Speech-Language Pathology Graduate Program

SLP Student Academic and Clinical Handbook

Revised Summer 2026

UT Tyler™
SCHOOL OF HEALTH PROFESSIONS

This Handbook explains Program and University policies and provides links to available resources and supports. We advise you to refer to it often throughout the duration of your program.

Please note: Students enrolled in the Master of Science in Speech-Language Pathology Program must sign the form on the following page confirming they have read this handbook. Please submit the signed and dated form to the Program Director by email or in person. The signed form will be part of the student's folder.

The University of Texas at Tyler
School of Health Professions
Department of Rehabilitation Sciences
Speech-Language Pathology Graduate Program

I _____,have been recently admitted into the UT Tyler Master of Science in Speech-Language Pathology Program and I affirm that I have read the SLP Student Academic and Clinical Handbook and that I will direct any questions I may have about any part of it to the Department Chair.

Graduate Student Full Name _____

Signature: _____

Date Signed _____

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Welcome!

Welcome to the Department of Speech, Language, and Hearing Sciences' (SLHS) Speech Language Pathology graduate program! We are so very excited that you are here. In this manual, you will receive basic information about UT Tyler, the American Speech-Language and Hearing Association's (ASHA) requirements to be a speech-language pathologist, and about the policies and procedures that govern your academic and clinical education. This manual is subject to revision at the discretion of SLHS faculty. Students are encouraged to suggest changes in terms of content and wording to the Department Chair, Program Director, and/or Coordinator of Clinical Education. It is the responsibility of faculty and students to know current operating policies and procedures.

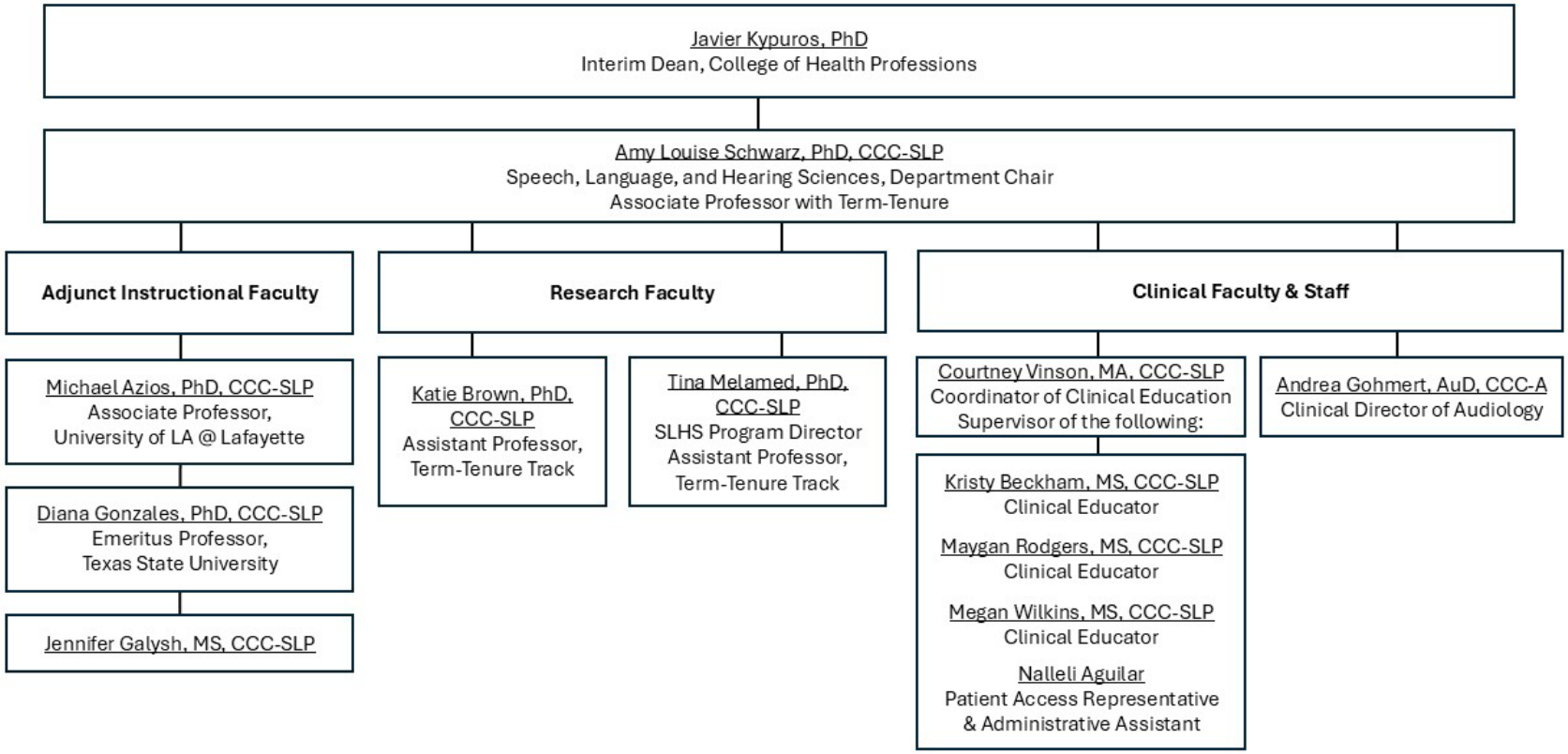
Accreditation Status Statement

The Master of Science (M.S.) educational program in Speech-Language Pathology (residential) at the University of Texas at Tyler is a candidate for Accreditation by the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA) of the American Speech-Language-Hearing Association (ASHA), 2200 Research Boulevard, #310, Rockville, MD 20850, 800.498.2071 or 301.296.5700. Candidacy is a "preaccreditation" status with the CAA, awarded to developing or emerging programs for a maximum period of 5 years.

Organizational Structure: Who to Talk to and When

Students may file complaints anonymously via a suggestion box that is kept in the clinical materials in D250.1 on the HSC campus. It is the policy of the program that students first talk directly with the classmate, academic faculty member, clinical educator, or externship supervisor involved. If the student feels that the situation is unresolved, then the student is encouraged to reach out to Dr. Melamed. When the issue concerns clinical practica, clinical educators, or externship supervisors, Dr. Melamed and Ms. Vinson will both meet with the student. If a student feels that the situation is unresolved at the program level, the student should contact the Chair of SLHS, Dr. Schwarz. If a student needs further assistance, that student should contact Dr. Javier Kypuros, Interim Dean of the School of Health Professions and finally Dr. Amir Mirmiran, the Dean of the Graduate College. To file a complaint with the Council of Academic Accreditation, the SLP program accrediting body, https://caa.asha.org/programs/complaints/

UT Tyler #380 New Department: Speech, Language, and Hearing Sciences (SLHS) Organization Chart
Effective September 2026



UT Tyler Mission

"UT Tyler is a comprehensive public university. We help our students, patients, and community members achieve their educational and health goals by offering a combination of excellence in higher education, research, public service, and advanced healthcare delivery."
https://www.uttyler.edu/about/president/mission/

Program's Mission

The mission of the UT Tyler Speech Language Pathology Master's Program is to prepare highly qualified clinicians who think critically, serve compassionately, and practice ethically for the betterment of the East Texas Community.

Program's Vision

Our vision is to be a nationally recognized clinical and academic training program designed to enhance healthcare, education, and quality of life in East Texas.

Program's Values

- Provide a distinguished, comprehensive academic and clinical preparation rooted in active learning, self-analysis, self-assessment, critical thinking, ethical and professional standards, accountability, and best practices.
- Be committed to excellence in teaching and clinical practice.
- Foster diagnostic instincts through problem-based critical thinking, self-reflection, and self-assessment.
- Support research-based discovery, interprofessional collaboration, community engagement, global citizenship, and evidence-based life-long learning.

Overarching Student Learning Outcomes:

Students will ….

1. Demonstrate mastery of the typical and atypical communication and swallowing processes.
2. Demonstrate mastery of the knowledge and skills required for the prevention, diagnosis, and treatment of speech, language, and swallowing disorders and differences across the lifespan.
3. Demonstrate knowledge of research methods, design, and procedures, and integrate this knowledge into evidence-based clinical practice.
4. Develop treatment plans based on effective treatment methods and techniques and efficiently provide treatments for the various speech, language, and swallowing disorders in children and adults.
5. Demonstrate appropriate interpersonal skills, ethical conduct, professional conduct, and culturally appropriate social communication in didactic and clinical settings.
6. Successfully complete a minimum of 375 practicum hours in the prevention and direct diagnosis and treatment of various communication and swallowing disorders across the lifespan. Demonstrate effective spoken and written language skills in didactic and various clinical settings.

ASHA Certification Standards and Requirements

The SLP Graduate program, including coursework, learning outcomes, and clinical experiences, is designed to meet ASHA's Standards for Certification. These standards dictate the minimum degree requirements, education program requirements, course requirements (for both

knowledge outcomes and skills outcomes), minimum clinical clock hours and supervision requirements, and national exam (PRAXIS) requirements that all aspiring SLPs need to have completed to qualify for their clinical fellowship (CF) and then their certificate of clinical competence (CCC). Please review these standards here.

The program, with its academic and clinical components, adhere to the ASHA Code of Ethics and all its members (including faculty, students, and staff) adhere to it. This will also be a requirement for your professional practice.

Clinical Education Requirements

Students are required to complete a minimum of 400 clock hours of supervised clinical experience in the practice of speech-language pathology. Of these hours, 25 must be spent in guided clinical observation, and a minimum of 375 hours must be spent in direct client/patient contact. The observation hours must be completed before beginning practicum work.

You will have practical experiences with individuals across the lifespan and from culturally/linguistically diverse backgrounds. Your practicum must include experience with individuals with various types and severities of communication and/or related disorders, differences, and disabilities.

ASHA Code of Ethics

The ASHA Code of Ethics sets the rules for minimally acceptable as well as unacceptable professional conduct. It is "designed to provide guidance to members, certified individuals, and applicants as they make professional decisions. Because the Code of Ethics is not intended to address specific situations and is not inclusive of all possible ethical dilemmas, professionals are expected to follow its written provisions and to uphold its spirit and purpose. Adherence to the Code of Ethics and its enforcement results in respect for the professions and positive outcomes for those who benefit from the work of audiologists, speech-language pathologists, and speech, language, and hearing scientists" (https://www.asha.org/siteassets/publications/code-of-ethics-2023.pdf).

The ASHA Code of Ethics is centered around the following 4 Principles of Ethics, each of which has a specific set of rules of ethics:

I. Individuals shall honor their responsibility to hold paramount the welfare of persons they serve professionally or who are participants in research and scholarly activities.
II. Individuals shall honor their responsibility to achieve and maintain the highest level of professional competence and performance.
III. In their professional role, individuals shall act with honesty and integrity when engaging with the public and shall provide accurate information involving any aspect of the profession.
IV. Individuals shall uphold the dignity and autonomy of the professions, maintain collaborative and harmonious interprofessional and intraprofessional relationships, and accept the professions' self-imposed standards.

As is the case with all members of the profession, graduate students are responsible for reading, understanding, and adhering fully to the Code of Ethics. The most recent version is available at https://www.asha.org/siteassets/publications/code-of-ethics-2023.pdf . It is also available on the Graduate Program website at https://www.uttyler.edu/academics/programs/speech-language-pathology-ms.php

Licensure and Certification as a Speech Language Pathologist

I. Texas Speech Language Pathology Licensing Requirements

In Texas, new graduates are required to apply for SLP Intern license, practice under this license during CFY, and then apply for full licensure once all supervisory and experiential requirements have been met. Information regarding this licensure process, requirements for each type of license, and ASHA certification is outlined below.

A. Education Requirement
   Applicants must hold a master's degree (or higher) with a major in one of the areas of communicative sciences or disorders to apply for a speech-language pathology license.

B. Clinical Hours Requirement
   - 400 clock hours completed during clinical practicum (25 observation hours & a minimum of 375 hours of direct client/patient contact)
   - 1,260-hour internship requirement (while licensed as an Intern post graduate studies)

C. Passing the Praxis Examination & Texas Jurisprudence Examination
   - Applicants must pass both the national Praxis Exam as well as the Texas Jurisprudence Examination

D. Relationship between the Texas SLP Intern License and ASHA's Clinical Fellowship
   - In order to complete the required 36-week internship in Texas, an Intern in Speech-Language Pathology license is required.
   - An intern may pursue the American Speech-Language-Hearing Association Clinical Fellowship Year (ASHA CFY) simultaneously; however, approval from ASHA to begin the CFY is not a license to practice in Texas.
   - Texas has adopted similar standards for the internship that ASHA requires for the clinical fellowship.
   - For clarity, we state both requirements separately in this document.

