1a).
- Selects/adapts screening procedures appropriate for each individual client
- Effectively administers and accurately scores screening instruments
- Accurately interprets screening results and makes appropriate recommendations

Comments:_____________________________________________________________________________________
______________________________________________________________________________________________
Rating for Midterm:                               Rating for Final:
B. Collects and integrates case history information (V-B; 1b).
- Gathers information from clinic file, client, family, caregivers, and professionals
- Thoroughly reads and summarizes information
- Formulates questions to clarify and update information
- Obtains needed information taking into consideration perspectives of client, family, and other agencies

Comments:

Rating for Midterm:                               Rating for Final:

C. Selects and implements evaluation procedures (non-standardized tests, behavioral observations, and standardized tests, (V-B; 1c).
- Develops comprehensive assessment battery to accomplish clinical purpose
- Selects appropriate standardized tests for individual client
- Plans for and develops non-standardized probes
- Appropriately administers standardized test to obtain representative client performance
- Accurately observes and records relevant communication and other behaviors
- Consistently and accurately scores standardized tests and analyzes results of non-standardized measures

Comments:

Rating for Midterm:                               Rating for Final:

D. Adapts interviewing and testing procedures to meet individual client needs (V-B; 1d).
- Recognizes need to adapt assessment battery and testing procedures to accommodate needs unique to specific client
- Plans for and implements modifications based on client’s responses and participation
- Actively utilizes a variety of resources to obtain relevant assessment information

Comments:

Rating for Midterm:                               Rating for Final:

E. Interprets and integrates test results and behavioral observations, synthesizes information gained from all sources, develops diagnostic impressions, and makes recommendations (V-B; 1e).
- Determines validity and Appropriateness of information obtained
- Interprets assessment information to determine client’s current functioning
- Compares client performance to peer group
- Determines profile of skills including strengths, difficulties, and error patterns
- Diagnoses communication difficulties and their impact for client and family
- Determines client’s responses to trial teaching procedures
- Considers factors contributing to communication difficulty

Comments:

Rating for Midterm:                               Rating for Final:
F. Completes administrative and reporting functions necessary to support evaluation (V-B; 1f).

- Consistently and accurately prepares for evaluation session.
- Organizes formal/informal test results
- Writes a comprehensive and accurate evaluation report that is appropriate to the clinical setting and needs of the client
- Completes a comprehensive written report of assessment results including accurate description of client’s current status, strengths, and needs.
- Completes appropriate billing in a timely manner

Comments:_____________________________________________________________________________________
______________________________________________________________________________________________

Rating for Midterm:                               Rating for Final:

G. Makes appropriate recommendations and referrals for clients/patients (V-B; 1g).

- Develops appropriate recommendations for case management including referrals and consultations
- Develops appropriate recommendations for intervention and/or re-evaluations to address client’s needs

Comments:_____________________________________________________________________________________
______________________________________________________________________________________________

Rating for Midterm:                               Rating for Final:

Intervention Skills

A. Develops focused, measurable and achievable treatment plans (V-B; 2a).

- Includes meaningful and measurable long-term and short-term goals
- Selects effective treatment strategies and approaches based on academic and diagnostic information
- Develops treatment plan in coordination with client, family, and relevant others
- Develops thorough lesson plans to support achievement of short-term goals including clinical materials/instrumentation, motivating activities, instructions, and feedback
- Implements suggestions from previous sessions and supervisory conferences

Comments:_____________________________________________________________________________________
______________________________________________________________________________________________

Rating for Midterm:                               Rating for Final:

B. Implements intervention plans (V-B; 2b).

- Utilizes treatment time to address client communication and other needs
- Applies treatment contexts, approaches, and strategies to foster client progress
- Implements strategies to involve client, family, and relevant others to support communication progress

Comments:_____________________________________________________________________________________
______________________________________________________________________________________________

Rating for Midterm:                               Rating for Final:
C. Effectively utilizes materials and instrumentation for prevention and intervention (V-B; 2c).

