

Department of Speech and Hearing Sciences

Indiana University

MASTER'S in SLP STUDENT HANDBOOK 2008-09

This Handbook is intended to provide all students in the SLP master's degree program with basic information about academic degree requirements for a major in Speech and Hearing Sciences. Read it carefully and see a graduate advisor if you have any questions about any part of what is written here. This handbook supplements, but does not supersede, the degree requirements found in the Graduate School Bulletin. You should have a copy of the Bulletin which governs your degree program, and you are expected to be familiar with its contents.

(CONTAINS ALL REGULATIONS PASSED BY THE FACULTY AS OF August, 2008. APPLIES TO ALL MASTER'S STUDENTS WHOSE PROGRAMS ARE PLANNED AFTER THAT DATE.)

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THE JOB OUTLOOK FOR THE FUTURE

While it is difficult to predict exactly what the job market will be in any profession in years to come, we do know that a number of factors are influencing an increase in the demand for speech, language and hearing professionals. For example, public law mandates that all children with impairments receive a free and appropriate public education and that personnel providing services to children with impairments be qualified. This is resulting in the employment of more speech-language professionals in schools. Additionally, the increasing number of older Americans in the U.S. who are susceptible to strokes, dementing illnesses and other conditions frequently require the services of speech-language pathologists. Motor vehicle accidents continue to cause head and neck injuries, which result in cognitive, speech, and language impairment. All told, the demand for services provided by speech-language pathologists has been projected to be high through the first quarter of the 21st century.

Preparing for the Profession

The Certificate of Clinical Competence (CCC) of the American Speech-Language-Hearing Association (ASHA) is the only professional credential for speech-language pathologists recognized in every state. Currently, candidates for the CCC must have completed the master's degree or its equivalent and nine months of supervised professional experience and must pass a national exam. Although certification is a voluntary process, most clinics, hospitals, and other service facilities require their employees to have the CCC. Forty-six states also require that speech-language pathologists be licensed.

UNDERGRADUATE PREPARATION

It is expected that you will have completed undergraduate coursework in the following areas. If you have not completed work in these areas, you will be required to take these classes prior to, or concurrent with, the core graduate courses described on subsequent pages.

S511/S111	Phonetics of American Speech	2 credits
S503/S201	Speech Anatomy and Physiology	2
S575/S275	Human Hearing & Communication	2
S524/S333	Survey of Children's Lang. Dev. OR	2
S515/S433	Childhood Language	
S521/S420	Phonological Development & Disorders in Children	2
S547/S436	Language Disorders in Children	2
S461	Introduction to Therapy	2
S478	Teaching the Hearing Handicapped	3

In addition to required professional course work, students hoping to achieve the Certificate of Clinical Competence in speech-language pathology must document, according to ASHA (KASA) requirements, course work in the basic sciences:

- Course work in biological sciences, physical sciences, **and** mathematics (a list of courses considered to meet the biological and physical science requirements can be found on our departmental web site)

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- Course work in behavioral and/or social sciences (e.g., developmental psychology, sociology, economics)
- Coursework in basic human communication processes, including anatomic, physiological, physical, psychophysical, linguistic, and psycholinguistic bases of communication

This course work may be carried forward from the undergraduate degree or taken at the graduate level; if they are taken at the graduate level, they may not be counted to satisfy any requirements for the Master's degree. Students are encouraged to visit the ASHA web site to review the above as well as additional certification requirements as it is ultimately their responsibility to assure they have fulfilled these requirements.

THE GRADUATE PROGRAM IN SPHS

The graduate program in SPHS is accredited by the Council on Academic Accreditation of The American Speech-Language-Hearing Association. Graduate SLP students usually take 5 semesters (including one summer) to complete the Master's degree. As a graduate student, you will be concerned with four sets of requirements. First, regarding course requirements, you will need to take at least **36 semester credit hours** of coursework beyond the bachelor's degree; not more than four (4) semester credit hours in practicum courses will count toward these 36 graduate credit hours. Second, in consultation with your graduate advisor (who will be assigned during your orientation sessions of your first semester), you must choose a degree option (MA with or without thesis for SLP); this decision does not have to be made until later in the program. Third, you must pass the master's examination in SLP, even if you elect to do a thesis. Finally, you are responsible for adhering to ASHA/KASA certification requirements in terms of the number and distribution of courses and clinical hours that you receive. Each of these sets of requirements will be addressed in the pages which follow.

1. COURSE REQUIREMENTS

Master's Degree in Speech-Language Pathology

Required Courses

S501	Neural Bases of Speech and Language	3 credits	Taught in FALL
S505	Clinical Application of Linguistic Theory	4 credits	Taught in FALL
S580	Intro to Graduate Study and Research	3 credits	Taught in FALL
S508	Physiological Models for Perception and Production of Speech and Voice	3 credits	Taught in SPRING
S512	Cognitive and Social Factors Related to Speech and Language	3-4 credits	Taught in SPRING

If a student has previously taken a course at the graduate or undergraduate level that is similar to one of the above core courses, he or she can only be excused from the class if the following have been achieved:

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- a) he or she obtains permission from the instructor(s) of that core course, **and**
- b) he or she passes the comprehensive exam for that core course.

All disorder courses will be 2 or 3 credits, and will be taught as electives. Students must take **7 to 10 electives** (number will depend on the credit value of the electives chosen) for a total of at least **20 semester credit hours**.

- Of these electives, two 2 or 3-credit courses must be from speech/voice, two must be from language, and one must be from “other”
 - Remaining undesignated electives can be taken from any areas of the curriculum, including outside the department.
- A. Elective choices should reflect ASHA/KASA requirements for coursework/areas of content knowledge.

In addition, students must take one credit of practicum (i.e., S561) every semester that they have a clinical assignment (these credits do not count as electives). Students are also highly advised to take M463: Organization and Administration of Public School SHL Programs if they will seek school certification in the future (see also p. 11); like practicum credits, M463 does **not** count towards the elective credit requirements.

Typical Student Course Load

<u>Fall I</u>	<u>Spring I</u>	<u>Summer</u>
S580 (3)	S508 (3)	S561 (1)
S501 (3)	S512 (3-4)	electives (8 or 9)
S505 (4)	S561 (1)	<i>9 to 10 credits</i>
S561 (1)	electives (2-6)	
elective (2-3)	<i>9 to 13 credits</i>	
<i>11 to 14 credits</i>		
<u>Fall II</u>	<u>Spring II Externships</u>	
M463 (3)	S563 (1)	
S561 (1)	M550 (6)	
electives (9 or 10)	<i>7 credits</i>	
<i>10 to 13 credits</i>		

Examples of Electives Taught in Each Area of the Curriculum

Speech/Voice

S540	Voice Disorders
S525	Developmental Dysarthria and Apraxia of Speech
S550	Stuttering
S541	Laryngectomy and Tracheostomy
S560	Craniofacial Anomalies
S542	Care of the Professional Voice
S555	Motor Speech Disorders

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S515 Videostroboscopy

Language

S515 Language Development & Disorders in School Age Children
S531 Traumatic Brain Injury
S537 Aphasia
S539 Bilingual Language Development
S520 Treatment of Phonological Disorders
S545 Adult Cognitive-Communication Disorders
S538 Atypical Language Development
S532 Early Communication Development

Other

S543 Pediatric Dysphagia
S544 Adult Dysphagia
S546 Medical Speech/Language Pathology
S506 Counseling
S515 Working with Interpreters
S780 M.A. Thesis

2. DEGREE OPTION

M.A. With Thesis

Students choosing to write a thesis must select a thesis committee consisting of at least three (3) academic faculty members from the Department. One of these faculty members will be chosen by the student to chair the committee. Students may choose to include clinical faculty as additional members of the thesis committee.

The thesis committee shall: (a) approve the thesis topic based upon a written proposal; (b) assist in guiding the research; (c) conduct an oral defense of the completed project; and, (d) accept the properly written thesis.

Steps to completing a thesis typically include: (a) identifying a thesis advisor/chair and committee; (b) completing a thesis prospectus and obtaining committee approval of that prospectus; (c) completing the thesis project; (d) passing the oral defense; and, (e) submitting the final copy of the thesis to the Graduate School, department, and committee members. Students are expected to provide committee members with hard copies of the prospectus and the final copy of the thesis.

Style and documentation will correspond in form to the professional journals of the American Speech-Language-Hearing Association and the Indiana University Graduate School (see University Graduate School in Kirkwood Hall for guidelines—students are advised that these guidelines vary from semester to semester).

“Use of human subjects” guidelines must be applied to ALL research utilizing human subjects. Approval of the research must be granted by the “Committee on Human Subjects.” Please consult your thesis advisor for complete information.

Students completing a thesis can register for 3 semester credit hours of S780 to apply towards their elective credit requirements.

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The following thesis options are available:

1. **Experimental Group or Single Subject Research Design.** The traditional type of thesis completed in this department. Replication of key studies in the literature is encouraged.
2. **Library Research Design.** The project will include minimally: 1) comprehensive review of pertinent English language literature; 2) critique and discussion of unresolved issues in the field; and, 3) conclusion and implications for theory/therapy and further research.
3. **Individual Case Study Design.**
 - 1) Client must present evaluation, management, and treatment of problem(s) sufficiently interesting to warrant research attention.
 - 2) Thesis supervisor and the clinical director must approve client choice and assessment/intervention procedures prior to data collection.
 - 3) Student must research the literature for relevant diagnostic tools, treatment considerations, assessment strategies, interdisciplinary referral and consultation needs, and theoretical considerations. A written report of the literature as applied to the client is required.

3. EVALUATION OF ACADEMIC PROGRESS

It is the goal of the department's faculty that all students make satisfactory progress toward the MA degree. We have found that the transition into graduate school can be very difficult for some students because of the increased demands that accompany graduate school and clinical assignments. In an effort to avoid problems and in line with ASHA/KASA requirements, the academic and clinical faculty formally reviews the progress of each MA student at mid-semester throughout their program. If a student is having difficulty in coursework, clinic, or both, the Coordinator of the Graduate Program will schedule a meeting with the student to find remedies for the problem (e.g., reduce clinical load, reduce credit hours). Students are reminded that assessment of achievement is a joint effort and the responsibility of students, advisors, and clinical and academic faculty members. Students are therefore encouraged to carefully monitor their own academic and clinical progress, and if indicated, initiate discussion, action, or both to assure timely completion of their MA degree.