E. Applying for a Texas Intern License in Speech Language Pathology
   - In Texas, new graduates must apply for Intern-Speech Language Pathology licenses in order to complete their Clinical Fellowship Year.
   - Applicants for Intern License must hold masters' degree or higher, have completed clinical hours requirement at a graduate student (see above), and have passed the Texas Jurisprudence Examination
   - Applicants have 1 year from the date the application was submitted to complete all licensing requirements before applying for full SLP license. If you have not met all licensing requirements within the 1-year period, you will be required to submit a

new application and all required materials in addition to paying a new application fee.

- Internships must consist of at least 36 weeks of full-time (35 hours per week) supervised professional experience (or its part-time equivalent of supervised professional experience) totaling a minimum of 1,260 hours. Part-time work can be completed, as long as the intern works no less than 5 hours per week. Working more than 35 hours per week will not shorten the minimum requirement of 36 weeks.
- The internship shall primarily consist of clinical activities such as assessment, diagnosis, evaluation, screening, treatment, report writing, family/client consultation, and/or counseling related to the management process of individuals who exhibit communication disabilities.
- The internship shall be divided into three segments with no fewer than 36 clock hours of supervisory activities, including 6 hours per segment of direct supervision of the intern's contact with clients and 6 hours per segment of indirect supervision.
- Intern supervisors must have at least two years of professional experience in providing direct client services, which may include an internship year (clinical fellowship) year. Your supervisor may not supervise more than a total of four interns and/or assistants at one time, and they must not be your parent or child.
- (https://www.tdlr.texas.gov/)

F. Applying for a New License in Speech Language Pathology in Texas
   - Once Interns have completed their supervised clock hours (listed above) and have passed the Praxis Examination, they can apply for full licensure in Texas.

G. Continuing Education Cycle for SLPs Licensed in Texas
   - For Texas licensure, Speech-language pathologists are required to obtain 20 clock hours of continuing education (2 continuing education units), with 2 clock hours (0.2 continuing education units) in ethics.
   - An intern in speech-language pathology is required to obtain 10 clock hours of continuing education (1 continuing education units), with 1 clock hour (0.1 continuing education units) in ethics.

H. Read A Guide to the ASHA Clinical Fellowship Experience.

I. Read Completing ASHA's Clinical Fellowship (CF) Experience

II. American Speech-Language-Hearing Association (ASHA) Certification Requirements

A. Benefits of Joining ASHA
   - Professional credibility: ASHA certification indicates to professionals, patients, and employers that you have completed rigorous graduate studies, engaged in well-rounded clinical experiences, and achieved a passing score on the Praxis examination.

- Reimbursement: Many insurance companies and third-party payers require ASHA certification for billing and reimbursement purposes.
- Advocacy: ASHA actively works to increase recognition for speech pathologists and improve access for patients and providers.

B. Benefits to Joining the National NSSLHA
   - Community and networking: connect with peers across the county
   - Financial benefits: NSSHLA members receive $250 discount on their initial ASHA certification when applying (Conversion Discount)
   - Support: NSSHLA members can reach out to SLPs for support during their CF. NSSHLA members also have access to *The ASHA Leader* as a resource for continuing education during CF.

C. Education Requirement
   - The ASHA CF experience may be started only after all academic coursework and supervised clinical practicum have been completed and verified by the SLHS Department Chair, as outlined in the ASHA SLP Certification Standards, including all prerequisite coursework (Standard IV-A), core coursework (Standard IV-C), and supervised clinical practicum (Standard V)

D. Clinical Hours Requirement
   - Students are required to complete a minimum of 400 clock hours of supervised clinical experience in the practice of speech-language pathology. Of these hours, 25 must be spent in guided clinical observation and minimum of 375 hours must be spent in direct client/patient contact. The observation hours must be completed before beginning practicum work.
   - Clinical experiences are required to be well-rounded and expose the student to a wide range of disorder types, age ranges, and clinical settings.

E. Passing the Praxis Examination
   - Both ASHA certification and state licensure require a passing score on the Praxis examination within two years of ASHA certification application.

F. The Clinical Fellowship Year
   - ASHA requires a Clinical Fellow to work at least 36 weeks and 1,260 hours to meet the ASHA CF experience requirements. In addition, a Clinical Fellow is required to work at least 5 hours per week to be able to count the hours/week toward the minimum requirement. Travel, lunch, vacations or holidays, leaves of absence, and other forms of paid or unpaid time off cannot be counted toward your number of hours worked per week. The CF experience should be divided into 3 segments with each segment representing one-third of the total. Each third should include the observations and supervisory activities that are required by the CF mentor. (https://www.asha.org/certification/clinical-fellowship/).

G. Apply for Certification in Speech-Language Pathology

- If you have graduated from a program accredited by the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA) or from a program with CAA-candidacy status, you may submit your online application any time after completing the necessary coursework and graduate clinical practicum, and after receiving confirmation from your department chair that the requirements in Standards I–V have been met.

H. Continuing Education Cycle
   - SLPs must accumulate 30 professional development hours (PDHs) during each 3-year certification maintenance interval in order to maintain their ASHA Certificates of Clinical Competence (CCC)
   - 2 hours must be in the area of cultural competency, cultural humility, or diversity, equity, and inclusion

UT Tyler SLP Curriculum

I. Fall Year 1

COMD 5352 Language Disorders in Children 0-5
COMD 5350 Aphasia
COMD 5362 Speech Sound Disorders
COMD 5354 Clinical Practicum 1
Reminder: Pass (80%) Grand Rounds Poster Presentation #1

II. Spring Year 1

COMD 5353 Language Disorders in Children K-12
COMD 5361 Motor Speech Disorders
COMD 5358 Dysphagia & Feeding
COMD 5355 Clinical Practicum 2
Reminder: Pass (80%) Grand Rounds Poster Presentation #2

III. Summer Year 1

A. Summer 1

COMD 5368 Clinical Practicum 3
COMD 5357 Augmentative and Alternative Communication

B. Summer 2

COMD 5369 Clinical Practicum 4
COMD 5351 Cognitive Communication Disorders

IV. Fall Year 2

COMD 5363 Voice and Resonance Disorders
COMD 5364 Fluency Disorders
COMD 5670 Advanced Clinical Practicum: Externship 1
Reminder: Pass (80%) Grand Rounds Poster Presentation #3
Reminder: Take the Praxis Examination

V. Spring Year 2

COMD 5359 Research Methods & Evidence Based Practice in SLP
COMD 5366 Multicultural Issues in Communication Sciences and Disorders
COMD 5671 Advanced Clinical Practicum: Externship 2
Reminder: Pass (80%) Grand Rounds Poster Presentation #4
Reminder: Take the Praxis Examination (if you haven't already)
Reminder: Apply for an Intern License in Texas

Assessment of Student Learning

I. UT Tyler Programmatic Summative Assessment

A. The Council of Academic Accreditation (CAA) requires SLP graduate programs to include a programmatic summative assessment (Standard 5.2). A summative assessment is used to assess student performance at the end of the program. It involves collecting evidence of demonstrated student knowledge, skill, or proficiency.

B. The UT Tyler SLP program demonstrates compliance by having students submit a portfolio reflecting each student's cumulative work/knowledge over time (Guidance to Programs: How to Demonstrate Compliance with Standard 5.2 - Program Assessment of Students (Summative Assessment).

C. Students will present 4 cases across the 4 grand round poster presentation sessions, one session at the end of each long semester of their first and second years. These cases collectively should touch on at least 8 of the Big 9 disorder-based areas.
   1. Articulation (this includes all Speech Sound Disorders)
   2. Fluency
   3. Voice and Resonance (including respiration and phonation)
   4. Receptive and Expressive Language
   5. Swallowing
   6. Cognitive Aspects of Communication
   7. Hearing
   8. Social Aspects of Communication
   9. Communication Modalities

   Each of the 4 cases must include research and professional practice components. See the Grand Rounds Assignment in each semester's Clinical Practicum Canvas course for details.

D. At each of the 4 grand round poster presentation sessions, each student will present one patient case to an audience of faculty and students. SLHS faculty will use a rubric to evaluate each student's presentation of the case and ability to answer questions. Students will receive written feedback within two weeks after each grand round session.

E. In clinical practice, speech-language pathologists are expected to engage in ongoing problem solving, respond to feedback, refine clinical reasoning, adjust plans when new information emerges, and demonstrate increasing independence over time. The four combined Grand Rounds preparation assignments and final poster presentations are designed to reflect engagement and development in these skills.

F. Grand Rounds grades are determined by demonstrated competencies reflected in both the process of developing ideas and poster content as well as producing and presenting the final Grand Rounds poster.

G. Because graduate education is scaffolded across semesters, expectations for independence increase progressively. Earlier semesters involve greater faculty guidance, while later semesters require students to demonstrate greater autonomy

in patient case understanding, clinical reasoning, evidence synthesis, and decision making. As a result, successful completion of milestone checkpoints is required to demonstrate readiness for subsequent stages of the project.

H. To pass a grand rounds session, students must score a minimum of 80% averaged across faculty raters. Students who do not pass a grand rounds session, will revise their presentations based on written feedback and present again to faculty within two weeks of receiving written feedback. If the student does not pass on the second attempt, the case study used in the original grand rounds session can no longer be used. The student will have to prepare a new case study for a make-up grand rounds session that the student will present privately to faculty within 1 month. As before, the student will have two attempts to pass the make-up grand rounds session as described above. If the student does not pass the make-up grand rounds session, the student will be dismissed from the program.

I. Students must pass the programmatic summative assessment as a condition of graduation. To pass the summative assessment, students must score a minimum of 80% averaged across faculty raters on all 4 of the grand rounds presentations.

II. Formative & Summative Assessments in Academic Courses & Clinical Practica

A. Student learning is assessed (a) through academic coursework and (b) through clinical practica. The student learning objectives for both contexts are called Knowledge and Skills Acquisition (KASA). These standards are defined by the Council for Clinical Certification in Audiology and Speech-Language Pathology (CFCC), which is a semi-autonomous credentialing body of the American Speech-Language-Hearing Association (ASHA).

B. While in the program, there are multiple opportunities for students to achieve all KASA/certification standards needed for entry-level clinical practice. All students are required to meet all KASA/certification standards; however, each student may meet these standards with a different mix of classes, clinical assignments, and other approved activities. This flexibility allows faculty to adapt classes to address important concepts as they pertain to current best practices, while still meeting the KASA/certification standards.

C. **Requirements for Good Standing:** To remain in good standing in the UT Tyler SLP MS program, students must meet three criteria each semester:
   1. maintain an average of a 3.0 GPA *each semester* in their academic courses and the clinical practicum course,
   2. show acceptable competencies in all KASA standards assigned to academic courses and the clinical practicum course *each semester*, and
   3. demonstrate acceptable clinical ratings in their clinical practicum course *each semester.*

D. Two Performance Rating Scales
   1. The Academic Performance Rating Scale is as follows:

Performance Rating Scale for Academic Courses			
Point Value, Letter Grade, & %	**Calipso Label**	**Canvas Learning Mastery**	**Description**
5 points High A ≥ 97.45%	Proficient	Exceeds Mastery	Skill is consistent and well-developed
4 points Low-Mid A 89.45% - 97.44%	Effective	Exceeds Expectations	Skill is developed/implemented most of the time and needs continued refinement or consistency
3 points B 79.45% - 89.44%	Present	Meets Expectations	Skill is present and needs further development, refinement, or consistency.
2 points C 69.45% - 79.44%	Emerging	Below Expectations	Skill is emerging but is inconsistent or inadequate
1 point D & F < 69.44%	Not Evident	Not Met	Skill is not evident most of the time

In academic courses, students will receive two competency scores for each academic course.

a. One score is the traditional course grade for each academic course that will be used by UT Tyler to calculate a cumulative GPA for each student's UT Tyler transcript. **To stay in good standing in the SLP master's program, students must maintain a GPA of 3.0 or above *each semester*.** Students can monitor their overall course grade in each academic and clinical course using the traditional gradebook view in Canvas.
b. The other score is based on a 5-point scale and is similar to the scale ASHA suggests for evaluating graduate students during clinical supervision. Students can locate this score in their academic and clinical practicum courses by selecting the Learning Mastery View Gradebook option in Canvas.
c. **For *each* KASA standard in each academic course, a minimum score of 3 out of 5 averaged across applicable assignments is required to be in good standing with the SLP program**.
d. Faculty have two options for determining how KASA standards are assessed, depending upon how they structure their class.
   i. For example, if faculty structure the class to focus on KASA standards for treatment content in the first part of the class and KASA standards for

diagnostic content in the second part of the class, faculty will have CANVAS use the weighted average feature to determine mastery of KASA standards.

ii. However, if faculty structure the class to interweave diagnostic and treatment content and KASA standards, then faculty will use the decaying average feature in CANVAS outcomes with the most recent result counting as 65% of mastery weight and with all other results averaged and counting as 35% of weight. A decaying average gives more weight to the most recent attempt, which helps reflect a student's current skill level. It's especially useful for courses where students are expected to improve over time.

e. Each faculty teaching an academic course will indicate each semester in CALIPSO whether each student has met all the competencies assigned to the courses.