- Appropriately uses materials, instrumentation, instructions, prompts, and feedback to facilitate client participation and change
- Recognizes and utilizes spontaneous teaching opportunities to facilitate client progress

Comments:________________________________________________________________________
Rating for Midterm:                               Rating for Final:  

D. Measures/evaluates client performance and progress (V-B; 2d).

- Accurately observes and records client and clinician behavior
- Analyzes observational data to determine effective and ineffective aspects of treatment
- Periodically monitors client progress through appropriate data collection
- Consults with client, family, and relevant others concerning progress and changing needs of the client

Comments:_____________________________________________________________________________________
Rating for Midterm:                               Rating for Final:  

E. Modifies intervention plan to meet individual needs of clients (V-B; 2e).

- Modifies treatment procedures, materials, and/or instrumentation within sessions based on client’s response
- Modifies subsequent sessions based upon session analyses and supervisor feedback
- Modifies goals and approaches in response to client progress and changing needs
- Utilizes a variety of resources to gain information concerning approaches to treatment

Comments:_____________________________________________________________________________________
Rating for Midterm:                               Rating for Final:  

F. Completes administrative and reporting functions necessary to support intervention (V-B; 2f).

- Maintains appropriate and comprehensive clinical records
- Completes appropriate clinical reports in a timely manner
- Writes professional reports characterized by comprehensive and accurate description of the intervention process, client’s status, client’s strengths/needs.
- Completes case management activities necessary to address needs of individual clients, their families, and relevant others

Comments:_____________________________________________________________________________________
Rating for Midterm:                               Rating for Final:  

Expected Ratings
Semester
1 2 3 4 5 6
3 3 4 4 4 4

Expected Ratings
Semester
1 2 3 4 5 6
3 3 4 4 4 4

Expected Ratings
Semester
1 2 3 4 5 6
3 3 4 4 4 4

Expected Ratings
Semester
1 2 3 4 5 6
3 3 4 4 4 4
G. Identifies associated conditions and refers clients, their families, and relevant others for additional services as appropriate V-B; 2g).

- Recognizes associated conditions and/or needs warranting professional attention, such as: audiological, educational, medical, psychological, social, and vocational
- Appropriately refers and supports clients, their families, and relevant others in obtaining appropriate services

<table>
<thead>
<tr>
<th>Expected Ratings</th>
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<tbody>
<tr>
<td>Semester</td>
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<tr>
<td>1 2 3 4 5 6</td>
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<tr>
<td>2 2 2 3 3 4</td>
</tr>
</tbody>
</table>

Comments:_____________________________________________________________________________________
______________________________________________________________________________________________

Rating for Midterm:                               Rating for Final:

Interaction and Personal Qualities

A. Communicates effectively with client, family, caregivers, and relevant others (V-B; 3a).

- Communicates clearly and effectively with client, family, caregivers, and relevant others demonstrating sensitivity to cultural/linguistic backgrounds, preferred modes of communication, and communication status
- Uses communication characterized by:
  - Responsiveness to others
  - Appropriateness of tone/level/demeanor
  - Flexibility in communication strategy and style

<table>
<thead>
<tr>
<th>Expected Ratings</th>
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<tbody>
<tr>
<td>Semester</td>
</tr>
<tr>
<td>1 2 3 4 5 6</td>
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<td>3 4 4 4 4 4</td>
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</table>

Comments:_____________________________________________________________________________________
______________________________________________________________________________________________

Rating for Midterm:                               Rating for Final:

B. Collaborates with other professionals in case management (V-B; 3b).

- Gathers and considers information from supervisors and other professionals
- Accurately and clearly describes client’s behavior/communication status, strengths, and needs to supervisors and other professionals.
- Accurately and clearly describes the intervention process
- Makes appropriate decisions based on shared information
- Initiates activities and contributes information that promotes mutual problem solving

<table>
<thead>
<tr>
<th>Expected Ratings</th>
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<tbody>
<tr>
<td>Semester</td>
</tr>
<tr>
<td>1 2 3 4 5 6</td>
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<tr>
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</tbody>
</table>

Comments:_____________________________________________________________________________________
______________________________________________________________________________________________

Rating for Midterm:                               Rating for Final:
C. Counsels and collaborates with clients, family, caregivers, and relevant others regarding communication and swallowing disorders (V-B; 3c).