Graduate students can receive graduate credit for courses in which a grade of C or better is received. Graduate students, however, must maintain at least a 3.0 overall GPA and are not allowed to repeat a course for graduate credit unless a grade below C has been previously obtained in the course the student would like to retake. Failure to maintain a 3.0 for one semester will put the student on academic probation. The following policies apply to academic probation:

1. Students who are placed on academic probation after their first semester will have clinical assignments reduced or eliminated during their second semester of graduate enrollment. Changes in clinic privileges will be made to help students focus on their academic work to increase their GPAs. Decisions about clinic involvement will be made with input from the student, an academic advisor, and the Clinic Director. If clinic privileges are restricted, extended enrollment in the department may be necessary to offset the lost clinic hours.

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2. Students who receive a GPA of less than 3.0 for any given semester will be placed on academic probation and will meet with the Coordinator of the Graduate Program to determine a remediation plan. If that student receives a GPA below 3.0 in any subsequent semester, the student will be deemed to be making unsatisfactory progress toward the MA degree, and the case will be brought before the faculty for review and possible dismissal.
3. Students who are on academic probation may not register for the following semester until grades are received for the probationary semester. A letter will be placed in the student's file indicating that she or he is on probation.
4. Students who are on academic probation and who are receiving Associate Instructor or Research Assistant funding may be in jeopardy of losing this funding. Decisions regarding the continuation of funding will be made by an academic advisor, the Coordinator of the Graduate Program, the faculty member for whom the student is working, and the Clinic Director.

4. CLINICAL PRACTICUM

Graduate students are required to enroll in practicum (i.e., S561) every semester during which they are in residence as full-time students. Exceptions may be granted only by the Speech-Language Clinic Director. As previously mentioned, S561 cannot count towards the elective credit hour requirement.

Students enrolled in clinical practicum in speech-language pathology will be required to attend class meetings and do a maximum of ten (10) contact hours of therapy per week in the clinic, unless alternative arrangements have been made in advance with the Clinic Director. Contact hour assignments are exclusive of any time spent in preparation, staffing, report writing, etc. The 10 contact hours shall be assigned in such a way that no student shall work with more than five different individual clients except at his or her request. Group speech-language therapy may be assigned in addition to individual therapy to make up the 10 contact hours.

Students at Indiana University who desire certification to practice as speech-language pathologists will be provided with the opportunity to obtain the proper number and distribution of supervised clinical contact hours. The hours of supervised clinical practicum required by ASHA are, however, to be regarded as minimum hours. It is the policy of this training program that students should have the maximum possible amount of supervised clinical practicum before leaving the program. For this reason, no student should regard the number of hours required by ASHA as the total number of hours she or he is expected to acquire. Only direct contact with the client or the client's family in assessment, management, and/or counseling can be counted toward practicum in speech-language pathology. Students transferring from other institutions should arrange to have any previously obtained practicum hours verified and sent to the Clinic Director for Speech-Language.

Additionally, our department's policy is that students who are working and counting hours toward certification also need to be admitted and enrolled in the MA program while they are working. The department cannot go back and be accountable for hours that were acquired when it was not a partner in the "contract" between the student and his or her work site; there is not any way that the department can

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stipulate, after the fact, that ASHA supervision as well as other standards were met under those conditions. ASHA policy was established to permit students who were employed with a Bachelor's degree to work toward the Master's degree and certification without needing to leave employment completely to do so. The word "practicum" above is an important one because it implies status as a student and therefore, admission/enrollment in a graduate program. Therefore the hours that a student accrued during the time between his or her undergraduate and graduate degrees cannot be counted within the 400 for certification because there was no university link for the student during that time period.

Indiana University's Department of Speech and Hearing Sciences makes every effort to help students obtain sufficient clinical practicum (typically exceeding the minimum hours specified by ASHA) on a timely basis prior to exiting the program. However, if special circumstances arise that cause a student to obtain fewer clinical contact hours than recommended in one or more semesters, that student may need to extend her or his clinical training program to fulfill all of the academic and clinical requirements for the Master's degree. Special circumstances may include, but are not limited to, poor academic or clinical performance, as well as situations related to personal necessity, such as pregnancy, extended illness, or emotional difficulties. In some of these special circumstances, documentation from the Office of Student Disability Services or a physician may be required. Another special circumstance may occur when a student requests externship experiences knowing in advance that the experience will be too narrowly focused (e.g., exclusively pediatric) to fulfill the requirements of the clinical training program.

Off-Campus Practicum Assignments. All students are required to participate in at least two off-campus clinical placements if they are to meet ASHA requirements for the Certificate of Clinical Competence and be prepared for a variety of job settings after graduation. Students may be assigned by the Clinic Director to off-campus sites as a part of their clinical practicum.

Off-campus sites are of two types: full-time and part-time.

Part-time assignments: Part-time assignments are made in sites within commuting distance of the campus. Students who are enrolled in classes on campus may also be assigned to one or more off-campus sites for all or part of their practicum assignment for a semester.

Full-time assignments: Full-time assignments may be made in sites where the student will spend a minimum of 10 weeks. Typically, these assignments are made during the student's last semester or year in the program; however, these assignments need to be arranged by the student and Dr. Elizabeth McCrea, Coordinator of External Practica in SLP well in advance, and arrangements often begin during students' first semester of the MA program.

Students who wish to become certified to work as speech-language pathologists in the schools will be assigned full-time, to a 10-week practicum in the public schools (see also pp. 10-11). Graduate students who come from other schools where they have already completed the school practicum do not need to repeat that assignment, but may receive an additional hospital or rehabilitation placement. The school practicum must be done in Indiana except in very unusual circumstances and will qualify as the second site required by ASHA. All students also complete a 10-week, off-campus practicum in a hospital, rehabilitation center, or other type of program in which speech-language pathology services are provided. This assignment may be any place where a site and a certified supervisor can be identified. Students are

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advised that some hospitals/rehabilitation facilities now require a 12-week externship and thus should clarify the length of the externship when making plans for their off-campus clinical placements.

PLEASE NOTE! Times for the school and all other full-time practicum assignments should be projected by the student and his or her advisor by midterm of the first semester of graduate school. As soon as that is done, students should see their Coordinator of External Practica (Dr. Elizabeth McCrea) to begin the assignment process. Many sites are assigned over a year in advance, so it is imperative that this planning be done early.

Practicum Grades. Students should be aware that satisfactory clinical performance is a part of the department's expectation of them. Every graduate student who has completed S461, S570, or its equivalent, must enroll for clinical practicum in each semester. Only the Speech-Language Clinic Director can waive this requirement. To have the Department Chairperson sign your application for the ASHA Certificate of Clinical Competence, you must complete clinical practicum without having obtained a grade lower than B- in more than one semester (i.e., you must obtain at least a B in clinic for three of the four semesters for which you are enrolled). In addition, should you have one semester with a grade below B-, the practicum hours completed during that semester cannot be counted toward ASHA certification. Without the signature of the Department Chairperson on your application, you will be unable to obtain clinical certification to practice as a speech-language pathologist. Finally, students who receive a practicum grade of B- in any clinical assignment or an unsatisfactory rating on any core section of the Indiana University Evaluation of Speech-Language Pathology Student Practicum form will be placed on clinical probation.

For further information about any of the above clinical requirements as well as further information of clinical practicum policies (e.g., when and how a student may be placed on a clinical contract), students should consult the **Clinic Handbook**.

5. MASTER'S EXAMINATIONS

The third concern for graduate students is the written SLP first year examination. All students must be enrolled in the program during the semester that they take the examination. Students on academic or clinical probation must receive authorization from the Department Chairperson before taking these exams. **These exams cannot be taken until all core course work has been completed with a passing grade (i.e., a grade of C or better).**

In the summer following the completion of the five required core courses in the SLP curriculum, students will take a written "First Year Examination" designed to assess their understanding of core concepts and procedures and accordingly, to determine their readiness to enter the elective clinical courses required to complete the program. This examination will cover the scientific and theoretical bases of clinical practice in the field and be based upon material covered in the five required courses. Typically this exam is in a multiple choice format, takes two and a half hours, and is scheduled for the Friday of the first week of Summer Session I classes. The precise format and timing of the exam will be communicated to students by the end of their first fall in the program. Students who entered the MA program with a bachelor degree in an area other than speech and hearing sciences will most likely write this examination at the end of their second fall semester when they have completed the five required core courses; students in this

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cohort will be contacted at the beginning of their second fall semester regarding scheduling this examination.

Evaluation

Evaluations of these exams are to be completed no more than two weeks following the administration date (note that exam evaluation may take longer than two weeks if exams are written in December due to the winter break). If a written answer format is used, at least two faculty members will read the examinations independently and will grade them as passing or failing; excellent answers will reflect integration of information across courses and possibly across clinical experiences.

If a student is given a failing grade in one or two content areas only, the student must demonstrate that he or she is knowledgeable in that area(s), either through further reading and subsequent discussion with faculty members, and/or by rewriting new questions in that area(s) only, at a time to be arranged with the student. If, however, more than two content areas on the examination are failed, new questions for the entire examination must be rewritten on the next scheduled date for the examinations or at some future date on which examinations are scheduled officially. The student who has failed the entire examination and who elects to rewrite the examination, will receive a new set of questions chosen for the examination date on which he or she takes the exam.

Students who fail part or all of the exam will be given feedback on their unsatisfactory performance and are guaranteed an interview with the evaluators.

Students may retake the entire examination **ONE** time only. Students who need to rewrite questions in only one or two content areas also are allowed to rewrite those portions of the exam only **ONCE**. A second failure may result in the student having to re-take one or more core courses and a prolonged program of study or dismissal.

6. CERTIFICATION

The fourth area of consideration for master's students is certification. If you wish to work as a professional in the field of speech-language pathology, you will find it very difficult to obtain a position unless you hold the ASHA Certificate of Clinical Competence (CCC). In most states you will also have to obtain a state license. (As stated before, if you work in the schools you will need to obtain special certification for that setting.)