1. The Clinical Supervision Performance Rating Scale is shown below.

Clinical Supervision Performance Rating Scale		
Rating	**Category**	**Description**
1.00	Not Evident	Skill is not evident most of the time. Student requires direct instruction to modify behavior and is unaware of the need to change. Supervisor must model behavior and implement the skill required for client to receive optimal care. Supervisor provides numerous instructions and frequent modeling (skill is present < 25% of the time)
2.00	Emerging 1	Skill is emerging, but is inconsistent or inadequate. Student shows awareness of the need to change behavior with supervisor input. Supervisor frequently provides instructions and support for all aspects of case management and services (skill is present approximately 25-31% of the time).
2.25	Emerging 2	Skill is emerging, but is inconsistent or inadequate. Student shows awareness of the need to change behavior with supervisor input. Supervisor frequently provides instructions and support for all aspects of case management and services (skill is present approximately 32-38% of the time).
2.50	Emerging 3	Skill is emerging, but is inconsistent or inadequate. Student shows awareness of the need to change behavior with supervisor input. Supervisor frequently provides instructions and support for all aspects of case management and services (skill is present approximately 39-45% of the time).
2.75	Emerging 4	Skill is emerging, but is inconsistent or inadequate. Student shows awareness of the need to change behavior with supervisor input. Supervisor frequently provides instructions and support for all aspects of case management and services (skill is present approximately 46-50% of the time).
3.00	Present 1	Skill is present and needs further development, refinement or consistency. Student is aware of the need to modify behavior, but does not do this independently. Supervisor provides on-going monitoring and feedback; focuses on increasing student's critical thinking on how/when to improve skill (skill is present approximately 51-57% of the time).
3.25	Present 2	Skill is present and needs further development, refinement or consistency. Student is aware of the need to modify behavior, but does not do this independently. Supervisor provides on-going monitoring and feedback; focuses on increasing student's critical

		thinking on how/when to improve skill (skill is present approximately 58-63% of the time).
3.50	Present 3	Skill is present and needs further development, refinement or consistency. Student is aware of the need to modify behavior, but does not do this independently. Supervisor provides on-going monitoring and feedback; focuses on increasing student's critical thinking on how/when to improve skill (skill is present approximately 64-69% of the time).
3.75	Present 4	Skill is present and needs further development, refinement or consistency. Student is aware of the need to modify behavior, but does not do this independently. Supervisor provides on-going monitoring and feedback; focuses on increasing student's critical thinking on how/when to improve skill (skill is present approximately 70-75% of the time).
4.00	Effective 1	Skill is developed/implemented most of the time and needs continued refinement or consistency. Student is aware and can modify behavior in-session, and can self-evaluate. Problem-solving is independent. Supervisor acts as a collaborator to plan and suggest possible alternatives (skill is present approximately 76-79% of the time).
4.25	Effective 2	Skill is developed/implemented most of the time and needs continued refinement or consistency. Student is aware and can modify behavior in-session, and can self-evaluate. Problem-solving is independent. Supervisor acts as a collaborator to plan and suggest possible alternatives (skill is present approximately 80-83% of the time).
4.50	Effective 3	Skill is developed/implemented most of the time and needs continued refinement or consistency. Student is aware and can modify behavior in-session, and can self-evaluate. Problem-solving is independent. Supervisor acts as a collaborator to plan and suggest possible alternatives (skill is present approximately 84-87% of the time).
4.75	Effective 4	Skill is developed/implemented most of the time and needs continued refinement or consistency. Student is aware and can modify behavior in-session, and can self-evaluate. Problem-solving is independent. Supervisor acts as a collaborator to plan and suggest possible alternatives (skill is present approximately 88-90% of the time).
5.00	Proficient	Skill is consistent and well developed. Student can modify own behavior as needed and is an independent problem-solver. Student can maintain skills with other clients, and in other settings, when appropriate. Supervisor serves as consultant in

		areas where student has less experience; Provides guidance on ideas initiated by student (skill is present >90% of the time).

a. For each clinical practicum course, the minimum clinical ratings for course credit increases each semester as follows:

	COMD 5354 Fall 1st Semester
No Credit	1 to 2.24
Credit	2.25 and up

	COMD 5355 Spring 2nd Semester
No Credit	1 to 2.49
Credit	2.50 and up

	COMD 5368 Summer One 3rd Semester
No Credit	1 to 2.74
Credit	2.75 and up

	COMD 5369 Summer Two 4th Semester
No Credit	1 to 2.99
Credit	3.00 and up

	COMD 5670 Externship Fall 5th Semester
No Credit	1 to 3.24
Credit	3.25 and up

	COMD 5671 Externship Spring 6th Semester
No Credit	1 to 3.49
Credit	3.50 and up

	Simulation/SimuCase All Semesters
No Credit	1 to 2.99
Credit	3.00 and up

b. Clinical educators will provide students with these ratings. Clinical educators are licensed by the State of Texas, have earned 2 hours of continuing education in supervision, hold the ASHA Certificate of Clinical Competence, and have a minimum of nine months of practice experience post-certification.
c. ASHA Minimum Supervision Requirements:

i. Clinical educators shall directly supervise and document, in accordance with current CAA and CFCC standards, each diagnostic and/or therapy session conducted by student clinicians.
ii. ASHA states that student clinicians will be supervised in real time and never at less than 25% of total contact time with each client. However, depending on the student and client needs, the clinical educator will engage in more than 25% of the total contact time with each client, as indicated by the respective circumstance.

d. In the SLHC, student clinicians will receive 100% supervision to meet Medicare requirements.
e. When students are assigned off-campus placements, student clinicians will be supervised in real time and never at less than 25% of total contact time with each client.

E. Student Documentation of Service Delivery & Clock Hours

1. Students must submit their weekly clinical clock hours by 5 pm on Thursdays in Calipso. ***Failure to document clock hours accurately (chronic incorrect entries, forgetting entries, late entries, etc) will likely result in a professionalism remediation plan.***

2. Student will have read-only access to patient HIPAA protected data in EPIC.
3. Each student-clinical educator pair will have a private Teams channel in the designated Teams site for each on-campus clinical practicum. Only the student, the CEs who supervise the student, the Coordinator of Clinical Education, the Program Director, and the Department Chair will have access to each student's private Teams' channel.
4. Students may not create drafts of their clinical notes and reflections in Microsoft Word or any other word processing software or in handwritten notes because the patient information will not be secure.
5. For each patient, students will electronically document diagnostic and treatment notes only using the post chat feature in their Teams channel.
    a. For each patient note, students will submit two posts to their clinical educator in their Teams channel.
        i. Students will compose a draft of their patient note in a post and submit it. Then edit the draft and resubmit it after comparing and contrasting with their clinical educator's note in Epic. The edits will be bolded for easy review and are due by 5pm the next day. Failure to complete the compare-contrast task will result in a decreased grade in the documentation and professionalism sections of the weekly review grading sheet. If no revisions are needed, the student should reply "no edits" to the original post.
        ii. If the student copies the clinical educator's note word-for-word, they will forfeit the clock hours for that session. If this becomes a chronic occurrence (3 instances of directly copying notes from clinical educator's note), the student will be placed on a clinical remediation plan.

6. Every workday, students must submit their attempt at the note for each patient they treated by 5 pm same day. Evaluation reports must be submitted by 5pm the following day (24 hours later). Revisions are due no later than 24 hours after initial submission (treatment notes and evaluation reports).
7. If students have a 3-4 pm treatment session and then 4 pm class, they may submit their first note by 9 am the next morning.
8. Students are encouraged to complete their clinical notes as quickly after their session as possible to ensure accurate and timely documentation.
9. Students will tag their clinical educator with @NAME format in Teams to alert the CE that the note is ready for review.
10. Students who demonstrate a pattern of missing these deadlines will likely be placed on a clinical remediation plan.

A. Each clinical session will be directly observed by the clinical educator via Teams call. The clinical educator will be in the observation room or just outside the treatment room and directly observing the entire session.
    a. The student will log into the treatment room computer and begin a Teams call with the supervisor. The student will ensure the microphone on their end of the call is changed to turn off noise cancellation to ensure the best audio quality.
    b. Treatment sessions may be recorded on Teams at the clinical educator's discretion. Students who find themselves on a clinical remediation plan may have sessions recorded at the clinical educator's discretion for teaching and counseling opportunities.

B. Feedback from Clinical Educators in SLHC
    1. Clinical educators will provide students with feedback on their patient notes once weekly per patient using a grading rubric. Clinical writing will be a topic discussed in weekly meetings and more frequently at the discretion of the clinical educator or by student request.
    2. Each student clinician will meet with each clinical educator supervising them weekly. These meetings will involve feedback about each treatment session completed that week (using weekly feedback form), review of clinical writing as needed, and planning for next week's sessions.
    3. Students are encouraged to request additional supervisory conferences as needed.
    4. Clinical educators will use the SLHC feedback form to provide feedback to student clinicians.
    5. Students are encouraged, in collaboration with their clinical educators, to develop goals and relevant activities for the upcoming week of therapy or a diagnostic.
    6. Clinical educators will schedule additional meetings if necessary.
    7. Students receive a formal version of feedback at mid-term and at the end of the semester on the evaluation of clinical skills form on the web-based application called Clinical Assessment of Learning Inventory of Performance Streamlined Office Operations (CALIPSO).
    8. For students who are struggling in clinic, the assigned clinical educator, the Coordinator of Clinical Education, and the Program Director, and possibly the

Department Chair will hold additional midterm evaluations during a semester as needed to communicate effectively and provide adequate support to struggling students.

C. Evaluation and Documentation of Student Performance in Clinic
   1. The one practicum grade in graduate clinical classes COMD 5354, 5355, 5369, and 5670 reflects the student's performance in the Grands Rounds Poster Presentation assignments (30%) and the clinical portions of the class (70%). The students' grade on the Grand Rounds Process Rubric is judged by the academic faculty assigned to work with the student. The Grand Rounds Poster Presentation is judged by all SLP academic and clinical faculty. The student's grades for the clinical portions of the class are judged by the Coordinator of Clinical Education and the student's clinical educators respectively. The two practicum grades in clinical class—COMD 5368 (Summer 1) and COMD 5671 (final semester clinic class)—are based completely on clinical performance as judged by the Coordinator of Clinical Education and the student's clinical educators, respectively.
   2. Clinical educators base the clinical portion of the grade on the student's clinical performance using the CALIPSO portion of Performance Rating Scale shown in the table above. This constitutes 70% of the total grade. At mid-term of the long semesters, and at the end of all semesters, each clinical educator provides a formal evaluation of the student's clinical performance in formative and summative format. The end of semester evaluation for Summer 1 will count as the midterm evaluation for the two summer sessions.
   3. The formal evaluation includes the completion of Evaluation of Clinical Skills using the Supervision Performance Rating Scale in the CALIPSO web-based application. The appropriate competencies are rated, and written comments accompany the Evaluation of Clinical Skills.
   4. Each clinical educator discusses with the student his/her specific clinical strengths and weaknesses as documented on the Evaluation Form in CALIPSO.
   5. The Coordinator of Clinical Education will not document student's clinical practicum grade until the student has verified all clinical hours at check-out with the Coordinator of Clinical Education. This point distribution is outlined in the syllabus for the clinical practicum course each semester.
   6. **Consultation During off-site COMD 5670, 5671 Advanced Clinical Practica** : At external placement sites, the frequency and structure of meetings will be determined by the site supervisor. However, the program requires an initial planning/orientation meeting, and at least 1 meeting daily, weekly, at the mid-term, and at the end of the semester. The initial planning meeting will occur before the student begins delivering services. Weekly, midterm, and end-of semester meeting follow the same procedures as in the initial practicum.