- Obtains information from client, family, and relevant others pertinent to case management
- Accurately and clearly explains information regarding client status and needs using appropriate terminology
- Facilitates discussion of attitudes and feelings pertinent to progress
- Effectively uses conventional counseling strategies such as listening and reflecting to facilitate progress
- Engages client, family, and relevant others in problem solving activities to facilitate progress

Comments:_____________________________________________________________________________________
______________________________________________________________________________________________

<table>
<thead>
<tr>
<th>Expected Ratings</th>
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</thead>
<tbody>
<tr>
<td>Semester</td>
</tr>
<tr>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>3 3 3 4 4 4</td>
</tr>
</tbody>
</table>

Rating for Midterm:                               Rating for Final:
**Clinical Remediation Plan**

Student:                                                                 Clinical Instructor:
Date:

**Statement identifying area/s of concern:**

Identify plan of action and who is responsible for the action. Provide a generalized timeline to achieve actions.

<table>
<thead>
<tr>
<th>Action</th>
<th>Who is Responsible</th>
<th>Timeline</th>
</tr>
</thead>
</table>

Failure to successfully remediate the above area/s of concern may result in an unsatisfactory grade at midterm and/or the end of the clinical practicum.

The above remediation plan has been discussed with the student. The signatures below provide witness of such action.

____________________________________    ___________________
Student Name    Date

____________________________________    ___________________
Clinical Instructor Name    Date

____________________________________    ___________________
Director of Clinical Education Name    Date
Please read the “Purdue University Emergency Preparedness” guide that explains procedures and important information on pandemic emergency periods as declared by the Center for Disease Control. **DO NOT COME TO CLASS OR YOUR CLINICAL ASSIGNMENT IF YOU EXHIBIT SIGNS AND SYMPTOMS OF THE H1N1 VIRUS as described in the guide.**

In the event of a major campus emergency, course requirements, clinic assignments, deadlines and grading percentages are subject to change. This may be necessitated by a revised semester calendar or other circumstances beyond the instructor’s control.

Follow the guidelines in your Clinic Handbook for notifying your supervisor and/or one of the Directors listed below. Here are ways to get information about changes in this course and contacts.

SLHS web page: [www.purdue.edu/hhs/slhs](http://www.purdue.edu/hhs/slhs)

Blackboard webpage for 54900 on Purdue University website: [www.purdue.edu](http://www.purdue.edu)

Director of Clinical Education: Claudia J. Mornout: email: [www.cmornout@purdue.edu](mailto:www.cmornout@purdue.edu)  
Phone: (765) 494-3243

Director of Speech-Language Clinic: Mary Lou Poole: email: [www.marylou1@purdue.edu](mailto:www.marylou1@purdue.edu)  
Phone: (765) 494-3823

SLHS Clinic Phone Number: (765) 494-4229
Risk Management
Refer to separate handbook related to risk management.

Purdue University
M.D. Steer Speech/Language & Audiology Clinic

RISK MANAGEMENT POLICY & PROCEDURES

BIOHAZARDOUS WASTE MATERIAL:

- Kits, available in each therapy room, contain all materials needed for proper waste removal (disposable biohazardous material bags, rubber gloves, disposable wipes, antiseptic towelettes, alcohol pads, band aids, and pick-up and treatment certification forms)
- Rubber gloves should be worn when blood, vomit/other bodily secretions are present.
  ➢ If rubber gloves are not available, improvise with any possible barrier between yourself and blood or potentially infectious materials.
- Disinfect materials and working services with CaviCide solution, located in room 2159.
- If material is contaminated by blood, clean with a solution of ¾ cup Clorox® Regular-Bleach per gallon of water. Bleach is located in room 2159.
- When decontaminating equipment or other objects, leave disinfectant in place for at least 10 minutes before continuing the cleaning process.
- Any materials used to clean up the biohazardous waste material (mops, sponges, re-usable gloves, buckets, etc.) must also be immediately decontaminated.
- Place contaminated materials in an orange biohazardous trash bag.
- The bio-box for biohazardous material is located in room 2159.
- Fill out the R.E.M. pick-up form https://www.purdue.edu/ehps/rem/home/forms/biohaz.pdf and attach it to the top of the biohazard box
- Immediately call R.E.M. for waste pick-up at 494-0121.
- If there are any questions, contact Scott Kepner, the Hazardous Materials Manager, in room 3078 Lyles-Porter Hall.