ASHA Certification

Any student who completes the clinical program of the Department of Speech and Hearing Sciences with a Clinical Masters degree in SLP is eligible to apply for ASHA certification (CCC-SLP). To do so, they must complete the following:

- 1) Graduate coursework
- 2) Supervised clinical practicum

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- 3) National Examination in Speech-Language Pathology (PRAXIS)
- 4) Clinical Fellowship Year (CF)

The first two requirements are discussed in other sections of this Handbook. The other two will be discussed briefly here. More details may be found in **APPENDIX I** as well as by consulting the ASHA web site. As previously mentioned, it is the student's responsibility to assure that he or she fulfills all ASHA Certification requirements.

The National Examination. All master's degree students should plan to take the examination at or near the completion of their coursework. You may make arrangements to take this at specific times during the year. If you fail the examination, you may repeat it, but you must pass it before you can receive your ASHA certification. The department's administrative secretary can provide registration materials the semester before you sit for the examination.

Clinical Fellowship (CF). The Clinical Fellowship (CF) is usually completed after your degree is granted. It may be completed during your first year of actual employment as a clinician, or it may be accomplished in certain settings as a 9 to 18 month special position. If all required academic course work and clinical hours have been completed prior to your assignment to an off-campus practicum and if the supervisor of that practicum is willing to take the responsibility for supervising you as a CF candidate, the time you acquire at the practicum site may be used for partial fulfillment of your CF requirement.

The CF must be supervised by a professional who holds CCC in the area you seek for yourself (SLP). Specific requirements for the CF can be obtained from ASHA or from the Coordinator of Clinical Services.

School Licensure. Special licensure must be obtained by those who wish to work in the schools. You will be eligible for school licensure in speech-language pathology in Indiana if you take and pass the Praxis I (General Knowledge), Praxis II (same as the National Examination required for ASHA certification, complete all masters degree course requirements, and take EDUC M463 (Methods in Speech and Hearing) and EDUC M550 (School Practicum). Please see Dr. Elizabeth McCrea for specific licensing procedures.

OTHER IMPORTANT INFORMATION

Immunization for Hepatitis-B

The clinical training programs of the Department observe universal precautions as well as preventive public health measures. A part of these procedures requires that each student in Speech-Language Pathology be immunized against Hepatitis-B. This immunization consists of a series of three inoculations which will begin in the Fall semester and continue for six months from the date of first injection. The injections can be obtained at the Indiana University Student Health Center Immunization Clinic at a cost of \$39.50 per injection, for a total of \$118.50 for the series. The injections may be paid for at the time you receive them or they may be added to your Bursar's bill; in either case, they may be reimbursable from your health insurance policy. **NO STUDENT WILL BE ASSIGNED TO AN EXTERNSHIP PLACEMENT UNTIL PROOF OF THE COMPLETED SERIES IS**

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DOCUMENTED WITH THE CLINIC DIRECTOR FOR SPEECH-LANGUAGE. Other insurance and medical concerns will be discussed with you prior to your externship placement.

Dispute resolution

There are always cases of disagreement between individuals, but if a dispute arises between a faculty member, academic or clinical, and student, the student may feel uncertain about how to resolve the problem without prejudice. The following policies have been adopted to give students a forum within which issues can be aired and, hopefully, resolved satisfactorily:

- The best hope is that the disagreement can be resolved by a discussion between the two parties.
- If the dispute cannot be resolved between the principle parties for any reason, the student should bring the complaint to the Department Chairperson. The Chairperson will establish a group, including the complainant, to discuss the issue and reach a resolution.

Assistance for Academic, Clinical, or Personal Difficulties

Students should feel free to meet with the Coordinator of the Graduate Program (Dr. Laura Murray) or one of the academic advisors (Drs. Connell, J. Anderson, and Burnett) if they are having academic and/or personal difficulties. Students who are having problems related to minority issues should feel free to meet with Dr. Raquel Anderson or the Coordinator of the Graduate Program. Finally, students who are having problems related to clinical assignments should feel free to meet with the Clinic Director of Speech-Language (Laura Karcher). Further information pertaining to the resolution of problems related to clinical assignments is provided in the clinic handbook.

Calendar

In general, the clinic begins operation during the first week of classes. Students are required to be available by 8:00 a.m. of the first day of classes to receive their clinical assignments, to attend clinical supervisory meetings, or both.

Disabled Student Services

If you are interested in receiving information or assistance regarding support services and/or accommodations for a disability, please contact Indiana University Disability Services by phone at (812) 855-7578, by e-mail at mjacques@indiana.edu, or on the web @ <http://www.indiana.edu/~iubdss/> See also Appendix VII.

Registration

New university policy with respect to changing or dropping classes is as follows. Students will receive only a partial refund for a course dropped after the first week. Therefore they will have to pay additional tuition if they add another course with the same number of credits. Because nonresident credits are now more than \$600, this could represent a costly exchange, and it will even affect graduate students with fee remissions if they have used the fee remission to its maximum amount. For further information about this new policy see http://www.indiana.edu/~blbursar/body/other/sis_information.php.

Further Information

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For further information regarding graduate studies at Indiana University, students are encouraged to consult the Graduate Bulletin which is available as a hard copy. It can be obtained by sending an e-mail to grdschl@indiana.edu or in electronic format at: <http://www.indiana.edu/~bulletin/iub/grad/>

SUMMARY

To summarize once more, the requirements for the master's degree are:

1. at least 36 hours of course work beyond the B.A.
2. successful completion of the comprehensive first-year exam.
3. in addition, every student enrolled in the clinical graduate program is required to enroll in clinical practicum each semester (for SLP, only after having completed S461). This requirement can only be waived by the Clinic Director for Speech-Language. Students must make a grade of B or better for three semesters of practicum to have their applications for ASHA certification signed by the Department Chairperson.

CAA COMPLAINT PROCEDURES

(retrieved from
http://www.asha.org/about/credentialing/accreditation/accredmanual/section8.htm#Complaints_programs (May 12, 2009)

(Updated December 2007)

Procedures for Complaints against Graduate Education Programs

A complaint about any accredited program or program in candidacy status may be submitted by any student, instructional staff member, speech-language pathologist, audiologist, and/or member of the public.

Criteria for Complaints against Graduate Education Programs

For a complaint to be considered by the CAA, it must:

- (a) be against an accredited education program or program in Candidacy status in speech-language pathology and/or audiology,
- (b) relate to the Standards for Accreditation of Graduate Education Programs in Audiology and Speech-Language Pathology, and specify where possible the relevant standards, and
- (c) include verification and documentation (e.g., copies of grievance processes, communications verifying completion of processes, etc.) if the complaint is from a student or

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faculty/instructional staff member at that institution, that the complainant exhausted all relevant institutional grievance and review mechanisms before submitting a complaint to the CAA, if relevant to the complaint.

The complaint must clearly describe the specific nature of the complaint and the relationship of the complaint to the accreditation standards, and provide supporting data for the charge. The burden of proof rests with the complainant. All written testimony must include the complainant's name, address, and telephone contact information and the complainant's relationship to the program in order for the Accreditation Office to verify and communicate with the source of the complaint.

Complaints against a program may be submitted even if separate action is pending against the program by another body, except as outlined above.

All complaints must be signed and submitted in writing to the Chair, Council on Academic Accreditation in Audiology and Speech-Language Pathology, American Speech Language-Hearing Association, 2200 Research Boulevard #310, Rockville, Maryland 20850. Complaints will not be accepted by e-mail or facsimile.

Determination of Jurisdiction

Within 15 days of receipt of the complaint, Accreditation Office staff will acknowledge receipt of the complaint and will forward a redacted copy of the complaint to the Executive Committee of the CAA. The original letter of complaint is placed in a Accreditation Office file separate from the program's accreditation file.

The Executive Committee determines whether the complaint meets the above-specified criteria. Staff, because of the need to redact the complaint, verifies the accreditation status of the program against which the complaint is filed, and communicates this information to the Executive Committee with the redacted complaint. Although complainants are encouraged to specify the accreditation standards as the basis for the complaint, the Executive Committee will verify the relevant standards related to the complaint as part of its jurisdiction review.

An affirmative vote by two-thirds of the voting members of the Executive Committee, exclusive of the chair, is required to proceed with an investigation of a complaint.

If the Executive Committee of the CAA makes the determination that the complaint does not meet the above-listed criteria, the complainant is informed within 30 days of the letter transmitting the complaint to the EC that the CAA will not review the complaint.

Evaluation of Complaint

If the Executive Committee of the CAA determines that the complaint satisfies the above-listed

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criteria, the CAA will evaluate the complaint.

The chair of the CAA informs the complainant within 30 days of the letter transmitting the complaint to the chair that the Council will proceed with an evaluation, including the specification of the standards upon which the investigation will be based. Because it may be necessary to reveal the identity of the complainant to the affected program or to other potential sources of relevant information, the complainant will be required to sign a waiver of confidentiality within 30 days of the letter indicating that the CAA will proceed with its evaluation. The complainant is given the opportunity to withdraw the complaint during that time. If the complainant does not wish to pursue the matter, the investigation is concluded. If the complainant does not wish to withdraw the complaint, the complainant is asked to keep the initiation of an investigation confidential.

Within 15 days of receipt of the waiver of confidentiality, the chair of the CAA notifies the program director and the institution's president or president's designee by certified return receipt mail that a complaint has been registered against the program, including the specification of the standards upon which the investigation will be based. The notification includes a redacted copy of the complaint without revealing the identity of the complainant. The program's director and the institution's president or president's designee are requested to provide complete responsive information and supporting documentation that they consider relevant to the complaint within 45 days of the date of the notification letter.

Within 15 days of receipt of the program's response to the complaint, the chair of the CAA forwards the complaint and the program's response to the complaint to the CAA. The materials are redacted and the identity of the complainant and the program under investigation is not revealed to the members of the CAA or to recipients of requests for information, unless a majority of CAA members consider such disclosure necessary for the proper investigation of the complaint. If the majority of Council members conclude that individuals other than the complainant, the program director, and the institution's president or president's designee may have information relevant to the complaint, the chair of the CAA requests such information.

After reviewing all relevant information, the CAA determines the course of action within 30 days. Such actions include, but are not limited to the following:

- Dismissal of the complaint;
- Recommending changes in the program within a specified period of time and as they relate to standards (except for those areas that are solely within the purview of the institution);
- Continuing the investigation through an on site visit to the program;
- Placing the program on probation;

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- Withholding/withdrawing accreditation.