D. Implementation When Students are Not in Good Standing
   Should a student require extra assistance, there is a system in place to identify weak areas and create objective remediation plans to address those needs. The three types of

remediation plans are (a) Academic Remediation Plan, (b) Clinical Remediation Plan, and (c) Professionalism Remediation Plan.

1. The remediation plan(s) will specify a date by which students must meet all of the stated objectives.
2. *Students who do not meet all the objectives of their academic or clinical remediation plan by the specified date will be dismissed from the program.*
3. Students who are placed on a clinical remediation plan may have sessions recorded in Teams, the frequency of which will be indicated in specific remediation plans.
4. Once a student is placed on a professionalism remediation plan, that student will continue on a professionalism remediation plan for the remainder of that student's time in the SLP master's program.

E. Out-of-Area Off-Site Placements

a. Students who meet the following requirements are eligible for consideration of an out of area off-site placement after students have completed two full semesters and two summer sessions in the SLHC:
   i. the student has never been on an academic remediation plan or a clinic remediation plan,
   ii. the student has received clinical ratings meeting the minimum required standard in *all* KASA standards assessed at the final clinical evaluation in all previous semesters.

b. To request an out-of-area placement each semester in year 2 of training, each student must ask the Coordinator of Clinical Education in October of year 1 for this option. *Students are not permitted to attempt to arrange their own out-of-area off-site placement because the Coordinator of Clinical Education needs to establish an agreement of mutual understanding with the facility/business and needs to determine whether the SLPs at the potential site meet ASHA's supervision requirements. Students may only present a list of suggestions to the Coordinator of Clinical Education.*

c. A student will only have this opportunity if the Coordinator of Clinical Education can secure a placement for the student.

d. A student who tries to circumvent the program's process by attempting to arrange his or her own out-of-area off-site placement will not be allowed to have an out-of-area placement.

F. End of Semester Meeting

Students will meet with the Program Director and Coordinator of Clinical Education at the end of each semester to discuss progress in the program and towards the KASA/certification standards. Students will receive pertinent materials during the last semester before graduation to ensure all standards are met.

Culturally & Linguistically Diverse (CLD) Students & Bilingual Students

I. Students Planning to be Multilingual Service Providers

A. ASHA's " Ad Hoc Committee on Language Proficiency defined **spoken language proficiency** as 'effective receptive and expressive language skills in both written and spoken modalities' (ASHA, 2019). A person can still be considered proficient in a spoken or signed language if that language does not have a written modality."

B. "Multilingual service providers require a deep understanding of their primary language(s) and at least one additional language in the following domains during clinical management:
   1. lexicon (vocabulary)
   2. semantics (meaning)
   3. phonology (pronunciation)
   4. morphology/syntax (grammar)
   5. pragmatics (social use)"

C. "Traditional definitions of **language proficiency** focused on being like a "near-native" or "native" speaker, but these terms are vague, and definitions vary greatly. These terms make assumptions that can systematically exclude historically marginalized and minoritized populations (Cheng et al., 2021). Many SLPs feel discouraged to identify as a multilingual service provider because of one or more of the following reasons (Yu et al., 2021):
   - They lack "near-native" language proficiency (the term that was previously used to describe a multilingual provider).
   - The field lacks assessment and treatment tools and research in target languages.
   - Language proficiency varies in different contexts of service delivery.
   - There is a lack of non-English education on professional and technical language that is equivalent to the meaning of the term in English (e.g., there is no term for "aphasia" in another language, or if there is, it has not been communicated via professional education outlets)."

D. ASHA describes multilingual service providers as followshttps://www.asha.org/practice-portal/professional-issues/multilingual-service-delivery/multilingual-service-providers/:
   1. "Multilingual SLPs independently provide comprehensive diagnostic and treatment services for speech, language, cognitive, voice, or swallowing disorders using the client's language and preferred mode of communication. They must also have the language proficiency needed to fulfill the following roles:
      a. Describe the concepts of typical speech and language acquisition for monolingual and multilingual people as well as common communication features of disorders in the language(s) used by clients, patients, or students

   b. Select, administer, and interpret formal and informal assessment procedures to distinguish between communication influenced by heritage languages and communication disorders
   c. Apply intervention strategies for treatment of communication disorders in the language or mode of communication most appropriate for the needs of the individual"
2. "Training Programs: ASHA does not accredit or approve specialty training programs for multilingual service providers, nor does ASHA review, evaluate, or rank such programs in any way. Some schools offer bilingual specialty training programs at the undergraduate, graduate, or postgraduate levels, but the depth and breadth of training in this area varies from program to program."

E. **The UT Tyler SLHS Approach**

1. Speech, Language, and Hearing Sciences determines language proficiency using Kiran et al.'s (2010) *Language Use Questionnaire (LUQ)* self-report assessment because Schwarz et al. (2021) found that the LUQ has high classification accuracy for determining language proficiency when compared to the *Woodcock–Muñoz Language Survey* 3rd Edition standardized norm referenced test.

   Schwarz, A. L., Resendiz, M., Herrera, L. C., & Gonzales, M. D. (2021). A novel approach to assessing language proficiency in adults: A pre-pilot classification accuracy study. *International Journal of Bilingualism*, *25*(3), 812-832. https://doi.org/10.1177/1367006921999452
2. During orientation, each graduate student will complete the LUQ which is a self-report assessment that uses a 5-point Likert-type scale (*1 = non-fluent, 5 = native fluency*) to assess the following language domains for two languages:
   a. overall ability
   b. speaking in casual conversations
   c. listening in casual conversations
   d. speaking in formal situations
   e. listening in formal situations
   f. reading and
   g. writing
3. Graduate students who meet the SLHS standard for proficiency will be eligible to assess and treat patients in English and the other language.
4. When the SLHC does not have a multilingual clinical educator on staff, the monolingual clinical educators will supervise the multilingual student clinician using real-time language translation technology.
5. Multicultural educational opportunities:
   a. Multicultural educational modules focused on assessment and treatment considerations will be included in most academic courses and
   b. all students will take COMD 5366 Multicultural Issues in Communication Sciences and Disorders course, which is a 3-credit hour stand-alone course to prepare all graduate students to serve the linguistically and culturally diverse East Texas population.

II. Students with Dialectal and/or English Proficiency Differences

A. Speech, Language, and Hearing Sciences (SLHS) provides a respectful and inclusive environment for all students demonstrating accents, dialects and or English language proficiency differences.

B. SLHS makes every effort to ensure that students are meeting KASA requirements in clinical service delivery and adopts ASHA's Social Dialects Position Paper (ASHA, 1983) stating that dialects are not to be considered disordered speech and language among clients. The same inclusiveness and acceptance of diversity is extended to students from culturally and linguistically diverse populations who may not speak Standard American English. All faculty, staff, and students will adhere to the recommendations suggested by the ASHA Joint Subcommittee of the Executive Board on English Language Proficiency (https://www.asha.org/policy/tr1998-00154/)

C. SLHS makes every effort to ensure that students are meeting KASA requirements in clinical service delivery. Students who meet any of the criteria listed below that raise concern about language proficiency and /or accent will be eligible for adaptations to improve clinical service delivery skills. Although proficiency and/or accent may not be significantly improved in the two years span of graduate school, this adaptation may improve clinical skills over time if the clinician plans to continue clinical service delivery in English.

1. The clinical educator has difficulty understanding the student within the therapy session.
2. A mismatch exists between client goal(s) and proficiency and/or dialect difference, i.e., the student is unable to model the clinical target in English or language in which therapy is provided
3. Multiple attempts are required by the student to provide an appropriate model of the target response for the client
4. Multiple repetitions are used by the student to convey an instruction to a client when the client has adequate receptive language
5. Multiple repetitions are required by the student clinician to comprehend and utilize feedback
6. Student identifies and expresses concerns about his/her proficiency
7. Student identifies and expresses concerns about his/her dialect difference
8. Student's difficulty understanding clinical feedback or directives as demonstrated by inappropriate response to directive
9. Student's inability to understand questions/concerns presented by the client
10. Student's inability to understand questions/concerns presented by family members
11. Student's inability to respond accurately to client questions/concerns

D. Implementation

Students who meet any of the criteria listed above, either related to on- campus or off-campus practicum, will be eligible for the following sequence of activities to aid them in meeting KASA requirements in clinical service delivery. The following steps are highly recommended for the successful completion of graduate clinical training:

1. A meeting with the clinical educator and Coordinator of Clinical Education to clearly identify area(s) of breakdown: Develop a plan of action monitored by the clinical educator. An action plan may include implementation of a clinical remediation plan based on the student's individual circumstances and need(s).
2. The student may be referred to the following programs:
    a. Available UT Tyler Intensive English resources (https://www.uttyler.edu/offices/international-programs/ieli/) to receive assessment and a tailored language proficiency improvement program.
    b. Participation in accent modification training at the SLHC, administered by a clinical educator.
3. Cost associated with any improvement/modification program will be incurred by the individual seeking such services.
4. Any adaptation action plan will be written by the clinical educator and the Coordinator of Clinical Education. This plan is a written agreement between the Coordinator of Clinical Education and the student. Positive and negative consequences are clearly outlined in the action plan and/or clinical remediation plan.

Prerequisite Core Functions needed to be an SLP

SLP students must possess some prerequisite core functions in the areas of Communication, Motor, Sensory, Intellectual/Cognitive, Interpersonal, and Cultural Responsiveness to be trained and to practice as an SLP. These six core functions and the information below was published by the Council of Academic Programs in Communication Sciences and Disorders largely to inform people, to initiate discussions between students and programs, and to empower students to make informed choices about pursuing the profession.

I. Communication

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

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

II. Motor

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

A. Engage in physical activities at a level required to accurately implement classroom and clinical responsibilities (e.g., manipulating testing and therapeutic equipment and technology, client/patient equipment, and practice management technology) while retaining the integrity of the process
B. Respond in a manner that ensures the safety of clients and others

III. Sensory

Statements in this section acknowledge that SLPs use auditory, visual, tactile, and olfactory information to guide clinical practice. It is recognized that such information may be

accessed through a variety of means, including direct sensory perception and /or adaptive strategies. Some examples of these strategies include visual translation displays, text readers, assistive listening devices, and perceptual descriptions by clinical assistants. To serve patients, SLP students need to be able to:

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

IV. Intellectual/Cognitive

Statements in this section acknowledge SLPs must engage in critical thinking, reasoning, and comprehension and retention of information required in clinical practice. It is recognized that such skills may be fostered through a variety of means, including assistive technology and /or accommodations/modifications as deemed reasonable and appropriate to client/patient needs. To serve patients, SLP students need to be able to:

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

V. Interpersonal

Statements in this section acknowledge that SLPs must interact with a diverse community of individuals in a manner that is safe, ethical, and supportive. It is recognized that personal interaction styles may vary by individuals and cultures and that good clinical practice honors such diversity while meeting this obligation. To serve patients, SLP students need to be able to:

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

VI. Cultural Responsiveness

Statements in this section acknowledge that SLPs have an obligation to practice in a manner responsive to individuals from different cultures, linguistic communities, social identities, beliefs, values, and worldviews. This includes people representing a variety of abilities, ages, cultures, dialects, disabilities, ethnicities, genders, gender identities or expressions,

languages, national/regional origins, races, religions, sexes, sexual orientations, socioeconomic statuses, and lived experiences. To serve patients, SLP students need to be able to:

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

Students Needing Accommodations

I. Program Policy

The SLP program seeks to educate a qualified, varied group of students, recognizing that in individual differences lies excellence. The program is committed to the education of all qualified individuals, including persons with disabilities who, with or without reasonable accommodation, can perform the 6 prerequisite core functions described above. In keeping with applicable federal and state law regarding disabilities, the program is committed to making reasonable accommodations for individuals with disabilities to enable them to perform successfully. A reasonable accommodation should not fundamentally alter the academic and clinical requirements of the program, pose a direct threat to the health or safety of the student or others, or present an undue burden to the institution.