IF BLOODBORNE EXPOSURE OCCURS:

Immediately:

- Wash area vigorously with soap and clean water.
- Flush splashes to nose, mouth, or skin with clean water.
- Irrigate eyes with clean water, saline, or sterile irrigates.
- Report exposure to Mary Lou Poole (494-3823) or Lata Krishnan (494-6842)

IF AN INJURY OCCURS:

- Fill out and return the following forms (found in the forms drawer file cabinet in the main office) to the SLHS Business Office:
  ➢ Report of Personal Injury For Students or Visitors
  ➢ Worker’s Compensation Witness Report Form (only if the event was witnessed)
  ➢ First Report of Injury
- Direct questions regarding workman’s compensation or insurance claims to the SLHS Business Office in room 3026 Lyles-Porter Hall
PURDUE UNIVERSITY
Speech, Language, and Hearing Sciences

EMPLOYEE/STUDENT CONFIDENTIALITY AND SECURITY AGREEMENT

As an employee, student-employee/student clinician, I acknowledge that I may have access to highly sensitive and confidential personal, medical, student, or workplace information. I may receive this information directly from individuals or indirectly from third parties who may provide this to me for work related purposes. I further agree that I will maintain the confidentiality of personal medical information and information contained in patient/student records. Information I receive of a confidential or personal nature will be used or disclosed to others only when it is legally permissible to fulfill the essential requirements of my job/ clinical practicum assignment, and then on a strict need-to-know basis.

As a condition of my employment/participation in clinical practicum, I agree that I will NOT do any of the following:

- Remove any records, reports or copies of documents containing confidential or personal information from their storage location except as needed for the performance of my duties;
- Release my user identification code(s) or password(s) to anyone, or allow anyone to access or alter information under my identity;
- Access, use or disclose confidential information for any personal purpose or out of curiosity, or allow others to do so by giving them my access codes, passwords or use of my equipment for any purposes not essential to my work or theirs;
- Take patient information from the premises in paper or electronic form unless all identifying information has been deleted or appropriately coded.

I further agree that I WILL:

- Only use confidential and personal medical or student information as needed to perform my job and will only disclose this information to those authorized to receive it;
- Report unauthorized disclosures of personal, medical or student information to my supervisor;
- Comply with email, telephone and fax procedures designed to protect the confidentiality of information being transmitted;
- Abide by all procedures and policies established to protect the privacy and confidentiality of personal, medical or student information;
- Abide by all procedures and policies established to manage the use of the software, network, reporting, and use of components that comprise the Human Resource data management system;
- Keep personal information about staff, faculty, students or any member of the University community including information in databases and hard copy files secure and ensure that it is not readily accessible to others.

I further agree that:

- I am expected to be familiar with and abide by policies and procedures applicable to me concerning the privacy and security of personal, medical or student information;
- I am responsible for logging out of information systems and will not leave unattended a display device to which I have logged on;
- My user identification code and password are the equivalent of my signature and that I am accountable for all entries and actions recorded under them;
- My obligation to maintain the confidentiality of personal medical information and information contained in patient/student records under this agreement will continue after termination of my employment/clinical practicum and my privileges are subject to periodic review, revision and renewal;
- Violations of this agreement will be subject to sanctions up to and including termination of employment/loss of clinical privileges.

By signing this, I agree that I have read, understand and will comply with this agreement.

Signature: __________________________________________
Date: ______________________________________________
Printed Name: _______________________________________
NOTICE OF PRIVACY PRACTICES FOR PURDUE’S HEALTH CARE PROVIDERS

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

If you have any questions about this Notice, please contact:

Privacy Officer
Purdue University
West Lafayette, IN

Telephone: (765) 494-7113
E-mail: hipaa-privacy@purdue.edu

WHO MUST COMPLY WITH THIS NOTICE

This Notice applies to the following departments that provide health care services to students, faculty, and others, including but not limited to: the Purdue University Student Health Center in West Lafayette, the Purdue Pharmacy, and Purdue’s SLHS Audiology and Speech-Language Clinics. It also applies to the following portions of the University that provide business support to the listed health providers: Accounts Receivable, Internal Audit, Information Technology at Purdue (partial), Student Services Workstation Technology, Public Records Office, Printing Services, Insurance Services Enterprise, Environmental Health, Pharmacy, Nursing and Health Sciences Technical Services, SLHS Business and Main Offices, Bursar, Business Services Computing, University Collections-Loans, and SLHS Electronics and Technical Support.