If the CAA determines that a site visit is necessary, the program director and the institution's president or president's designee are notified, and a date for the site visit is expeditiously scheduled. The program is responsible for expenses of the site visit. The site visit team is selected from the current roster of CAA site visitors. During the site visit, emphasis is given only to those standards with which the program is allegedly not in compliance. The site visit team submits a written report to the CAA no later than 30 days following the site visit. As with all other site visits, only the observations of the site visitors are reported; site visitors do not make accreditation recommendations. The CAA forwards the report to the program director and the institution's president or president's designee within 15 days. The program or institution should provide a written response to the chair of the CAA within 30 days of the date on which the report is postmarked to the program director and the president or president's designee. The purpose of the response is to verify the accuracy of the site visit report.

The CAA reviews all evidence before it, including the site visit report and the program's response to the report, and takes one of the following actions within 21 days:

- Dismisses the complaint;
- Recommends modifications of the program within a specified period of time (except for those areas that are solely within the purview of the institution);
- Places the program on probation;
- Withholds/withdraws accreditation.

If the CAA withholds/withdraws accreditation, the program director and the institution's president or president's designee are informed within 15 days of the CAA decision that accreditation has been withheld/withdrawn. Notification also includes justification for the decision, and informs the program of its option to request Further Consideration. Further consideration is the mechanism whereby the program can present documentary evidence of compliance with the appropriate standards and ask the CAA to reevaluate its decision to withhold/withdraw accreditation.

If the program does not exercise its Further Consideration option, the CAA's decision to withhold/withdraw accreditation is final and no further appeal may be taken. If accreditation is withheld/withdrawn, the chair of the CAA notifies the Secretary of the U.S. Department of Education at the same time that it notifies the program of the decision.

If the program chooses to request Further Consideration, the CAA must receive the request within 30 days from the date of the notification letter. With the request for Further Consideration,

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the program must submit additional written documentation to justify why accreditation should not be withheld/withdrawn. A hearing with the CAA is not provided for Further Consideration requests. The CAA will evaluate the request for Further Consideration and take one of the following actions within 30 days:

- Recommends modifications of the program within a specified period of time (except for those areas that are solely within the purview of the institution);
- Places the program on probation;
- Withholds/withdraws accreditation.

Within 15 days of its decision the CAA notifies the program and the complainant of its decision.

If the CAA decision after Further Consideration is to withhold/withdraw accreditation or candidacy, the program may appeal the decision in accord with the Appeal Procedures described in Chapter VI of this manual.

Summary of Time Lines

The following summarizes the time lines in the complaint process, beginning from the date a complaint is received.

- Complaint is acknowledged within 15 days of receipt and forwarded to CAA Executive Committee (EC)
- If EC determines that complaint does not meet criteria for complaints, complainant is informed within 30 days that CAA will not review
- If EC determines that complaint meets criteria, complainant is informed within 30 days of the determination that CAA will proceed with evaluation
- Complainant is given 30 days to sign waiver of confidentiality or withdraw the complaint
- Within 15 days of receipt of waiver of confidentiality, the complaint is sent to the program for response within 45 days
- Within 15 days of receipt of program's response, Chair forwards complaint and program response to CAA for review
- Within 30 days, CAA determines course of action

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- If CAA determines that a site visit is necessary, it is scheduled and site visit team submits report to CAA within 30 days of visit
- Site visit report is forwarded to program for response within 30 days
- CAA takes action within 21 days of program response
- If CAA withholds or withdraws accreditation, program is notified within 15 days of CAA decision
- If program does not request Further Consideration, decision is final and CAA notifies Secretary of U.S. Department of Education; if program requests Further Consideration, CAA must receive within 30 days from notification and takes action within thirty 30 days
- CAA informs program and complainant within 15 days of decision

Please see website

(http://www.asha.org/about/credentialing/accreditation/accredmanual/section8.htm#Complaints_programs) for additional information.

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COURSE DESCRIPTIONS

NOTE: Courses marked with an asterisk () are also offered at the graduate level.*

***A100 American Sign Language I** (4 cr.) Introductory sign language for students with no previous experience. Builds a good basic vocabulary of signs, teaches fingerspelling, introduces basic aspects of the grammar, and the proper use of facial expression in sign language conversation. Students are also exposed to Deaf culture. This course will not count as part of the 42 credit hours taken in the department by speech and hearing sciences majors.

***A150 American Sign Language II** (4 cr.) P: A100 or consent of instructor. Continues building receptive and expressive abilities. Puts emphasis on the use of signing space, facial grammar, body postures, fluent fingerspelling, and continued vocabulary development. More complex grammatical structures are introduced. Deaf culture component included. This course will not count as part of the 42 credit hours taken in the department by speech and hearing sciences majors.

***A200 American Sign Language III** (3 cr.) P: A150 or consent of instructor. Emphasizes the development of conversational ability. Examines more complex grammatical structures, with emphasis on ability to use these structures in conversation. Readings, videos, and discussion cover characteristics of the Deaf population and their cultural values. This course will not count as part of the 42 credit hours taken in the department by speech and hearing sciences majors.

***A300 American Sign Language IV** (3 cr.) P: A200 or consent of instructor. Continues to develop knowledge of American Sign Language and of Deaf culture. Students will experience the language outside the classroom through interaction with the Deaf community. This course will not count as part of the 42 credit hours taken in the department by speech and hearing sciences majors.

S110 Survey of Communication Disorders (3 cr.) SHSI Introduction to behavioral and social aspects of communication disorders. Includes a broad overview of human communication, with emphasis on development, adult functions, and cultural differences, in addition to disorders. Also examines general approaches to rehabilitation of the communicatively handicapped, and current controversies.

***S111/S511 Phonetics of American Speech** (3 cr./2 cr.) Scientific study of American pronunciation based on International Phonetic Alphabet. Exercises in transcription.

S115 Honors Seminar (1-3 cr.) NMMC An undergraduate seminar targeting Honors College freshmen and sophomores. Topics covered vary from year to year, but the format consistently allows for in-depth exploration of puzzles, mysteries and controversies in speech and hearing sciences. May be repeated twice with different topics for a maximum of 6 credit hours.

***S201/S503 Speech Anatomy and Physiology** (3 cr./2 cr.) R: ANAT A215 or PHSL P215. Anatomy and physiology of the speech mechanism; contemporary views of speech physiology; subsystems of the speech mechanism -- respiratory, laryngeal, and supraglottal -- integrated with a model of speech production. Laboratory experiences.

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- *S275/S575 Human Hearing and Communication** (3 cr./2 cr.) R: PHYS P105 and P106. Development of the auditory system and landmarks of auditory behavior, types of hearing loss, intake and exit interviewing techniques, audiometric standards, pure tone audiometry, acoustic impedance measurements, screening for auditory disorders, and speech audiometry. Effect of age and aging on oral communication, counseling the hearing impaired, strategies in selecting hearing aids, recommending auditory training, speech reading, and manual communication.
- *S302 Introduction to Acoustics** (3 cr.) N & M P: S319. Basic acoustics with the emphasis being on topics applicable to the speech and hearing sciences. Acoustics of the speech and hearing mechanisms. Instrumentation for sound production and recording.
- *S307 Cognitive and Communicative Aspects of Aging** (3 cr.) NMMC R: SPHS S201, or ANAT A215, or equivalent. Review of cognitive and communicative changes associated with normal aging as well as with diseases and conditions that are prevalent in the aging population. Includes discussion of methodological issues in research on aging as well as principles for maximizing communication with the elderly population.
- *S319 Mathematical Foundation for Speech and Hearing Sciences** (3 cr.) NMMC P: MATH A118, M118, S118, M119, M120, or any 200-level mathematics course. This course will provide the mathematical background for core courses in speech and hearing sciences. The material covered includes analysis and generation of periodic and aperiodic acoustic signals and decision theory. Course work will focus on interactive, project oriented modules.
- *S333/S524 Survey of Children's Language Development** (3 cr./2 cr.) P: LING L103 or L303. R: PSY P315 or P316 or EDUC P314. Introduction to theories and research relating to normal development of phonology, syntax, semantics, and pragmatics in children from birth through age four. Investigation of cognition and various environmental factors as contributors to language development. Emphasizes learning of elementary skills in language sample analysis. Open to SPHS majors only.
- *S370 Undergraduate Practicum in Audiology** (1-3 cr. - *Maximum 4 cr. toward degree*) P: consent of instructor. Supervised clinical work in diagnostic and rehabilitative clinical audiology for undergraduates in the B.S. program. May be repeated for a maximum of 12 credit hours.
- *S371 Auditory Anatomy and Physiology** (3 cr.) Structure and function of the normal and hearing-impaired ear.
- *S373 Laboratory in Amplification** (1 cr.) C: S376 Laboratory exercises in hearing aid selection, fitting and evaluation, earmold acoustics, hearing aid instruction and repair, and electroacoustic evaluation of instruments. To be taken concurrently with S376.
- *S376 Amplification for the Hearing Impaired** (3 cr.) C: 373. Types and components of electroacoustic hearing aids, earmold acoustics, and the procedures for the selection, evaluation, and fitting of hearing aids.