II. Student Accessibility and Resources Office (SAR) at UT Tyler

Any student with a disability who is accepted to the SLP graduate program must contact the Student Accessibility and Resources office (SAR) at UT Tyler as soon as possible. The SAR coordinator will confirm whether the stated condition qualifies as a disability under applicable laws and will work with the program to determine what accommodations are reasonable in the Speech, Language, and Hearing Clinic.

III. Method for Addressing Deficiencies in Prerequisite Core Functions

A. SLP students who do not demonstrate these core functions must request accommodations that will work in the clinic setting. If students receive accommodations and are still unable to demonstrate these 6 core functions, they may be placed on a clinical remediation plan.
B. Students who do not request accommodations and/or do not qualify for accommodations may be placed on a clinical remediation plan.
C. Students who do not demonstrate these core functions after remediation efforts have been implemented will be dismissed from the program.
D. Examples of reasonable accommodations for clinical practicum may include (but are not limited to):
    - Short breaks between sessions for diabetes management
    - Short breaks between sessions for bathroom needs due to GI diagnosis or colostomy care
    - Hearing assistive technology (remote microphone) worn by the clinical supervisor or the adult patient during clinical practicum.

Prerequisites for Clinical Practicum

I. Student Health Insurance

UT Tyler Policy 7.15 requires students enrolled in a patient care academic program to have health insurance. The policy, which is included below, is located at https://uttyler.policystat.com/policy/token_access/3fc44ec4-c746-450f-86d7-4d0f3c6cea00/

A. Purpose

The purpose of this Policy is to establish guidelines regarding student health insurance requirements for domestic students enrolled in a medical academic program in compliance with Regents' Rule 50402: Student Health Insurance Requirements. The President, conditioned upon review and approval of the Executive Vice Chancellor, has the authority to develop a policy to determine which portions of programs students are required to have health insurance.

B. Persons Affected

This Policy applies to all domestic students enrolled in a patient care academic program. This includes, but is not limited to, students in programs that require clinical placement or experiential courses with direct patient contact. This does NOT apply to international students as determined by the Office of International Programs.

C. Definitions

1. Direct patient contact: Includes but is not limited to providing a patient with treatment, observation, comfort, direct assistance, bedside evaluations, office evaluations, and any other action that involves or allows direct physical contact with the patient.
2. Health insurance: Coverage provided through an individual or employer health plan that is compliant with the Patient Protection and Affordable Care Act and meets the minimum federal, Regents' Rule, and UT System requirements.
3. UT SHIP Plan: University of Texas Student Health Insurance Plan

D. Policy

1. Requirement for Coverage
   A student is required to have health insurance for each academic session in which a student will have direct patient contact.
2. UT SHIP Plan
   In each academic session wherein a student is required to have health insurance, the student will be enrolled in the health care coverage offered through the UT SHIP Plan unless the student has been granted an institutional waiver by result of providing a copy of their personal health insurance that meets the requirements of health insurance (see Subsection C.2.).
3. Development of Process
   The dean of each college or school containing an academic program that requires patient care, clinical placement and/or experiential courses in which a student may

have direct patient contact shall develop necessary processes to ensure appropriate students acquire insurance or are granted waivers in accordance with this policy.

E. Reference Sources and Authority
- Patient Protection and Affordable Care Act
- Texas Education Code, Title 3, Section 51.952: Student Health Insurance
- UTS 194: Health Insurance Requirements for Students Enrolled in Medical and/or Dental Units
- Regents' Rule 50402: Student Health Insurance Requirements

F. Review Responsibilities and Dates
The Policy Owner for this Policy is Senior Vice President for Student Services, and this Policy shall be reviewed every three (3) years or sooner, if necessary, by the Policy Owner or their designee, in consultation with the following:
- Executive Vice Chancellor of the UT System
- President
- Provost
- Vice Provost

ORIGINATION: 05/2023
REVIEWED: 02/2024

G. Requesting a Waiver
SLP students can request a waiver and show proof of their current insurance. The Association Health Plan Administrator will review the waiver and documentation to determine whether the coverage is adequate. If AHP denies the waiver, the student will have to get insurance through UT Tyler.

H. Method of Addressing Violation
SLP students without health insurance cannot have patient contact and will be dismissed from the graduate program.

II. Immunizations

UT Tyler Policy 7.12 requires students at the HSC Campus and in health-related courses who will have direct patient contact to have certain immunizations. The policy, which is included below, is located at
https://uttyler.policystat.com/policy/token_access/bd85eed5-9b81-4a37-b5ca-0ec944e02570/

A. Purpose
The purpose of this Policy is to require student immunizations in compliance with Texas Administrative Code, Title 25, Section 97.64: Required Vaccinations for Students Enrolled in Health-Related and Veterinary Courses in Institutions of Higher Education.

B. Persons Affected

This Policy applies to all students.

C. Definitions

1. HSC Campus: See HOP 1.05: Definitions of Terms
2. Main Campus: See HOP 1.05: Definitions of Terms

D. Policy

1. Requirements for All Students
    a. **Bacterial meningitis.**
        1. Applicability. All entering students younger than twenty-two (22) years of age upon entering the University must show evidence of immunization for bacterial meningitis prior to attending on-campus classes.
        2. Time frame. The bacterial meningitis vaccine must have been received or renewed within the last five (5) years and at least ten (10) days prior to the first day of the term.
        3. Exemptions.
            i. Required form. Students who qualify for exemptions must complete a Meningitis Exemption Form with the appropriate office.
            ii. Consequences. Failure to do so consistent with the noted time frame may preclude registration.
            iii. List of exemptions. Exemptions for this requirement are any of the following:
                1. The student is twenty-two (22) years of age or older.
                2. The student is enrolled in online-only programs. If the student attends any on-campus classes, they must submit proof of vaccination.
                3. The student submits an affidavit or a certificate signed by a qualified healthcare provider who is duly registered and licensed to practice in the United States stating, in their opinion, the vaccination required would be injurious to the student's health and well-being.
                4. The student submits a signed affidavit stating the student declines the vaccination for bacterial meningitis for reasons of conscience, including a religious belief. A conscientious exemption form from the Texas Department of State Health Services must be used.
    b. **Polio.** All students under the age of eighteen (18) are required to show proof of polio vaccination.
2. Students at the HSC Campus and in Health-Related Courses
    a. Applicability. Students enrolled at the HSC Campus and students enrolled in health-related courses if the student:
        1. will have direct patient contact in medical or dental care facilities;
        2. will come in contact with human biological fluids or tissue; or
        3. will be at the HSC Campus for two (2) or more weeks of the year.

b. Basis for requiring. The required vaccines are based on patient population and the current state of communicable disease within such population.
c. Exempt students. Students for whom these immunizations are not required are strongly urged to obtain these immunizations for their own protection.
d. Required vaccines. All the following vaccines are required (unless a conscientious exemption form has been filed):
    1. **Tetanus-diphtheria vaccine**. Students must show receipt of one dose of **tetanus-diphtheria-pertussis vaccine (Tdap)**. In addition, one dose of a tetanus-containing vaccine must have been received within the last ten years. (Td vaccine is an acceptable substitute if Tdap vaccine is medically contraindicated.)
    2. **Measles**. Students must show proof of two (2) doses of **measles vaccine** administered on or after their first birthday or proof of immunity (laboratory report of positive immune serum antibody titer for measles).
    3. **Mumps**. Students must show proof of two (2) doses of **mumps vaccine** administered on or after their first birthday or proof of immunity (laboratory report of positive immune serum antibody titer for mumps).
    4. **Rubella**. Students must show proof of one **dose** of **rubella vaccine** administered on or after their first birthday or proof of immunity (laboratory report of positive immune serum antibody titer for rubella).
    5. **Hepatitis B virus (HBV)**. Students must show proof of immunization with a complete series of **Hepatitis B vaccine** or proof of immunity (laboratory report of positive immune serum antibody titer for Hepatitis B).
    6. **Varicella (chickenpox)**. Students must show proof of two doses of **varicella (chickenpox) vaccine** or proof of immunity (laboratory report of positive immune serum antibody titer for varicella).
    7. **Influenza**. Students must show proof of **influenza vaccination** (required every Fall semester; note* provided free to students and employees on campus).
    8. **Tuberculosis (TB) screening**. Students must submit either proof of a **TB skin test** (PPD) **or a blood-based screen test** completed within one year prior to enrollment.
        i. Those students with a positive test must submit proof of a **TB evaluation** conducted by a licensed healthcare provider within one year prior to enrollment AND proof of a negative chest x-ray result dated after the initial positive test.
        ii. Specific requirements may be found within the student's college of study.

3. International Travelers
    a. Recent test results. All incoming international students and exchange visitors, who originate from a country that is defined as High Burden for TB by the United States Center for Disease Control and Prevention (CDC) OR have traveled to a country that is defined as High Burden for TB, must provide documentation of a recent **blood-based screening test** (QuantiFERON® –TB Gold In-Tube (QFT-G) or Interferon Gamma Assay (IGRA)).

b. Visit PCP. All travelers, including international and non-international students, who return to campus after travelling to a country that is defined asHigh Burden for TB by the United States Center for Disease Control and Prevention (CDC) OR have traveled to a country that is defined as High Burden for TB are expected to **visit with their primary care provider** upon return. More information regarding countries defined as High Burden for TB and the required forms is available on the Office of International Programs website.

4. Additional Requirements
   Specific healthcare programs and affiliated clinical sites may have additional requirements. Students should contact their specific program coordinator for additional information. The UT Board of Regents may require immunizations against additional diseases for some students and/or in times of emergency or epidemic.
5. Cost of Immunizations
   Students enrolled at the University will assume the full cost of the immunizations.
6. Exceptions
   Exceptions from the immunization requirement can be found in Texas Administrative Code, Title 25, 97.64-65 and/or allowable on an individual basis for medical contraindications.

E. Reference Sources and Authority

- Texas Education Code, Title 3, Section 51.9192: Bacterial Meningitis Vaccination Required for Certain Students; Exceptions (Jamie Schanbaum and Nicolis Williamson Act)
- Texas Administrative Code, Title 25, Section 97.64: Required Vaccinations for Students Enrolled in Health-related and Veterinary Courses in Institutions of Higher Education
- Countries with High Burden for TB

F. Review Responsibilities and Dates
The Policy Owner for this Policy is the Provost, and this Policy shall be reviewed every three (3) years or sooner, if necessary, by the Policy Owner or their designee, in consultation with the following:

- Dean of Students/Associate Dean of Students
- Executive Vice President for Health Affairs
- Director of Environmental Health and Safety

ORIGINATION: 12/01/2001
AMENDED: 12/2021
REVIEWED: 02/2024
REVIEWED: 03/2025

G. Additional SLP Program Requirement: Off-Campus Practicum Sites
The Coordinator of Clinical Education will inquire about special immunization requirements when making contact with off-campus practicum sites after the assignment has been made. It is the responsibility of the student to coordinate appointments for updated immunizations with their physician or UTHSC Occupational

Health. The Coordinator of Clinical Education will assist with this process during off-site practicum planning.

III. Substance Abuse and Drug Testing

A. Purpose

The UT Tyler Speech Language Pathology Program is committed to maintaining a drug-free academic and work environment consistent with and in furtherance of UT Tyler's Alcohol and Drug Abuse Policy for UT Tyler Students.

B. Policy

1. Pre-Admission Drug Testing

   All students enrolled in the SLP Program must complete a urine drug screen prior to entry into the first semester of SLP courses. Drug screens are at the student's expense and must be conducted at drug testing facilities designated by the Department of Speech, Language, and Hearing Sciences. Positive results are kept confidential and will be shared with the Department Chair, the Program Director, and the Coordinator of Clinical Education.

2. Testing for Cause

   On the spot, for cause drug/alcohol screening may be requested by the faculty as deemed necessary. For cause screening will be paid for by the Department of Speech, Language, and Hearing Sciences. Refusal to test may result in dismissal from the program.

C. Method of Addressing Violations

Positive results require additional research that is conducted by UTHET and will require the donor (student) to provide a prescription. Students must provide documentation within the time frame determined by UTHET. Students with positive results that are not a medically verifiable reason will be dismissed from the program. If there is a medically verified reason for the positive result, the result will be changed to "negative".

IV. Basic Life Support (BLS) Training Requirement for Clinical Practicum

A. Purpose

To specify the student clinician's responsibility for acquiring BLS/CPR for the Healthcare provider or Professional Rescuer.

B. Policy

The student clinician is required to have BLS/CPR training and provide proof of certification before the first semester of graduate clinical training.