For convenience, the listed health care providers and the listed business support groups will be referred to in this Notice as “Health Care Providers.” The full list of covered components at Purdue University may be found at the following web site: http://www.purdue.edu/hipaa. This Notice does not apply to the remainder of Purdue’s departments and schools.

Purdue’s Health Care Providers are legally required to protect the privacy of your health information and to provide you with a notice of privacy practices. This Notice describes how the Health Care Providers may use and disclose your protected health and medical information. It also describes some rights you have regarding your health information. Health information is information about you that is received, used, or disclosed by Purdue’s Health Care Providers concerning your physical or mental health, health care services provided to you, or your health insurance benefits and payments. Protected health information may contain information that identifies you, including your name, address, and other identifying information.

HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

Mental health information, including psychological or psychiatric treatment records, and information relating to communicable diseases, including HIV records, are subject to special protections under Indiana law. We will generally only release such records or information with your written authorization or with an appropriate court order. Alcohol and drug abuse treatment information is also subject to special protections under federal law. We will usually need to get your written authorization or an appropriate court order before we release this information. Except where there are special protections under Indiana law or other federal laws, we may use and disclose your health information without your authorization for the following purposes:

For treatment. The Health Care Providers may use and disclose your health information to provide or assist with your treatment. For example, we may provide your health information to a laboratory in order to obtain a test result important for diagnosing or treating a condition you may have.

To obtain payment for health care services. We may use and disclose your health information in order to bill and collect payment for the treatment and services provided to you. For example, we may provide limited
portions of your health information to your health plan to get paid for the health care services we provide to you. We may also provide your health information to our business associates who assist us with billing, such as billing companies, claims processing companies, and others that process our health care claims. We will only disclose the minimum amount of information needed to obtain payment.

**For health care operations.** Your health information may also be used or disclosed to improve and conduct health care operations. For example, we may use your health information in order to evaluate the quality of health care services that you received, or to evaluate the performance of the Health Care professionals who provided health care services to you. We may also provide your health information to our auditors, attorneys, consultants, and others in order to make sure we are complying with the laws that affect us. We may also use a sign-in sheet at registration or other appropriate areas, and we may call you by name in waiting and service areas.

**When a disclosure is required by federal, state, or local law, judicial or administrative proceedings, or law enforcement.** For example, we make disclosures when a law requires that we report information to government agencies and law enforcement personnel about victims of abuse, neglect, or domestic violence; when dealing with gunshot and other wounds; or when ordered in a judicial or administrative proceeding.

**Public health activities.** For example, we report required information about various diseases to government officials in charge of collecting that information, and we may provide coroners with necessary information relating to an individual's death.

**Health oversight activities.** For example, we will provide information to assist the government when it conducts an investigation or inspection of a health care provider or organization.

**Research purposes.** In certain limited circumstances, we may provide health information in order to conduct medical research. Use of this information for research is subject to either a special approval process, or removal of information that may directly identify you. In most instances, we will require your written authorization prior to using or disclosing health information for research purposes.

**Avoiding a serious threat of harm.** In order to avoid a serious threat to the health or safety of a person or the public, we may provide health information to law enforcement personnel or persons able to prevent or lessen such harm.

**Certain government functions.** We may disclose health information of military personnel and veterans in certain situations, as well as for national security purposes or when required to assist with governmental intelligence operations.

**Workers’ compensation.** We disclose health information in order to comply with workers’ compensation laws.

**Appointment reminders and health-related benefits or services.** We may use health information to provide appointment reminders, or give you information about treatment alternatives, other health care services or benefits we offer.

**Business Associates.** We will share your health information with business associates that assist our Health Care Providers. Business associates include people or companies outside of Purdue who provide services to our Health Care Providers. For example, health information may be disclosed by the Student Health Center to a bill processing company to obtain payment for services rendered. We have agreements with our business associates to protect the privacy of your health information.

**Disclosures to family, friends, or others.** In very limited cases, we may provide health information to family members, or close friends who are directly involved in your care or the payment for your health care, unless you tell us not to. For example, we may tell a friend who asks for you by name where you are in our facility, and we may allow a friend or family member to pick up a prescription for you. We may also contact a family member if you have a serious injury or in other emergency circumstances. We may discuss medical
information in the presence of a family member or friend if you are also present and indicate that it is okay to do so.