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- *S378 Introduction to Psychoacoustics** (3 cr.) Perception of sound by normal and hearing-impaired listeners. Topics covered include masking, pitch, loudness, sound localization, and other auditory phenomena.
- S399 Reading and Research for Honors** (1 cr.) P: Junior standing and approval of departmental honors committee.
- S415 Seminar in Speech and Hearing Sciences** (1-6 cr.) P: Minimum cumulative grade average of 3.0. Readings, experiments, and reports in area of student's special interest.
- *S420/S521 Phonological Acquisition and Disorders in Children** (3 cr./2 cr.) P: S111 or LING L103 or L303. Survey of acquisition and development of sound systems, with focus on perception and production. Relationship between normal sound development and phonological disorders. Procedures for assessing and treating phonological disorders.
- S433 Childhood Language** (3 cr.) NMMC R: LING L103 or L303. Foundations of research and theory pertaining to the normal language learning process. Focuses on young children. Explores the implications of language development facts for general theories of development and cognition. Not open to SPHS majors. Credit not given for both S233 and S433.
- *S436/S547 Language Disorders in Children** (3 cr./2 cr.) P: S333. Theory and method in language assessment and intervention. Coverage of principles of language intervention based on psycholinguistic theory and research with language disordered children, design and execution of language intervention experiences; current alternative approaches to language intervention.
- *S444/S548 Voice and Fluency in Children** (3 cr./2 cr.) R: S111, S201. Survey of theory and research relevant to the maturation of vocal behavior and prosodic patterns (including rate and fluency) from infancy through adolescence. Identification of characteristics of typical and atypical vocal behavior in interpersonal interactions. Observation and analysis of characteristics, and discussion of types of intervention.
- *S461 Introduction to Supervised Clinical Practice** (2 cr.) P: S333 or S436 or S420. Introduction to the clinical process, with emphasis on behavioral observation and description, goal planning, analysis of clinical interactions, and the generation and use of clinical data to solve clinical problems. Development of a conceptual framework for active participation in the supervisory process. Limited clinical participation.
- S462 Seminar/Practicum** (1-3 cr.) P: S461. Beginning practicum experience in speech and language pathology, with seminar. May be repeated once for credit for a maximum of 6 credit hours.
- *S473/S509 Speech and Language Diagnostics** (3 cr./2 cr.) P: S420 and S436. Theoretical bases of speech-language assessment, including concepts of testing and measurement, formal and informal evaluation techniques, and normative and non-normative approaches. Required accompanying laboratory provides observation and experience with specific assessment procedures.

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- *S474 Intro to Audiological Testing** (3 cr.) P: S275. Rationale and basic procedures in the evaluation of hearing loss. Laboratory exercises.
- *S475 Advanced Audiological Testing** (3 cr.) P: S474 or consent of instructor. Consideration of special auditory tests involved in the differential diagnosis of aural pathologies. Laboratory applications.
- *S477 Auditory Disorders** (3 cr.) P: S275. Study of auditory pathology and the associated audiological test findings. Focus placed on etiology and the auditory and non-auditory manifestations of the disorders.
- *S478 Rehabilitative Audiology** (3 cr.) P: S275. Application of methods and procedures for management of the individual with a hearing impairment. Includes language, speech, auditory training, speech-reading, and subject-matter tutoring.
- S499 Reading and Research for Honors** (1 cr.) P: Senior standing and approval of departmental honors committee.

EDUCATION, SCHOOL OF

- M463 Organization and Administration of Public School SHL Programs** (3 cr.) Emphasis on school organizational patterns and administrative policies; relevant federal and state legislation; caseload determination; and service delivery models. (Listed under School of Education.)

NOTE: *The remainder of the courses carries graduate credit, and course numbers and credit hours are subject to change. Furthermore, courses in addition to those listed below may be offered.*

- A500 American Sign Language Level One for Graduate Students** (3 cr.) Introductory sign language for graduate students with no previous experience. Builds a good basic vocabulary of signs, teaches finger spelling, introduces basic aspects of the grammar and the proper use of facial expression in sign language conversation. Students are also exposed to deaf culture.
- A550 American Sign Language Level Two for Graduate Students** (3 cr.) P: A500. Continues building receptive and expressive abilities. Puts emphasis on the use of signing space, facial grammar, body postures, fluent finger spelling, and continued vocabulary development. More complex grammatical structures are introduced. Deaf culture component included.
- A600 American Sign Language Level Three for Graduate Students** (2cr.) P: A550. Emphasizes the development of conversational ability. Examines more complex grammatical structures, with emphasis on ability to use these structures in conversation. Readings, videos, and discussion cover characteristics of the deaf population and their cultural values.
- A700 American Sign Language Level Four for Graduate Students** (2cr.) P: A600. Continues to develop knowledge of American Sign Language and deaf culture. Students will experience the language outside the classroom through interaction with the deaf community.

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- S501 Neural Bases of Speech and Language** (3 cr.) Neuroanatomy of central and peripheral brain structures mapped to vocal tract structures; sensory and motor physiology; theories of motor control; neural control of vocalization and upper airway during propositional and nonpropositional speech; localization of receptive and expressive language brain areas, neuropathology and pathophysiology of CNS and PNS lesions.
- S505 Clinical Application of Linguistic Theory** (4 cr.) Application of models of language structure and use to the clinical process of diagnosis, evaluation, and treatment of phonological, lexical, morphological and syntactic impairments of language acquisition.
- S508 Physiological Models for Perception and Production of Speech and Voice** (3 cr.) The purpose of this course is to provide students with understanding of the physiological bases for production and perception of speech and voice in humans. It will cover the dynamic functioning of structures of the organs of speech, and the relations of their parts. This knowledge will form the basis for subsequent understanding of disorders of speech production and perception. The course will be divided in modules, including developmental aspects of speech perception, and lexical access modules in normal adult listeners; physiology of the processes of respiration, phonation, articulation, swallowing; and current theories of motor control. These modules will integrate in an overall dynamic view of speech physiology, with an operational understanding of how speech sounds are produced and perceived.
- S515 Cognitive & Social Factors Related to Speech and Language** (4 cr.) This course will examine the manner in which language influences and is influenced by cognitive processes including attention, categorization, information processing and retrieval, and short and long-term memory.
- S515 Topical Seminar in Speech Pathology and Audiology** (1-6 cr.) Topics of current interest: literature of fundamental behavior related to speech and hearing.
- S518 Preschool Language Intervention: Working with Teachers and Parents** (2 cr.) An overview of current clinical research on preschool classroom and home-based intervention. The class will review preschool language development and introduce students to developmentally appropriate classroom-based and home-based intervention procedures. Participants will review and discuss current research and its relationship to children's language intervention plans.
- S519 Mathematical Foundation for Speech and Hearing Sciences** (2-3 cr.) Provides mathematical background for core graduate courses in speech and hearing sciences. Material covered includes analysis and generation of periodic and aperiodic acoustic signals and decision theory. Classwork will focus on interactive, project oriented modules. S519 is a graduate version of S319 that requires additional readings and project extensions.
- S520 Phonological Treatment** (3 cr.) P: S420. Survey of evidence-based practices in treatment of children with phonological disorders. Advanced approaches to clinical management using principles of single-subject design to improve treatment efficacy.

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S522 Digital Signal Processing of Speech (3 cr.) P: S502, L541 or equivalent, one semester of calculus, or M126, trigonometric functions. Basic knowledge of digital signal processing will be taught, including filtering, fast Fourier transforms, and linear predictive coding. Some work with preprogrammed software will be included.

S525 Developmental Dysarthria and Apraxia of Speech (3 cr.) Developmental apraxia of speech is a diagnosis that is used clinically, usually to describe children with multiple and severe difficulties with speech sound acquisition. The precise criteria for this diagnostic label have been the source of debate in the research and clinical literature. Most treatment protocols have not withstood controlled investigations of their efficacy. The goal of this seminar is to define developmental apraxia of speech, determine how it can be differentiated from other speech acquisition problems, and become familiar with treatment protocols that appear to be efficacious. These goals will be met by investigating models of speech production and its development, becoming familiar with the experimental literature that has focused on differential diagnosis of developmental apraxia, and evaluating different regimens that have been recommended for treatment of this disorder.

S531 Traumatic Brain Injury (3 cr.) Disorders of perception, cognition, communication, and behavior associated with traumatic brain injury in children and adults are described. Discussion includes assessment and treatment procedures and issues associated with acute and chronic stages of recovery as well as a variety of clinical settings including schools, hospitals and community reintegration facilities.

S532 Early Communicative Development: Theory Intervention Issues (3 cr.) This course provides basic information concerning infant and toddler communicative development, conditions which place infants at risk for speech and language disorders, and assessment and intervention procedures within various models of service delivery.

S534 Language Development in School Age Children (3 cr.) R: S333. Survey of theoretical perspectives and research findings related to language development in children aged five through twelve. Particular attention to relationships between oral language skills, reading, and writing. Consideration of language and context, including differences between language demands of home and school.

S535 Academically-Based Language Intervention with School Aged Children R: S534 (3 cr.) This course will consider issues peculiar to language intervention in the schools. The emphasis will be on working with a collaborative model in the school setting. School observations are required.

S537 Diagnosis and Management of Adult Aphasia (3 cr.) In-depth study of diagnosis and management of adult aphasia and related disorders. Recommended procedures for evaluation and treatment of aphasic patients.

S538 Language Development in Atypical Populations: Learning Disabilities, Autism, and Mental Retardation (3 cr.) P: S333 and S436 or consent of instructor. An introduction to three clinical populations likely to have difficulties with language learning: aspects of perceptual, cognitive and/or social growth as they influence language acquisition; patterns of language development and

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use; issues related to intervention. Two course sections are offered, one for SPHS majors, and one for non-majors (Fall).

S539 Second Language Acquisition & Bilingualism in Children (3 cr.) The course focuses on how children acquire two languages. Topics concerning variables that impact dual language acquisition children and patterns of acquisition will be discussed. Issues and strategies for evaluating language skills in this population, and for providing clinical services are presented.

S540 Voice Disorders (3 cr.) The incidence, pathogenesis, assessment, and treatment of voice disorders across the life span. Differential diagnosis and treatment of psychogenic and neurogenic disorders. Treatment strategies for musculo-skeletal hyperfunction, gender reassignment, and vocal tract pathology. Review of research and clinical application.

S541 Management of Tracheostomy and Laryngectomy (3 cr.) Aerodigestive tract dynamics and disorders including assessment and treatment. Rehabilitation options associated with tracheostomy, laryngectomy and dysphagia.

S542 Care of the Professional Voice (3 cr.) Physiological, psychosocial and occupational aspects of professional voice use. A multi-disciplinary perspective on research and practice in the areas of otolaryngology, social psychology, vocal pedagogy, voice science and communication disorders. Examines historical and current approaches to preventing, assessing, and treating voice breakdown in singers and other professional voice users.

S544 Adult Dysphagia: Diagnosis and Treatment of Swallowing Disorders (2 cr.) Anatomy and physiology of adult swallowing and respiration is reviewed. Evaluation and treatment of adult dysphagia emphasizing instrumental and non-instrumental assessment and development of efficacious treatment plans. Experience in analysis of adult videofluoroscopic studies of swallowing.