1. Students are responsible for locating and scheduling their training, following the guidelines provided by the Coordinator of Clinical Education. These guidelines will be presented at academic orientation, or via an electronically transmitted announcement.
2. Student clinicians are required to provide proof of certification to the Coordinator of Clinical Education prior to beginning clinical practicum at the UT Tyler HSC Speech, Language, and Hearing Clinic.
3. Documentation is kept in the student's permanent record on CALIPSO.

4. Proof of Certification may be waived by off-campus sites, in writing. Practicum site coordinators must submit a letter to the Coordinator of Clinical Education, waiving a student's CPR training requirement.

C. Method of Addressing Violations
SLP faculty and students without current BLS/CPR training will not be allowed to serve patients in the Speech, Language, and Hearing Clinic.

V. UTHET Criminal Background Check Policy 6.11

A. Purpose
The purpose of this Policy is outlining when the University requires that a criminal background check be obtained, in compliance with UTS 124: Criminal Background Checks.

B. Persons Affected
This Policy applies to all Employees, volunteers, interns, faculty members who are being re-credentialed, students, contractor Employees or individuals who are assigned to perform work on the property or premises of the University.

C. Definitions
1. Applicant: An individual who applies for a position of employment with the University, whether the individual is an outside candidate or a current Employee.
2. Business day: See HOP 1.05: Definitions of Terms
3. Controlled substance: This term has the meaning assigned in Texas Health and Safety Code, Title 6, Section 481.002: Texas Controlled Substances Act.
4. Certification: Criminal Background Clearance Contractor Certification
5. Criminal Conviction Record Information: Public information maintained by the Texas Department of Public Safety, as provided in Tex. Gov. Code, Title 4, Section 411.135: Access to Certain Information by Public.
6. Criminal Background Information: Consists of Criminal Conviction Record Information and/or Criminal History Record Information.
7. Criminal History Record Information: Information collected about a person by a criminal justice agency (including DPS) that consists of identifiable descriptions and notations of arrests, detentions, indictments, information, and other formal criminal charges and their dispositions.
8. DPS: Texas Department of Public Safety
9. National Criminal History Record Check (NCHRC): A criminal history record check obtained from both the DPS and the Federal Bureau of Investigation (FBI) based on fingerprint identification information or a criminal record check obtained from a private vendor based on national criminal records.
10. OHR: See 1.05: Definitions of Terms
11. Position: Both full-time and part-time positions, whether the position is filled or to be filled by a regular or a temporary worker or requires student status as a condition of holding the position, but NOT including a position filled by a temporary worker provided by a temporary employment agency contractor for which the contractor is responsible for conducting the criminal background check.

12. Regular employment: A position where the Employee is appointed to work twenty (20) hours or more per week for a period of four and one-half (4½) consecutive months or longer.
13. Temporary Employee: Employed to work less than four and one-half (4½) consecutive months.
14. UPD: See HOP 1.05: Definitions of Terms

D. Policy

Categories of Individuals Mandated

The University mandates that a criminal background check be obtained on the following individuals:

1. Employees.
    a. Applicants. A criminal background check must be conducted on any applicant, internal or external, who is under final consideration, following normal screening and selection processes, for any regular employment with the University.
    b. Current Employees. A criminal background check must be conducted on:
        i. a current Employee who is under consideration for a promotion or reclassification;
        ii. all current Employees and interns if the University has not previously obtained a criminal background check; and
        iii. a current Employee when the President or their designee determines it is necessary to further the goals of the University.
    c. Temporary Employees. All temporary Employees shall complete a criminal background check.
2. Without-salary faculty. Individuals who have not been checked before must undergo a criminal background check prior to receiving a without-salary faculty appointment or reappointment.
3. Youth Camp applicability. A criminal background check must be performed each year prior to permitting any outside therapist, student observer, Employee, or volunteer, regardless of number of visits, hours served, or status, to work at the camp. Additionally, anyone over the age of fourteen (14), other than a camper, who works or spends time at the camp must undergo a criminal background check.
4. Students. Students in programs with assignments in clinical health care facilities or involving patient care, and University students in accordance with specific college, school, or program academic admissions, must undergo a criminal background check.
5. Contractors. The University requires that a criminal background check be performed on individuals or employees of companies or entities contracted by the University when these individuals or employees will perform duties or services on University property or premises.
    a. Certification. Contractors must provide the UPD a Certification and photo identification for each contractor individual or employee prior to the performance of duties and/or services by that person, which information will be reviewed by the UPD Chief or their designee.

   b. Subcontractors. A contractor must require that any subcontractors obtain the same Criminal Background Information for their individuals or employees. A contractor will be deemed to comply with this requirement if the contractor obtains the Certification from each subcontractor and provides that Certification to the UPD.
6. Volunteers. All volunteers, regardless of the program or event, shall complete a criminal background check.
7. University Academy. In accordance with Texas Education Agency regulations, all individuals seeking employment or serving in roles within the University's charter school, must undergo a criminal background check. Additionally, all Employees of the University Academy are mandated to undergo fingerprinting by a State-approved vendor. If an individual's fingerprints are not currently on file with the State, they must complete the fingerprinting process before commencing employment.
8. Statutorily required. The University will comply with any state or federal law that requires that a position be subject to a criminal background check using a specific source of criminal background check information and/or certain procedures.

E. Criminal Background Check Form For UTHET
   1. Submission. The individual must complete, sign, and submit a Criminal Background Check Form to OHR.
   2. Responsibility. The hiring official is responsible for directing the individual to submit this form.
   3. Failure to submit. An applicant who fails to complete, sign, and submit the form will be removed from further consideration for the position. In addition, if the applicant is a current Employee, such refusal is grounds for disciplinary action.
   4. Forwarding to UPD. OHR will send the completed Criminal Background Check Form and, if applicable, a copy of the applicant's employment application to the UPD.

F. Conducting Criminal Background Checks
   1. Other states of residence. The criminal background check should include states where the applicant has resided and/or been employed during the period of no less than seven (7) years immediately preceding the date the individual signed the Criminal Background Check Form.
   2. Review by UPD. The UPD will promptly obtain and review the Criminal Background Information and will notify the appropriate OHR representative of the results of the investigation.
   3. Prior to employment. The UPD will conduct the criminal background check before the hiring official makes the employment decision.
   4. Employment contingency. If circumstances require that an offer of employment be made before the completion of the criminal background check, the offer must be in writing and contain a statement that the offer is contingent on the completion of a satisfactory criminal background investigation.

G. Appropriate Sources

Any/or all the following criminal background check sources may be used for current Employees, temporary Employees, without-salary faculty appointees, volunteers, and students in programs with assignments in clinical health care facilities:

1. Criminal Conviction Record Information.
2. National Criminal History Record Check (NCHRC).
3. Other state, national, and international sites.

H. Youth Camp

Youth Camp criminal background checks should include all the following:

1. Criminal Conviction Record Information;
2. a sex offender registration check;
3. an out-of-state check for any person who has lived outside Texas after the age of fourteen (14); and
4. an international check for any person who has lived outside the United States after the age of fourteen (14). (This check need only be conducted initially if the individual does not live outside the United States during the year.)

I. Identification of Affected Persons

1. Method for identification. OHR will determine a method to identify the current Employees for whom a criminal background check has not previously been obtained.
2. Provision of information. OHR shall provide such information to the UPD.
3. Refusal to comply. OHR may require an Employee to complete, sign, and return a Criminal Background Check Form. An Employee's refusal to comply is grounds for disciplinary action.
4. Notification of results. OHR will promptly obtain and review the Criminal Background Information and will notify the Division Head of any criminal record.

J. Results of Criminal Background Checks

1. No automatic disqualification. An individual with a criminal record will NOT automatically be disqualified from employment or promotion.
2. Criminal record. In the event the criminal background check reveals Criminal Background Information, the UPD will work with OHR and the hiring authority to determine on a case-by-case basis whether the individual is qualified based on factors such as the following:
    a. specific duties of the position;
    b. number of offenses;
    c. nature of each offense;
    d. length of time intervening between the offense and the employment decision;
    e. employment history;
    f. efforts at rehabilitation; and
    g. accuracy of the information that the individual provided on the employment application.
3. Falsification or omission. Falsification on an application or omission of criminal information required to be reported is grounds to reject an applicant or discipline/terminate an Employee.

4. Notification of individual. If the University receives a report indicating that an applicant or a current Employee has a criminal record, the individual will be:
    a. notified;
    b. provided with a copy of the report (except as provided by law or DPS policy or procedure); and
    c. informed of the right to challenge the accuracy and completeness of the report with the agency that provided the report.
5. Opportunity to respond. Within five (5) business days following the receipt of the report, the individual may submit additional information to the hiring official/supervisor relating to the criminal record and why it should not affect the employment decision.
6. Employment decision.
    a. Prior to decision. Before the hiring official/supervisor makes a final employment decision, they will review all information provided to them with OHR and the UPD and consult with these departments about whether to proceed with an offer or adverse employment action.
    b. Negative decision. If either OHR or the UPD is of the opinion that the Criminal Background Information indicates that the individual may be unacceptable for the position being filled or for continued employment, then the hiring official may NOT extend an offer to or continue employment of the individual without the prior written approval of the applicable executive officer or their designee.
7. Appeal.
    a. No appeal. The decision of the University is final and may NOT be appealed, except for current Employees.
    b. Current Employees.
        i. If the individual is a current Employee subject to a criminal background check, standard Employee Grievance procedures are available to challenge the decision.
        ii. If the Criminal Background Information leads to termination, the applicable Employee discipline and discharge procedure will be used.

K. Self-Reporting
    1. Applicants for employment. Applicants must report in writing any of the following situations that occur within five (5) business days after the date of application:
        a. criminal complaint;
        b. indictment;
        c. no-contest plea;
        d. guilty plea;
        e. deferred adjudication;
        f. convictions; and/or
        g. whether they are or will be required to be registered as a sex offender.
    2. Exclusions. This does NOT include traffic offenses punishable only by fine.
    3. Failure to report. Failure to report any of these situations within the prescribed time frame may lead to disciplinary action, as appropriate.

4. Division Head responsibility. The Division Head receiving a self-report as required under this subsection must provide the information to OHR and UPD and will consult with these departments about the individual's suitability for the position.

L. Disposition of Records
   1. Confidentiality.
      a. Classification. Criminal Background Information is confidential, as required by law, and will NOT be made a part of the applicant's file or the Employee's personnel file.
      b. Secure retention. Criminal Background Information will be kept by UPD in a separate secure file and will NOT be communicated to any unauthorized person.
   2. Unauthorized release of records.
      a. Criminal offense. The unauthorized release of Criminal Background Information is a criminal offense.
      b. Penalty. University officials in possession of such information shall seek legal advice with respect to any requested release of such information.
   3. Destruction of records.
      a. Time retained. The UPD shall destroy Criminal Background Information about the individual six (6) months after it is obtained.
      b. Self-reports. Self-reports of charges or convictions will be maintained with the Employee's personnel file in OHR in accordance with the University's records retention schedule (see HOP 1.14: Records Management).

M. Scope of Policy

This Policy addresses criminal background checks only and does NOT limit the University's authority to conduct other background checks as permitted by law.

N. Credit Reports

If a credit reporting agency has been relied on to deny employment, deny a promotion, reassign, or terminate an Employee after the University has taken an adverse action, the individual must be given notice that the action has been taken. The notice must include:

1. the name, address, and phone number of the credit reporting agency that supplied the report;
2. a statement that the credit reporting agency that supplied the report did not make the decision to take the adverse action and cannot give specific reasons for it;
3. notice of the individual's right to dispute the accuracy or completeness of any information the agency furnished; and
4. their right to an additional free consumer report from the agency upon request within sixty (60) days.

O. Reference Sources and Authority

- United States Code, Title 15, Section 1681: Fair Credit Reporting Act
- United States Code, Title 18, Section 175: Biological Weapons

- Texas Education Code, Title 3, Section 51.215: Access to Police Records of Employment Applicants
- Texas Human Resources Code, Title 2, Chapter 42: Regulation of Certain Facilities, Homes, and Agencies That Provide Child-Care Services
- Texas Administrative Code, Title 26, Chapter 745: Department of Family and Protective Services, Licensing
- Texas Health and Safety Code, Title 2, Chapter 141: Youth Camps
- Texas Health and Safety Code, Title 6, Section 481.002: Texas Controlled Substances Act
- Tex. Gov. Code, Title 4, Chapter 411: Department of Public Safety of the State of Texas
- UTS 124: Criminal Background Checks
- Criminal Background Check Form
- Criminal Background Clearance Contractor Certification
- HOP 1.14: Records Management

P. Review Responsibilities and Dates

The Policy Owner for this Policy is the Chief Human Resources Officer, and this Policy shall be reviewed every three (3) years or sooner, if necessary, by the Policy Owner or their designee.