All other uses and disclosures require your prior written authorization. In any other situation not described above, we will ask for your written authorization before using or disclosing any of your health information. If you do sign an authorization to disclose your health information, you can later revoke that authorization in writing. This will stop any future uses and disclosures to the extent that we have not taken any action relying on the authorization.

RIGHTS YOU HAVE REGARDING YOUR HEALTH INFORMATION

The Right to Request Limits on Uses and Disclosures of Your Health Information. You have the right to ask that Purdue’s Health Care Providers limit the use and disclosure of your health information. We will consider your request but we do not have to accept it. If we do, we will put any limits in writing and abide by them except in emergency situations where the information is needed. You may not limit the uses and disclosures that we are legally required to make.

The Right to Choose How We Send Health Information to You. You have the right to ask that we send your health information to you at an alternate address (for example, sending information to your work address rather than your home address) or by alternate means (for example, by fax instead of regular mail). We must agree to your request if we can easily provide it in the format you requested.

The Right to See and Get Copies of Your Health Information. In most cases, you have the right to look at or get copies of your health information that we have, but you must make the request in writing. If we do not have your health information but we know who does, we will tell you how to get it. We will respond to you within 30 days after receiving your written request. In certain situations, we may deny your request. If we do, we will tell you, in writing, our reasons for the denial and explain your right to have the denial reviewed. If you request copies of your health information, we will charge you a reasonable fee as permitted by Indiana law. Instead of providing the health information you requested, we may provide you with a summary or explanation of the health information. We will only do this if you agree to receive information in that form and if you agree to pay the cost in advance.

The Right to Get a List of Certain Disclosures We Have Made. You have the right to request a list of instances in which we have disclosed your health information. The list will not include uses or disclosures made for treatment, payment, and health care operation, or information given to your family or friends with your permission or in your presence without objection. It will also not include disclosures made directly to you or when you have given us a written authorization for the release of health information. The list will also not include information released for national security purposes or given to correctional institutions. To obtain this list, you must make a request in writing to the Privacy Officer identified above. The list we will give you will include disclosures made in the last six years unless you request a shorter time, but will not include any disclosure that occurred before April 14, 2003. We will provide the list to you upon request once each year at no charge.

The Right to Amend or Update Your Health Information. If you believe that there is a mistake in your health information or that a piece of important information is missing, you have the right to request that we amend the existing information. You must provide the request and your reason for the request in writing to the Privacy Officer identified above. We may deny your request in writing if the health information is: 1) correct and complete; 2) not created by us; 3) not allowed to be disclosed, or 4) not part of our records. Our written denial will state the reasons for the denial and explain your right to file a written statement of disagreement with the denial. If you do not file a statement of disagreement, you have the right to ask that your request and our denial be attached to all future disclosures of your health information. If we approve your request, we will make the change to your health information, tell you that we have done it, and tell others that need to know about the change to your health information.

The Right to Get This Notice by E-Mail. You have the right to get a copy of this Notice by e-mail. Even if you have agreed to receive Notice via e-mail, you also have the right to request a paper copy of this notice.
CHANGES TO THIS NOTICE

Purdue’s Health Care Providers are required to abide by the terms of this Notice of Privacy Practices. However, we may change our notice at any time. The new notice will be effective for all protected health information maintained by the covered Health Care Providers of Purdue. A revised Notice of Privacy Practices will be posted at the main entrances to our covered healthcare provider areas, may be requested from the Privacy Officer listed above, and may be found on our website at www.purdue.edu/hipaa.

WHAT TO DO IF YOU BELIEVE YOUR PRIVACY RIGHTS HAVE BEEN VIOLATED

If you think that we may have violated your privacy rights, or you disagree with a decision we made about your health information, you may file a complaint with our Privacy Officer at the telephone number or e-mail address listed at the top of this notice. You also may send a written complaint to the Secretary of the Department of Health and Human Services. Further information about how to file a complaint is available from the Privacy Officer. We will not punish you or retaliate against you if you file a complaint about our privacy practices.

EFFECTIVE DATE OF THIS NOTICE. This notice applies to uses and disclosures of your health information beginning on August 1, 2009.

INADVERTANT DISCLOSURE OF PROTECTED HEALTH INFORMATION: Please refer to HIPAA presentation from 54900-1 regarding current procedure.