S545 Adult Cognitive and Communicative Disorders (3 cr.) Issues in cognitive and communicative disorders resulting from right hemisphere brain damage and dementia. Discussion will include the nature of the underlying lesion, locus, and effect on speech and language processing, and assessment and treatment issues.

S550 Stuttering (3 cr.) P: S444. Theories of the nature and causes of stuttering, with emphasis on learning theories and physiological processes; evaluation techniques for children and adults; approaches to clinical management; techniques of parent and family counseling.

S555 Motor Speech Disorders (3 cr.) P: S201, S501. Disorders of speech motor programming (dyspraxia) and speech production (dysarthria) resulting from damage to primary motor, sensory, or sensorimotor pathways in the central and/or peripheral nervous system are considered at auditory-perceptual, acoustic, and physiologic levels. Assessment and management of motor speech disorders.

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- S560 Craniofacial Anomalies** (2 cr.) P: S201. Orofacial clefts and other genetically-based craniofacial disorders are considered in relation to speech production and swallowing. Assessment protocols include auditory-perceptual evaluation, vocal tract imaging (nasendoscopy and fluoroscopy), and speech aerodynamics. Introduction to therapy procedures.
- S561 Topical Issues in Clinical Practice** (1 cr.) P: S461. Current topics related to clinical practice in speech/language pathology.
- S562 Practicum in Supervision** (1 cr.) P: S510, S561. Supervised practicum in the supervision of clinical practice in speech-language pathology and audiology.
- S563 Externship in Speech-Language-Hearing Services** (1-3 cr.) P: S561 or S570. Intensive participation in the clinical activities of community agencies, hospitals or other service providers. Available only to advanced students in clinical program.
- S570 Practicum in Audiology** (1-3 cr. - Maximum 4 cr. toward degree) P: consent of instructor. Supervised clinical work in diagnostic and rehabilitative clinical audiology.
- S571 Auditory Anatomy and Physiology** (3 cr.) Structure and function of the normal and impaired auditory system.
- S572 Clinical Electrophysiology** (2 cr.) P: S474, S475, S571. Focuses on current applications of electrophysiologic testing, including auditory evoked potentials, and otoacoustic emissions. Will address role of each of these test procedures in diagnostic audiology test battery.
- S573 Laboratory in Amplification** (1 cr.) Laboratory exercises in hearing aid selection, fitting and evaluation, earmold acoustics, hearing aid construction, and electroacoustic evaluation of instruments. To be taken concurrently with S576.
- S576 Amplification for the Hearing Impaired** (3 cr.) P: Consent of instructor. Types and components of electroacoustic hearing aids, earmold acoustics, and the procedures for selection and evaluation of hearing aids.
- S577 Industrial Audiology** (2 cr.) P: consent of instructor. The role of audiology emphasizing identification audiometry, damage-risk criteria, measurement and control of noise, conservation procedures, and medico-legal problems.
- S578 Audiological Instrumentation & Calibration** (3 cr.) Fundamentals of acoustics and acoustical measurements including waveform measurements, spectral analysis and noise analysis. Calibration techniques and standards for clinical audiology are also reviewed.
- S579 Children with Hearing Loss** (3 cr.) P: consent of instructor. Survey of test techniques employed in measuring the hearing of very young children.
- S580 Introduction to Graduate Study and Research** (3 cr.) Treatment decisions in Speech-Language

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Pathology must be 1) based on ethical principles; 2) made responsibly in line with the existing evidence in the literature; and 3) presented in a professional manner. The objectives of this course are to introduce students to the evaluation of literature that will help them make responsible decisions about assessments and treatments, as well as provide them with the tools to determine the importance and/or validity of procedures that are used.

S601 Experimental Phonetics II (3 cr.) P: consent of instructor. Advanced theories of motor control, motor learning, adaptive control systems, afferent processes in the context of developing and mature neural systems. Special emphasis on current research.

S674 Advanced Seminar in Audiology (1-3 cr.) P: consent of instructor. Various topics in clinical or experimental audiology. Content varies each semester.

S678 Introduction to Psychoacoustics (3 cr.) Perception of sound including masking, pitch, loudness, and other auditory phenomena.

S680 Independent Study (1-6 cr.)

S683 Research Forum in Speech, Language, and Hearing Sciences (0-1 cr.) Research presentations by students and faculty in the Department of Speech and Hearing Sciences, as well as guest speakers. Normally taken each semester by students in Speech and Hearing Sciences without credit, but may be taken once for 1 credit hour. Only S-F grades given.

S685 Research in Speech, Language, and Hearing Sciences (3 cr.) Selected topics in research design, analysis and reporting (articles and talks); ethics; and preparation of grant proposals, as appropriate to speech, language, and hearing sciences and disorders.

S686 Physiological Research in Speech, Language, and Hearing Sciences (3 cr.) Course topics vary according to student interests, including: neuroscience research in speech, language, cognition, and hearing; imaging: videostroboscopy; and motor control. Lab components to include instrumentation for EMG, biomechanics, and evoked potentials.

S696 Language Research in Speech, Language, and Hearing Sciences (3 cr.)

S702 Acoustic Research in Speech, Language, and Hearing Sciences (2-3 cr.) Course topics vary according to student interests including speech production and perception in hearing impaired populations, language development, adult neurogenic speech and language disorders, voice analysis, speech perception. Lab components to include digital recording, acoustic analysis and speech synthesis.

S780 M.A. Thesis (1-6 cr.)

A P P E N D I X I

ASHA STANDARDS FOR THE CERTIFICATES OF CLINICAL COMPETENCE in SLP
Effective for Application for Certification Postmarked 01/01/05 and Thereafter

Standard I: Degree

Effective January 1, 2005, the applicant for certification must have a master's or doctoral or other recognized post-baccalaureate degree. A minimum of 75 semester credit hours must be completed in a course of study addressing the knowledge and skills pertinent to the field of speech-language pathology.

All graduate course work and graduate clinical practicum required in the professional area for which the Certificate is sought must have been initiated and completed at an institution whose program was accredited by the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA) of the American Speech-Language-Hearing Association in the area for which the Certificate is sought.

STANDARD II: INSTITUTION OF HIGHER EDUCATION

The graduate degree must be granted by a regionally accredited institution of higher education.

STANDARD III: PROGRAM OF STUDY-KNOWLEDGE OUTCOMES

The applicant for certification must complete a program of study (a minimum of 75 semester credit hours overall, including at least 36 at the graduate level) that includes academic course work sufficient in depth and breadth to achieve the specified knowledge outcomes.

Standard III-A: The applicant must demonstrate knowledge of the principles of biological sciences, physical sciences, mathematics, and the social/behavioral sciences.

Standard III-B: The applicant must demonstrate knowledge of basic human communication and swallowing processes, including their biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases.

Standard III-C: The applicant must demonstrate knowledge of the nature of speech, language, hearing, and communication disorders and differences and swallowing disorders, including the etiologies, characteristics, anatomical/ physiological, acoustic, psychological, developmental, and linguistic and cultural correlates. Specific knowledge must be demonstrated in the following areas:

- articulation
- fluency
- voice and resonance, including respiration and phonation
- receptive and expressive language (phonology, morphology, syntax, semantics, and pragmatics) in speaking, listening, reading, writing, and manual modalities
- hearing, including the impact on speech and language

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- swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding; orofacial myofunction)
- cognitive aspects of communication (attention, memory, sequencing, problem-solving, executive functioning)
- social aspects of communication (including challenging behavior, ineffective social skills, lack of communication opportunities)
- communication modalities (including oral, manual, augmentative, and alternative communication techniques and assistive technologies)

Standard III-D: The applicant must possess knowledge of the principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates of the disorders.

Standard III-E: The applicant must demonstrate knowledge of standards of ethical conduct.

Standard III-F: The applicant must demonstrate knowledge of processes used in research and the integration of research principles into evidence-based clinical practice.

Standard III-G: The applicant must demonstrate knowledge of contemporary professional issues.

Standard III-H: The applicant must demonstrate knowledge about certification, specialty recognition, licensure, and other relevant professional credentials.

STANDARD IV: PROGRAM OF STUDY – SKILLS OUTCOMES

Standard IV-A: The applicant must complete a curriculum of academic and clinical education that follows an appropriate sequence of learning sufficient to achieve the skills outcomes in Standard IV-G.

Standard IV-B: The applicant must possess skill in oral and written or other forms of communication sufficient for entry into professional practice.

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

Standard IV-D: At least 325 of the 400 clock hours must be completed while the applicant is engaged in graduate study in a program accredited in speech-language pathology by the Council on Academic Accreditation in Audiology and Speech-Language Pathology.

Standard IV-E: Supervision must be provided by individuals who hold the Certificate of Clinical Competence in the appropriate area of practice. The amount of supervision must be appropriate to the student's level of knowledge, experience, and competence. Supervision must be sufficient to ensure the welfare of the client/patient.

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Standard IV-F: Supervised practicum must include experience with client/patient populations across the life span and from culturally/linguistically diverse backgrounds. Practicum must include experience with client/patient populations with various types and severities of communication and/or related disorders, differences, and disabilities.

Standard IV-G: The applicant for certification must complete a program of study that includes supervised clinical experiences sufficient in breadth and depth to achieve the following skills outcomes:

1. Evaluation:
 - a. Conduct screening and prevention procedures (including prevention activities)
 - b. Collect case history information and integrate information from clients/patients, family, caregivers, teachers, relevant others, and other professionals
 - c. Select and administer appropriate evaluation procedures, such as behavioral observations, nonstandardized and standardized tests, and instrumental procedures
 - d. Adapt evaluation procedures to meet client/patient needs
 - e. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention
 - f. Complete administrative and reporting functions necessary to support evaluation
 - g. Refer clients/patients for appropriate services
2. Intervention:
 - a. develop setting-appropriate intervention plans with measurable and achievable goals that meet clients'/patients' needs. Collaborate with clients/patients and relevant others in the planning process
 - b. implement intervention plans (Involve clients/patients and relevant others in the intervention process)
 - c. select or develop and use appropriate materials and instrumentation for prevention and intervention
 - d. measure and evaluate clients'/patients' performance and progress
 - e. modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients
 - f. complete administrative and reporting functions necessary to support intervention
 - g. identify and refer clients/patients for services as appropriate
3. Interaction and Personal Qualities:
 - a. communicate effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the client/patient, family, caregivers, and relevant others
 - b. collaborate with other professionals in case management
 - c. provide counseling regarding communication and swallowing disorders to clients/patients, family, caregivers, and relevant others
 - d. adhere to the ASHA Code of Ethics and behave professionally

STANDARD V: ASSESSMENT

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The applicant for certification must demonstrate successful achievement of the knowledge and skills delineated in Standard III and Standard IV by means of both formative and summative assessment.