ORIGINATION: 12/01/2001
AMENDED: 03/2022
REVIEWED: 02/2024

SLHS Expectations of Student Clinicians

I. Attendance Expectations

A. Workday at SLHS and SLHC
   1. Students are expected to be available to assess and treat patients from 8 am to 4 pm every day except when they have class.
   2. During the summer sessions, students are expected to be available to assess and treat patients from 8 am to 4 pm every day except when they have class. If students do not have a patient assigned by 2:45 pm on a given day, they may leave campus.2. Students are expected to arrive to their session in the clinic at least 15 minutes prior to the start of the session. Multiple episodes of failure to comply with this rule may result in a professionalism remediation plan.
   3. During the second-year externships, students are expected to follow the attendance policies of their externship sites.

B. Sick
   1. When students are sick and will miss class, students must notify the instructor by email, preferably before class begins.
   2. When students are sick and will miss either patient care opportunities in the SLHC clinic or their externships, students must notify both their SLHC clinical educator or externship supervisor ***and*** the Coordinator of Clinical Education, preferably at least 8 hours before clinic
   3. Excessive absences from externship (3 or more) or failure to notify Coordinator of Clinical Education will result in professionalism remediation plan.

II. Cell Phone Use

A. Students may not have their cell phones on their person when interacting directly with patients or observing sessions. Cell phones are to be on silent mode in backpacks in the observation room only. Cell phones are never allowed to enter the treatment space where patients could be distracted by an incoming call or text. It is the responsibility of the student to ensure cell phones are kept in backpacks and in silent mode. If cell phones are seen in treatment spaces or ring in the observation room, disciplinary steps are to be taken (listed below).

B. In case of an emergency, the student will talk ahead of their scheduled clinical time with the Coordinator of Clinical Education, who will make a case-by-case determination.

C. Violations
   1. First offense: A student will be suspended from clinic for the day of the violation and the next day.
   2. Second offense: A student will be suspended from clinic for a week.
   3. Third offense: A student will be dismissed from the SLP program after consultation among the Department Chair, the Program Director, and Coordinator of Clinical Education.

III. Maintaining the Appearance of the SLH Clinic & Graduate Student Workroom

A. Student clinicians, faculty members and staff are responsible for assuring that the clinic area is clean, tidy, and maintained in a manner that is ready for public viewing and/or use at all times.

B. SLH Clinic
   1. Each student clinician is personally responsible for tidying and cleaning any clinic area immediately after using it.
   2. All trash picked up from all clinic floors and deposited in appropriate receptacles.
   3. All therapy room and observation room furniture straightened, and whiteboards erased unless noted otherwise on the whiteboards. All student clinicians are responsible for cleaning the tables, chairs, windows, and mirrors in their assigned rooms after each session with purple wipes.
   4. Toys waiting to be disinfected are stored in proper receptables. Students are responsible for disinfecting toys in "to be cleaned" bin after each session.
   5. Materials and tests are shelved appropriately.

C. Graduate Student Workroom
   1. Each student clinician is personally responsible for tidying and cleaning their work area.
   2. All clinic materials must be stored appropriately.
   3. All trash picked up from the floor and deposited in appropriate receptacles.

IV. Personal Appearance

UT Tyler Policy 6.23 provides standards for personal appearance on campus. The policy, which is included below, is located at https://uttyler.policystat.com/policy/token_access/c3fa1032-8435-4ce8-82d1-1f13e3778113/

II. Purpose

The purpose of this Policy is to has establish standards of personal appearance to promote a business image for all Employees, non-employees, and volunteers that will ensure and maintain their safety and well-being.

III. Persons Affected

This Policy applies to all Employees, non-employees, and voluntary staff.

IV. Definitions

HSC Campus: See HOP 1.05: Definitions of Terms

V. Policy

1. Reasons for Guidelines

   Dress, grooming, personal cleanliness, and hygiene contribute to the morale of all Employees and affect the business image that the University projects.

2. General Requirements

a. Nature of work. All Employees are required to dress and groom themselves in a manner appropriate for their safety, position, office environment, and discipline. The formality of workplace dress is determined by:
    1. the context and nature of work performed;
    2. the level of interaction with other Employees;
    3. their level of interaction with direct patient care, customers, students, or the public; and
    4. safety issues.
b. Representation of the University. Employees are expected to present a clean, neat appearance during business hours, during business events, and while representing the University.
c. Distracting dress. Clothing and/or accessories that are extreme or may be distracting from productive work are not appropriate.

H. Additional UTHET Campus Requirements
1. ID badges. Identification badges will be provided to all students and:
    a. must be worn while in the workplace or at work-related events;
    b. must be visible;
    c. Must be worn at either the top left or top right side above the chest;
    d. Must be affixed with a badge clip, and may not be worn on a lanyard in clinical areas; and
    e. may not be defaced with pins, stickers, buttons, or other logos.
2. Clothing.
    a. Professional. Clothing must be professional in appearance and of an appropriate size.
    b. Graphics. Clothing must NOT contain advertisements, jokes, messages, or inappropriate wording.
    c. Jeans. Jeans are not appropriate in the clinic, with the exception and prior approval from department leaders.
    d. Hats. Hats or any head coverings are only acceptable:
        i. where required by weather or safety regulations;
        ii. as part of a religious accommodation; or
        iii. for approved medical reasons.
    e. Specific roles. Employees, faculty, volunteers, or non-employee staff who are required to wear specified clothing (i.e., scrubs) for their position at the HSC Campus (e.g., food prep, surgical, sterile, other clinical areas) may be required to dress accordingly before entering those environments.
3. Fingernails. The Centers for Disease Control and Prevention (CDC) states that Employees who provide direct patient care or who have contact with food or patient care equipment must adhere to the following guidelines:
    a. Natural nails only. Only natural fingernails without shellac or gel polish are allowed (only manicured nail polish is permissible). Artificial nails are NOT allowed, including but not limited to wraps, tips, tapes, acrylics, dips, appliqués, overlays, and bonding material.

   b. Nail polish. Nail polish color must be conservative and not chipped, with no decorative adornments. Nail polish is NOT permissible in surgical/sterile areas.
   c. Length. Fingernails must be clean and shall not exceed one-quarter inch in length.
4. Shoes. Shoes in clinical, plant, or facility areas must have closed toes. Surgical/sterile settings may require additional guidelines. Sandals or flip-flops are not appropriate and may ONLY be approved by department leaders. Shoes must be relatively clean and free from mud or debris.
5. Scrubs.
   a. Scrubs may be required for designated clinical/research roles.
   b. Designated fabric colors, styles, and monogramming will be communicated as appropriate by the senior department leader.
   c. Scrubs must NOT be worn by Employees, non-employees or volunteers who are not designated by their department leader.
6. Scents. The use of heavy colognes, perfumes, aftershave lotions, or heavily scented lotions may not be permitted in certain clinical/surgical/sterile areas.
7. Tattoos. Tattoos must be appropriately covered.
   a. Students may wear a long sleeve, solid navy blue shirt under their scrub tops to cover tattoos if needed or the approved scrub jacket https://www.greysanatomyscrubs.com/collections/womens-scrubs/products/womens-warm-up-scrub-jacket-with-eco-friendly-stretch-fabric-navy?_pos=1&_fid=c16f5dbdc&_ss=c
   b. The garment must not have any visible text or logos
8. Piercings. Body piercings (other than ears) must not be visible to others.
9. Facial hair.
   a. Neatly groomed. Facial hair must be neat and closely groomed.
   b. Sterile areas. Appropriate coverings are required in food and sterile areas.
   c. Prohibited. Facial hair is NOT allowed:
      i. in certain clinical/surgical/sterile settings; or
      ii. by Employees required to be "fit" tested to wear specified respirators or protective gear.
10. Hair.
   a. Neatly groomed. Hair must be neatly groomed, clean, and neat in appearance.
   b. Long hair. Long hair must be pulled back and secured for Employees, non-employees, or volunteers in certain clinical/surgical/sterile areas or for safety and security reasons.
   c. Hair color. Hair must be of a natural color (e.g., no purple, blue).
   d. Adornments. Hair may NOT have inappropriate adornments that distract or create potential safety hazards.

I. Department-Specific Practices

To comply with regulatory agency requirements and varying departmental operations, departments are authorized to establish and enforce additional dress code guidelines that are reasonable and that promote legitimate business and/or safety interests.

1. SLP graduate students are required to purchase and wear navy blue scrubs that they will wear Monday through Friday each week.
2. The approved vendor and scrub styles are as follows:

a. 2 Scrub Pant options:
   1. Theory Jogger - Navy | Grey's Anatomy Scrubs
   2. Gamma Pant - Navy | Grey's Anatomy Scrubs
b. 1 Short Sleeve Scrub Top Option: Aura Top - Navy | Grey's Anatomy Scrubs
c. 1 Scrub Long Sleeve Jacket Option: Stability Warm-Up - Navy | Grey's Anatomy Scrubs
d. 1 long sleeve under-shirt option: Hypothesis Inner K Stretch Long Sleeve Mock Neck Underscrub

3. Scrubs from a different vendor are not permitted. Also, hoodies, sweatshirts, or non-tailored jackets will not be permitted in the clinic.
4. Students must wear closed toes shoes when on campus. Shoes must be clean, neat, and in good condition.

J. Religious Beliefs
1. Accommodation request. If an Employee's religious beliefs conflict with this Policy, the Employee may follow HOP 6.09: Religious Accommodations to request accommodation.
2. Impact on employment. An accommodation allowing an exception to the personal appearance Policy must NOT impact safety or uniform requirements, or other aspects of employment.

K. Penalties for Violation
1. Management. Department leaders and managers are responsible for communicating and enforcing these standards.
2. Violations. Employees who arrive to work in violation of this Policy may be sent home without pay and are subject to further disciplinary action, up to and including termination.

L. Reference Sources and Authority
- HOP 6.09: Religious Accommodations

M. Review Responsibilities and Dates
The Policy Owner for this Policy is the Chief Human Resources Officer, and this Policy shall be reviewed every three (3) years or sooner, if necessary, by the Policy Owner or their designee.
ORIGINATION: 12/2021
REVIEWED: 02/2024

N. Penalties for Violation by SLP Students
1. Management. Department leaders and managers are responsible for communicating and enforcing these standards.
2. Violations. SLP students who arrive to work in violation of this Policy may be sent home and are subject to further disciplinary action, up to and including dismissal.
3. Violations. SLP graduate students will be asked by their clinical educator or program director to leave the clinic immediately. Students will not observe/conduct therapy or

be in contact with clinic patients. Students will not receive clinical hours for missed sessions.

V. Zero Tolerance of Unprofessional Behavior

UT Tyler Policy 6.34 provides the zero tolerance policy for unprofessional behavior. The policy, which is included below, is located at https://uttyler.policystat.com/policy/token_access/c246d52b-fde2-451a-9dcf-36de6cf08877/

A. Purpose
The purpose of this Policy is to establish a safe, cooperative, and professional environment with working conditions that promote collaboration and teamwork with the highest of ethical standards and mutual respect. The University will create an environment of mutual respect by rapidly addressing unprofessional behavior.

B. Persons Affected
This Policy applies to all Employees, non-employees, students, volunteers, vendors, contractors, physicians, independent practitioners, practitioners-in-training, residents, and any other authorized persons on University sites.

C. Definitions
Unprofessional behavior: Any behavior that is contentious, threatening, insulting, or potentially litigious, or otherwise interferes or has the potential to interfere with an individual's or group's professional responsibilities, self-respect, or the ability to collaborate in a productive manner. Includes behavior that creates an unsafe, intimidating, hostile, or offensive administrative, clinical, or academic environment.