Standard V-A: Formative Assessment

The applicant must meet the education program's requirements for demonstrating satisfactory performance through ongoing formative assessment of knowledge and skills.

Standard V-B: Summative Assessment

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

STANDARD VI: SPEECH-LANGUAGE PATHOLOGY CLINICAL FELLOWSHIP

After completion of academic course work and practicum (Standard VI), the applicant then must successfully complete a Speech-Language Pathology Clinical Fellowship (SLPCF).

Standard VI-A: The mentoring speech-language pathologist and Speech-Language Pathology Clinical Fellow will establish outcomes and performance levels to be achieved during the Speech-Language Pathology Fellowship (SLPCF), based on the Clinical Fellow's academic experiences, setting-specific requirements, and professional interests/goals.

Standard VI-B: The Clinical Fellow and mentoring SLP must engage in periodic assessment of the Clinical Fellow's performance, evaluating the Clinical Fellow's progress toward meeting the established goals and achievement of the clinical skills necessary for independent practice.

Standard VI-C: The Speech-Language Pathology Clinical Fellowship (SLPCF) will consist of the equivalent of 36 weeks of full-time clinical practice.

Standard VI-D: The Clinical Fellow must submit evidence of successful completion of the Speech-Language pathology Clinical Fellowship (SLPCF) to the Council for Clinical Certification.

Standard VII: Maintenance of Certification

Demonstration of continued professional development is mandated for maintenance of the Certificate of Clinical Competence in Speech-Language Pathology. This Standard will take effect on January 1, 2005. The renewal period will be 3 years. This standard will apply to all certificate holders, regardless of the date of initial certification.

FOR FURTHER INFORMATION GO TO:

http://professional.asha.org/certification/slp_standards_new.cfm

A P P E N D I X II

ASHA Code of Ethics

Preamble

The preservation of the highest standards of integrity and ethical principles is vital to the responsible discharge of obligations by speech-language pathologists, audiologists, and speech, language, and hearing scientists. This Code of Ethics sets forth the fundamental principles and rules considered essential to this purpose.

Every individual who is (a) a member of the American Speech-Language-Hearing association, whether certified or not, (b) a nonmember holding the Certificate of Clinical Competence from the Association, (c) an applicant for membership or certification, or (d) a Clinical Fellow seeking to fulfill standards for certification shall abide by this Code of Ethics.

Any violation of the spirit and purpose of this Code shall be considered unethical. Failure to specify any particular responsibility or practice in this Code of Ethics shall not be construed as denial of the existence of such responsibilities or practices. The fundamentals of ethical conduct are described by Principles of Ethics and by Rules of Ethics as they relate to the conduct of research and scholarly activities and responsibility to persons served, the public, and speech-language pathologists, audiologists, and speech, language, and hearing scientists.

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

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

Principle of Ethics I

Individuals shall honor their responsibility to hold paramount the welfare of persons they serve professionally or participants in research and scholarly activities and shall treat animals involved in research in a humane manner.

Rules of Ethics

- A. Individuals shall provide all services competently.
- B. Individuals shall use every resource, including referral when appropriate, to ensure that high quality service is provided.

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- C. Individuals shall not discriminate in the delivery of professional services or the conduct research and scholarly activities on the basis of race or ethnicity, gender, age, religion, national origin, sexual orientation, or disability.
- D. Individuals shall not misrepresent the credentials of assistants, technicians, or support personnel and shall inform those they serve professionally of the name and professional credentials of persons providing services.
- E. Individuals who hold the Certificates of Clinical Competence shall not delegate tasks that require the unique skills, knowledge, and judgment that are within the scope of their profession to assistants, technicians, support personnel, students, or any non-professionals over whom they have supervisory responsibility. An individual may delegate support services to assistants, technicians, support personnel, students, or any other persons only if those services are adequately supervised by an individual who holds the appropriate Certificate of Clinical Competence.
- F. Individuals shall fully inform the persons they service of the nature and possible effects of services rendered and products dispensed and they shall inform participants in research about the possible effects of their participation in research conducted.
- G. Individuals shall evaluate the effectiveness of services rendered and of products dispensed and shall provide services or dispense products only when benefit can reasonably be expected.
- H. Individuals shall not guarantee the results of any treatment or procedure, directly or by implication; however, they may make a reasonable statement of prognosis.
- I. Individuals shall not provide clinical services solely by correspondence.
- J. Individuals may practice by telecommunication (for example, telehealth/e-health), where not prohibited by law.
- K. Individuals shall adequately maintain and appropriately secure records of professional services rendered, research and scholarly activities conducted, and products dispensed and shall allow access to these records only when authorized or when required by law.
- L. Individuals shall not reveal, without authorization, any professional or personal information about identified persons served professionally or identified participants involved in research and scholarly activities unless required by law to do so, or unless doing so is necessary to protect the welfare of the person or of the community or otherwise required by law.
- M. Individuals shall not charge for services not rendered, nor shall they misrepresent services rendered, products dispensed, or research and scholarly activities conducted.
- N. Individuals shall use persons in research or as subjects of teaching demonstrations only with their informed consent.
- O. Individuals whose professional services are adversely affected by substance abuse or other health-related conditions shall seek professional assistance and, where appropriate, withdraw from the affected areas of practice.

Principle of Ethics II

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

Rules of Ethics

- A. Individuals shall engage in the provision of clinical services only when they hold the appropriate Certificate of Clinical Competence or when they are in the certification process and are supervised by an individual who holds the appropriate Certificate of Clinical Competence.
- B. Individuals shall engage in only those aspects of the professions that are within the scope of their competence, considering their level of education, training, and experience.
- C. Individuals shall continue their professional development throughout their careers.
- D. Individuals shall delegate the provision of clinical services only to: (1) persons who hold the appropriate Certificate of Clinical Competence; (2) persons in the education or certification process who are appropriately supervised by an individual who holds the appropriate Certificate of Clinical Competence; or (3) assistants, technicians, or support personnel who are adequately supervised by an individual who holds the appropriate Certificate of Clinical Competence.
- E. Individuals shall not require or permit their professional staff to provide services or conduct research activities that exceed the staff member's competence, level of education, training, and experience.
- F. Individuals shall ensure that all equipment used in the provision of services or to conduct research and scholarly activities is in proper working order and is properly calibrated.

Principle of Ethics III

Individuals shall honor their responsibility to the public by promoting public understanding of the professions, by supporting the development of services designed to fulfill the unmet needs of the public, and by providing accurate information in all communications involving any aspect of the professions, including dissemination of research findings and scholarly activities.

Rules of Ethics

- A. Individuals shall not misrepresent their credentials, competence, education, training experience, or scholarly or research contributions.
- B. Individuals shall not participate in professional activities that constitute a conflict of interest.
- C. Individuals shall refer those served professionally solely on the basis of the interest of those being referred and not on any personal financial interest.
- D. Individuals shall not misrepresent diagnostic information, research, services rendered, or products dispensed; neither shall they engage in any scheme to defraud in connection with obtaining payment or reimbursement for such services or products.

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- E. Individuals' statements to the public shall provide accurate information about the nature and management of communication disorders, about the professions, about professional services, and about research and scholarly activities.
- F. Individuals' statements to the public—advertising, announcing, and marketing their professional services, reporting research results, and promoting products—shall adhere to prevailing professional standards and shall not contain misrepresentations.

Principles of Ethics IV

Individuals shall honor their responsibilities to the professions and their relationships with colleagues, students, and members of allied professions. Individuals shall uphold the dignity and autonomy of the professions, maintain harmonious interprofessional and intraprofessional relationships, and accept the professions' self-imposed standards.

Rules of Ethics

- A. Individuals shall prohibit anyone under their supervision from engaging in any practice that violates the Code of Ethics.
- B. Individuals shall not engage in dishonesty, fraud, deceit, misrepresentation, sexual harassment, or any other form of conduct that adversely reflects on the professions or on the individual's fitness to serve persons professionally.
- C. Individuals shall not engage in sexual activities with clients or students over whom they exercise professional authority.
- D. Individuals shall assign credit only to those who have contributed to a publication, presentation, or product. Credit shall be assigned in proportion to the contribution and only with the contributor's consent.
- E. Individuals shall reference the source when using other persons' ideas, research, presentations, or products in written, oral, or any other media presentation or summary.
- F. Individuals' statements to colleagues about professional services, research results, and products shall adhere to prevailing professional standards and shall contain no misrepresentations.
- G. Individuals shall not provide professional services without exercising independent professional judgment, regardless of referral source or prescription.
- H. Individuals shall not discriminate in their relationships with colleagues, students, and members of allied professions on the basis of race or ethnicity, gender, age, religion, national origin, sexual orientation, or disability.
- I. Individuals who have reason to believe that the Code of Ethics has been violated shall inform the Board of Ethics.
- J. Individuals shall comply fully with the policies of the Board of Ethics in its consideration and adjudication of complaints of violations of the Code of Ethics.

A P P E N D I X I I I

ASHA Scope of Practice for Speech-Language Pathology

The practice of speech-language pathology includes: prevention, diagnosis, habilitation, and rehabilitation of communication, swallowing, or other upper aerodigestive disorders; elective modification of communication behaviors; and enhancement of communication. This includes services that address the dimensions of body structure and function, activity, and/or participation as proposed by the World Health Organization model (WHO, 2000). The practice of speech-language pathology involves:

1. Providing prevention, screening, consultation, assessment and diagnosis, treatment, intervention, management, counseling, and follow-up services for disorders of:
 - speech (i.e., articulation, fluency, resonance, and voice including aeromechanical components of respiration);
 - language (i.e., phonology, morphology, syntax, semantics, and pragmatic/social aspects of communication) including comprehension and expression in oral, written, graphic, and manual modalities; language processing; preliteracy and language-based literacy skills, including phonological awareness;
 - swallowing or other upper aerodigestive functions such as infant feeding and aeromechanical events (evaluation of esophageal function is for the purpose of referral to medical professionals);
 - cognitive aspects of communication (e.g., attention, memory, problem solving, executive functions)
 - sensory awareness related to communication, swallowing, or other upper aerodigestive functions.
2. Establishing augmentative and alternative communication techniques and strategies including developing, selecting, and prescribing of such systems and devices (e.g., speech generating devices).
3. Providing services to individuals with hearing loss and their families/caregivers (e.g., auditory training; speechreading; speech and language intervention secondary to hearing loss; visual inspection and listening checks of amplification devices for the purpose of troubleshooting, including verification of appropriate battery voltage).
4. Screening hearing of individuals who can participate in conventional pure-tone air conduction methods, as well as screening for middle ear pathology through screening tympanometry for the purpose of referral of individuals for further evaluation and management.
5. Using instrumentation (e.g., videofluoroscopy, EMG, nasendoscopy, stroboscopy, computer technology) to observe, collect data, and measure parameters of communication and swallowing, or other upper aerodigestive functions in accordance with the principles of evidence-based practice.
6. Selecting, fitting, and establishing effective use of prosthetic/adaptive devices for communication, swallowing, or other upper aerodigestive functions (e.g., tracheoesophageal prosthesis, speaking valves, electrolarynges). This does not include sensory devices used by individuals with hearing loss or other auditory perceptual deficits.
7. Collaborating in the assessment of central auditory processing disorders and providing intervention where there is evidence of speech, language, and/or other cognitive-communication disorders.

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8. Educating and counseling individuals, families, co-workers, educators, and other persons in the community regarding acceptance, adaptation, and decision making about communication, swallowing, or other upper aerodigestive concerns.
9. Advocating for individuals through community awareness, education, and training programs to promote and facilitate access to full participation in communication, including the elimination of societal barriers.
10. Collaborating with and providing referrals and information to audiologists, educators, and health professionals as individual needs dictate.
11. Addressing behaviors (e.g., perseverative or disruptive actions) and environments (e.g., seating, positioning for swallowing safety or attention, communication opportunities) that affect communication, swallowing, or other upper aerodigestive functions.
12. Providing services to modify or enhance communication performance (e.g., accent modification, transgendered voice, care and improvement of the professional voice, personal/professional communication effectiveness).
13. Recognizing the need to provide and appropriately accommodate diagnostic and treatment services to individuals from diverse cultural backgrounds and adjust treatment and assessment services accordingly.

PROFESSIONAL ROLES AND ACTIVITIES

Speech-language pathologists serve individuals, families, groups, and the general public through a broad range of professional activities. They:

- Identify, define, and diagnose disorders of human communication and swallowing and assist in localization and diagnosis of diseases and conditions.
- Provide direct services using a variety of service delivery models to treat and/or address communication, swallowing, or other upper aerodigestive concerns.
- Conduct research related to communication sciences and disorders, swallowing, or other upper aerodigestive functions.
- Educate, supervise, and mentor future speech-language pathologists.
- Serve as case managers and service delivery coordinators.
- Administer and manage clinical and academic programs.
- Educate and provide in-service training to families, caregivers, and other professionals.
- Participate in outcomes measurement activities and use data to guide clinical decision making and determine the effectiveness of services provided in accordance with the principles of evidence-based practice.
- Train, supervise, and manage speech-language pathology assistants and other support personnel.
- Promote healthy lifestyle practices for the prevention of communication, hearing, swallowing, or other upper aerodigestive disorders.
- Foster public awareness of speech, language, hearing, and swallowing, and other upper aerodigestive disorders and their treatment.
- Advocate at the local, state, and national levels for access to and funding for services to address communication, hearing, swallowing, or other upper aerodigestive disorders.
- Serve as expert witnesses.
- Collaborate with audiologists in identifying neonate and infants at risk for hearing loss.

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- Recognize the special needs of culturally diverse populations by providing services that are free of potential biases, including selection and/or adaptation of materials to ensure ethnic and linguistic sensitivity.
- Provide services using tele-electronic diagnostic measures and treatment methodologies (including remote applications).

A P P E N D I X I V

CLINICAL CERTIFICATION BOARD INTERPRETATIONS ON CLINICAL PRACTICUM:

1. Persons who hold the Certification of Clinical Competence (CCC) in speech-language pathology may supervise:
 - a. assessment, rehabilitation, and prevention of disorders of speech (e.g., articulation, fluency, voice) and language.
 - b. assessment and rehabilitation of cognitive/communication disorders.
 - c. assessment and rehabilitation of disorders of oral-pharyngeal function (dysphagia) and related disorders.
 - d. assessment, selection, and development of augmentative and alternative communication systems and the provision of training for their use.
 - e. aural habilitative/rehabilitative services and related counseling services.
 - f. enhancement of speech-language proficiency and communication effectiveness (e.g., accent reduction).
 - g. pure tone air conduction hearing screening.
2. Persons who hold the CCC in Audiology may supervise:
 - a. assessment of the peripheral and central auditory system, including behavioral and (electro)physiological measurements of the auditory and vestibular functions as well as intraoperative monitoring.
 - b. selection, fitting, and dispensing of amplification, assistive devices, and other systems (e.g., implantable devices).
 - c. conservation of auditory system function, including development and implementation of environmental and occupational hearing conservation programs.
 - d. aural habilitative/rehabilitative services and related counseling service.
 - e. screening for speech or language disorders.
3. Only direct client contact time may be counted as clinical practicum hours. Time spent in writing lesson plans, scoring tests, transcribing language samples, preparing activities, in-service training, and writing reports may not be counted.
4. Evaluation refers to those hours in screening, assessment, and diagnosis that are accomplished prior to the initiation of a treatment program. Hours to be counted in the evaluation category may also include reevaluation (another formal assessment). Periodic assessments during treatment are to be considered treatment.
5. Time spent with either the client or a family member while engaging in information seeking, information-giving, counseling, or parental education/involvement may be counted as clinical clock hours (provided the activity is directly related to evaluation and/or treatment).

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6. Time spent in a multidisciplinary staffing, educational appraisal and review, or in meetings with professional persons regarding diagnosis and treatment of a given client may be counted up to 25 hours.
7. Conference time with clinical supervisors may not be counted.
8. If a client presents communication disorders in two or more of the disorder categories, accumulated clock hours should be distributed among these categories according to the amount of treatment time spent on each. For example, if a client with both language and articulation problems received 20 hours of treatment and approximately three quarters of each treatment session was spent on language and one quarter was spent on articulation, the student may receive credit for 15 hours of language treatment and 5 hours of articulation treatment.

NOTE: Students who are not yet professionals should not be reimbursed directly for the provision of clinical practicum services. However, students can receive traineeships, scholarships, and/or stipends.

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APPENDIX V

Indiana University

Robert L. Milisen Speech, Language and Hearing Clinics

Semester Summary of Supervised Clinical Practicum

(prepare in duplicate)

Student's Name: _____ Period Covered(semester/date):_____

	Hours	Supervisor	Supervisor	Certif.	Superv.	Location of
	(Signature)		(Print Name)	Area	ASHA #	Assignment
				(SLP/AUD)		(Print Name of Facility, City/State)

EVALUATION

Speech Disorders Children (ESDC)						
Speech Disorders Adult (ESDA)						
Language Disorders Children (ELDC)						
Language Disorders Adult (ELDA)						
Related Disorder						

TREATMENT

Speech Disorders Children (TSDC)						
Speech Disorders Adult (TSDA)						

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Language Disorders Children (TLDC)						
Language Disorders Adult (TLDA)						
Related Disorder						

GRAND TOTAL HOURS: _____

A P P E N D I X VI

Students with Disabilities

The Department acknowledges that individual differences can affect academic and clinical success. If you have a disability that requires special accommodation to improve your chances of success in our program, **please inform an academic advisor**. We will try to work with you so that you can achieve your scholastic and professional goals. Obviously, we can not guarantee that every student will succeed in our program, but we hope that together we can improve your chances. If you know of a disability that requires some variation in your academic and/or clinical curriculum, please let us know. When possible, we will make an effort to accommodate your needs.

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A P P E N D I X VII

Plagiarism

Indiana University has policies, detailed in the Academic Handbook and the Code of Ethics, that describe what constitutes plagiarism and the penalties associated with this offense. We are confident that our students are interested in maintaining ethical conduct. To aid you in that endeavor, we are outlining some of the statements from the Academic Handbook that pertain to plagiarism.

A university is devoted to the discovery and communication of knowledge. In this endeavor, intellectual integrity is of the utmost importance, and correspondingly, its absence is taken very seriously. By enrolling at Indiana University, students commit themselves to its ideals and must expect to find these ideals actively fostered and defended (p. 72).

Plagiarism

Honesty requires that any ideas or materials taken from another source for either written or oral use must be fully acknowledged. Offering the work of someone else as one's own is plagiarism. The language or ideas thus taken from another may range from isolated formulas, sentences, or paragraphs to entire articles copied from books, periodicals, speeches, or the writings of other students. The offering of materials assembled or collected by others in the form of projects or collections without acknowledgment also is considered plagiarism. Any student who fails to give credit for ideas or materials taken from another source is guilty of plagiarism. (Source: Faculty Council, May 2, 1961; University Faculty Council, March 11, 1975; Board of Trustees, July 11, 1975)

Due process shall be followed. However,

If the faculty member finds the student guilty, he/she will assess a penalty within the class and shall promptly report the case in writing to the department chairperson and the academic head of his/her school or division. The penalty shall be in accordance with the Actions section of Academic Due Process. (Source: University Faculty Council, March 11, 1975; Board of Trustees, July 11, 1975)

Actions for academic due process (summary from academic handbook)

1. A student's grade in the course will be lowered.
2. An incomplete may be given until the case is resolved.
4. *By a two-thirds vote, the All-Campus Review Board may recommend to the chief administrative officer of a campus that the student be disenrolled from the academic or professional school in which the student is enrolled. (Source: University Faculty Council, March 11, 1975; Board of Trustees, July 11, 1975).*

Please consult the College's plagiarism website at
<http://www.indiana.edu/~college/plagiarism/index.shtml>

The site offers plagiarism web pages and other useful information such as citation guidelines from widely-utilized manuals of style and the *Code of Student Rights, Responsibilities, and Conduct*.