D. Policy
1. Unprofessional Behavior
    a. Zero tolerance. Zero tolerance means the University will rapidly act and address any unprofessional behavior with disciplinary actions up to and including termination of employment.
    b. Examples. Examples of unprofessional behavior may include but are not limited to the following:
        i. Shouting or using profanities, vulgar or abusive language.
        ii. Abusive behavior toward patients, visitors, staff, or students.
        iii. Intimidating or aggressive behavior toward patients, visitors, staff, or students.
        iv. Physical assault toward patients, visitors, staff, or students.
        v. Refusal to cooperate with other faculty or staff members.
        vi. Conduct that constitutes harassment.
        vii. Refusal to adhere to University Policies.
        viii. Making or threatening reprisals for disruptive or inappropriate behavior.
        ix. Verbal abuse, including behavior such as consistent or intentional language that is demeaning, sarcastic, designed to injure, intimidate, or embarrass.
2. Methods for Addressing

Unprofessional behavior will be addressed with the individual in accordance with this Policy through the following methods:

a. Informal collaborative efforts: Acknowledging the unprofessional behavior and supervisory counseling.
b. Formal procedure: Used for further investigation and resolution of disruptive behavior if actions are required (see HOP 6.40: Discipline and Dismissal of Classified Employees).
c. Disciplinary actions. Appropriate disciplinary actions up to and including dismissal from the program only after the informal efforts and the formal procedure have been unsuccessful in modifying the behavior.

E. Reference Documents and Authority
- HOP 6.40: Discipline and Dismissal of Classified Employees

F. Review Responsibilities and Dates
The Policy Owner for this Policy is the Chief Human Resources Officer, and this Policy shall be reviewed every three (3) years or sooner, if necessary, by the Policy Owner or their designee.
ORIGINATION: 12/2021
REVIEWED: 12/2023

G. Additional Methods for Addressing Violations for SLP Students
If an SLP student demonstrates unprofessional behavior, the student will not be permitted to observe/conduct therapy or be in contact with clinic patients until the student's behavior complies with the policy, as determined by the Department Chair, Program Director, and the Coordinator of Clinical Education. Depending upon the type and the severity of the unprofessional behavior, students may be put on a professionalism remediation plan and even dismissed from the program.

Risk Management

I. Liability Insurance

A. UT Tyler does not maintain commercial general liability insurance coverage due to the legal protections that it is afforded under Texas law as a state agency. The University is immune from liability and from suit with respect to most causes of action against it under the "Doctrine of Sovereign Immunity'' and self-inures against such risks. Claimants must look to the *Texas Tort Claims Act* for relief with respect to property damage, personal injury, and death proximately caused by the wrongful act or omission or negligence of a University employee acting within the scope of their employment.

B. However, coverage is automatically provided for the University's Nursing, H&K, and Pharmacy students and faculty under the UT System *Medical Professional Liability* policy, and a certificate of insurance can be provided to the facility upon request, as evidence of coverage. Insurance requirements must be addressed in the affiliation agreement with the facility. Please contact the clinical coordinator for your respective program or the Office of Legal Affairs for further details.

https://www.uttyler.edu/offices/legal-affairs/insurance-faq/

II. Fire and Safety Procedures

A. Purpose

To specify the information each student clinician, faculty member, and staff person must know to protect themselves and the patients of the Speech, Language, and Hearing Clinic in a fire or emergency situation.

B. Policy

All personnel who work in the clinic must be familiar with emergency procedures, reporting protocols for emergencies, and emergency exits from the HSC campus buildings.

1. The emergency exit signs and routes from the clinic are posted in the clinic hallways. All student clinicians and personnel will be oriented to emergency exits and are responsible for knowing these exit routes and for participating in called fire or any other drills that require exiting using the proper routes.
2. All hallways must allow at least 44 inches of clear passage in case of an emergency evacuation.
3. If evacuation of the clinic is required, individuals must exit the building using the nearest, safest exit door. Once outside the building, students and patients/clinic visitors will proceed to the parking lots surrounding HSC. Faculty and students are expected to follow first responder instructions. If the clinic loses electrical power, exit lights above the doors opening to hallways will be illuminated. Battery powered emergency lights will also illuminate the hallways.
4. In case of a medical emergency in the clinic, students are to contact the clinical educator or Family Practice Nurses Station immediately. The clinical educator or Family Practice Nurses Station will address the emergency or will contact the University Police Department depending on the type of emergency. Students and personnel should be on stand-by to be of assistance at the direction the established chain of command depending on the situation.

III. Infection Control Plan

A. Purpose

The purpose of the Infection Control Plan is to prevent the transmission of infectious organisms among patients, clinicians, and employees.

B. Policy

The SLHC will take all necessary precautions to minimize the risk of exposure to infectious pathogens for patients, student clinicians, and employees.

1. HSC faculty will provide all SLHS faculty and SLP students with Infection Control Training each fall semester prior to SLP students beginning their clinical work.
2. Training for additional SLHC Infection Control procedures are covered in Clinical Practicum Course.
3. SLP students must upload to Calipso documentation that they have completed all infection control trainings.

C. Methods for Addressing Violations for SLP Students

1. SLP students who do not complete all infection control trainings will not be permitted to observe/conduct therapy or be in contact with clinic patients.
2. SLP students, who do not upload to Calipso the documentation that they have completed all infection control trainings, will not be permitted to observe/conduct therapy or be in contact with clinic patients.
3. Clinical educators will document violations of the infection control procedures and place the documentation in the student's folder.
4. SLP students who violate the Infection Control Plan, will not be permitted to observe/conduct therapy or be in contact with clinic patients until the student has demonstrated compliance with the infection control plan of HSC and the specific SLHC infection control procedures as determined by the Program Director and the Coordinator of Clinical Education.
5. Students, who repeatedly violate the infection control procedures, are at risk of being dismissed from the program as determined by the Department Chair, the Program Director, and the Coordinator of Clinical Education.

IV. Incident Reporting

A. Purpose

The purpose of incident reporting is to define an incident as it relates to the Speech, Language, and Hearing Clinic (SLHC) and to ensure the timely reporting and follow-up of incidents.

B. Policy

An incident (defined as any event in which significant material damage occurs; in which personal injury occurs; in which either of the previous conditions are narrowly avoided; or in which personal conflict is expressed in an uncontrolled or barely controlled manner) is to be reported in writing to the Department Chair, the Program Director, and Coordinator of Clinical Education on the day of occurrence.

1. The clinical educator and the student clinician most closely involved in the incident jointly document the incident in writing and submit the document to the Coordinator of Clinical Education, who will inform the Program Director, and the Department Chair.

C. Methods for Addressing Violations for SLP Students
   1. An SLP student who does not report and/or work with the clinical educator to complete the written documentation will be referred to the Program Director and Coordinator of Clinical Education for disciplinary action.

V. Standards for Protections and Reporting Suspected Child Abuse and Neglect

A. Purpose

To define the standards by which faculty, staff and students will receive training, obtain clearance, and report suspected child abuse or neglect.

B. Policy

Speech, Language, and Hearing Sciences adopts the DSHS Child Abuse Screening, Documenting and Reporting Policy for Contractor/Providers. Within the first 2 weeks of their first semester in the SLP graduate program, incoming SLP students must:

1. Pass a background check. The background check, which is described in the previous section.
2. Earn a certificate of completion for the following course: Recognizing, Reporting and Preventing Child Abuse | Texas Health Steps https://www.txhealthsteps.com/course/3027., which they will give the Coordinator of Clinical Education

C. Methods of Addressing Violations

1. Students who have not passed the background check and/or have not earned a certificate of completion for the above course will not be allowed to work in the clinic.
2. Students who do not pass the background check may be dismissed from the program.

Patient Records

I. Privacy and Security of Health Information

A. All information contained in the clinic's patient files is confidential, including textual, audio, and images as well as electronic. Patient information stored in computer files shall be considered confidential. Only persons authorized by a valid signed Release of Confidential Information form or by law or persons directly involved in a patient's case through the education process in the classroom or clinic shall have access to client information.

B. All students will receive HIPAA training during:
   1. initial onboarding at the hospital and
   2. annually from the Coordinator of Clinical Education.

C. Student clinicians are never to discuss the contents of patient records with the client, the patient's family members/friends without the clinical educator being present for the discussion.

D. Faculty, staff, and students share mutual responsibility for protecting the confidentiality of all patients served.

E. Disclosure verbally, electronically, or via file misuse of protected health information may be grounds for immediate dismissal from any SLP clinical practicum. Coordinator of Clinical Education will report any client security or data breach to the Department Chair and the Program Director. In the cases of electronic breach, the Program Director or the Coordinator of Clinical Education will notify the UTHET IT Security Office and report the incident. If IT Security believes that a breach has occurred, they will engage in an investigation to determine the appropriate actions to take.

F. The Program Director and Coordinator of Clinical Education will review all breaches of client confidentiality (in the case of electronic breaches, after IT Security personnel have completed the investigation). Based on their recommendations, appropriate action will be taken. Actions against the student may include, but are not limited to loss of clinical hours, loss of clinical competencies, and dismissal from the program for non-academic reasons. The appropriate consequences and actions will be based on the following:
   1. the seriousness of the violation(s);
   2. previous compliance history;
   3. the severity level necessary to deter future violations;
   4. student efforts to correct the violation; and
   5. any other extenuating circumstances.

G. Information will only be released to individuals and/or organizations listed on the authorization. Name and all contact information must be provided by parent/legal

guardian. Confidential information will not be released if contact information is incomplete.

H. No confidential patient information is to be transmitted by e-mail.

I. Client records are all digital and part of the patient's EMR.

J. At no time, under any circumstance is a patient to be photographed or videotaped using a student's personal camera, including those cameras contained on cell phones.

K. *Student clinicians may not add patients or their families to any personal social media site. Also, student clinicians may not give patients or patient families their personal cell number, email address, or connect with them on their social media sites.*

L. Any paper confidential patient information is disposed of by shredding. Shred boxes are located in the Family Medicine Practice Clinic.

II. Informed Consent

A. Clients will not be evaluated or treated without the student clinician and/or clinical educator first obtaining informed written consent from the client or the client's parent/guardian.
B. Student clinicians and/or the clinical educator will review the need to give food and/or beverage during evaluation or therapy.
C. The student clinician and/or clinical educator will briefly summarize the benefits, risks, and/or potential complications of the evaluation and/or treatment.
D. In the event that the EMR is not working, student clinicians and the clinical educators will follow the downtime protocol document from Ardent.
E. The signed consents are a part of the client's EMR file.

III. Authorization for the Release of Confidential Information

A. Purpose

To ensure that confidential client information from the client's file is released only to persons or agencies of the client's choice.

F. No confidential client information, reports, or records shall be released from the Speech, Language, & Hearing Clinic to persons other than the client or the minor client's parent/guardian without written permission from the client/parent specifying the person(s) and/or agencies to whom the information is to be released. The address of the person/facility to whom information is to be released must be included on the release form.
G. Authorization forms including medical/financial disclosure and HIPAA release, are signed upon initial evaluation and when needing modified per patient/guardian request. This procedure aligns with established practices in all UTHET HOPD clinics.
H. Student clinicians must refer all requests for client information directly to the clinical educator or to the Coordinator of Clinical Education.

IV. Control of Patient Files

A. Patient records must always remain under the active control of the student clinician or clinical educator at all times and on the UTHET site.

B. Original or photocopied parts of any patient file including test forms/booklets must remain under the active control of the student clinician while it is checked out for use in the clinic, student workroom, or faculty office.

C. Student Clinicians are permitted to create and maintain a deidentified soft chart for each of their patients in the clinic with a therapy plan, goals, and treatment materials. Deidentified copies of test forms are also permitted to be kept in these charts.

D. Clinical educators maintain original copies of test forms in working charts only in their control. These test forms are also scanned into the patients' medical record on Epic for permanent record keeping.

E. Students are NOT permitted to take their deidentified soft charts off site and are for use only on UTHSC campus.

V. Consequences of Mishandling Patient Records

A. Student clinicians found mishandling client confidential information will face the following consequences:

1. First Offense: Review of Policies and Procedures concerning client files with the Coordinator of Clinical Education.
2. Subsequent offenses: Lose all clinical hours for the current semester for each patient whose folder or confidential document that was mishandled.
3. Other actions as deemed necessary by the faculty, including dismissal from the program for non-academic reasons.

B. Implementation

1. The faculty or staff person who discovers the mishandling of a client file shall inform the clinical educator immediately of the violation of policy.
2. The clinical educator will determine the circumstances of the violation by discussing the issues with the student clinician and any other persons involved in the mishandling of the client file. The clinical educator will inform both the Coordinator of Clinical Education and the Program Director and may request assistance in the matter.