

Indiana State University

Communication Disorders Program

School Practicum Handbook

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Required Forms (To obtain the following forms go to <http://coe.indstate.edu/cdsep/commdisorders/>, click on the ‘School Practicum Support’ tab in the left hand column, and follow the ‘School Practicum Required Forms’ link.)

- License Verification Form
- Content Standards Form
- Behavior Indicators for ASHA Content Standards
- KASA-Knowledge and Skills Acquisition Form
- Descriptors for completing the KASA form
- P-12 Graduate Learning Environment Work Sample
- SLP Clinical Population Form
- Clock Hour Form
- Sample Clock Hour Form
- Supervising SLP Feedback Report
- Practicum Student Feedback Report
- Minutes to Hours in Tenths Conversion Table

Introduction

The Communication Disorders (CD) Program at Indiana State University has designed this handbook to be used during the school practicum experience. Its purpose is to provide both the CD Practicum Student and the school Supervising Speech Language Pathologist (SLP) with information to help specify their roles and responsibilities.

We sincerely hope the school practicum semester will be a valuable experience for both the student and supervisor.

The primary contact person within the CD Program is Kathleen Clifford. She can be reached by phone at (812) 237-3780 or by email at kathleen.clifford@indstate.edu. She will be contacting the Supervising SLP at least once during the semester, but please call or email her with any questions, comments, or concerns. Practicum Students are asked to contact Mrs. Clifford at least once during the experience.

The materials provided in the pages to follow have been organized into two chapters. Chapter 1 includes informational documents we believe may be of interest and will facilitate getting all participants on the same page. Chapter 2 includes information on the forms that must be completed and returned to the CD Program office at the conclusion of the school practicum experience. The required forms can be found on the ISU CD department website under the 'School Practicum Support' tab followed by the 'Required Forms' link. While the participant primarily responsible for each set of forms has been specified, we encourage interaction and conversations between the team members during the completion of all forms.

Chapter 1

Informational Documents

Chapter 1 includes: the Comparison of the Education Student Teacher and the Communication Disorder (CD) Practicum Student, and the Communication Disorders and Related Therapeutic Strategies. The included documents are provided to foster understanding among members of the practicum student-supervising SLP-university field supervisor team.

Comparison of the Education Student Teacher and the Communication Disorder (CD) Practicum Student highlights some of the unique aspects of the two educational disciplines. This form was initially designed for the field supervisor to help clarify the Speech Language Clinician's role in a school setting.

Communication Disorders and Related Therapeutic Strategies provides an easy to understand explanation of disorders related to articulation/phonology, fluency, voice, and language. In addition to defining the listed disorders, examples of the disorders, possible approaches, and therapeutic strategies/techniques are provided. This form was designed as a brochure for general use as a handy reference to the types of disorders and the types of therapeutic approaches/strategies being observed.

**COMPARISON OF
THE EDUCATION STUDENT TEACHER AND**



**THE COMMUNICATION DISORDER (CD)
PRACTICUM STUDENT**

Communication Disorders

Indiana State University

Bayh College of Education

<http://coe.indstate.edu/cdcsep/commdisorders>

(812) 237-2880

commdisorders@indstate.edu

Speech Language Therapy Service Provider Project

Revised 2007

Content by Dawnda Nichols & Georgia Hambrecht

Design by Karen Meeks

The student teacher and the CD practicum student each have differences and similarities in how they function within their education disciplines. The following comparison highlights the differences in the roles of the Student Teacher and CD Practicum Student in various aspects of the school practicum experience.

Portfolios

Student Teacher	CD Practicum Student
— Focus on tasks to develop portfolio	— No portfolio presently required

Group Size

Student Teacher	CD Practicum Student
TM Teach large groups	TM Teach one on one or small group
TM Have students all day except for when receiving specialized services	TM Have set number of minutes for each student
TM Students generally around the same age group	TM Various ages from session to session and possible age variation within the session

Transition of Responsibilities

Student Teacher	CD Practicum Student
TM Take over groups within the class or the entire class	TM Take over students until has the entire (or nearly all) of the caseload
	TM May travel & be responsible for additional schools
	TM May work in separate room, classroom, or community

Lesson Plans

Student Teacher	CD Practicum Student
TM Group/class plans	TM Individual plans
TM New or various activities/materials to address each learning objective	TM Same activities/materials may be used to address various learning areas & more than one student/session

Reinforcement

Student Teacher	CD Practicum Student
— Usually intermittent and group oriented	— Usually immediate & individualized
	— Real communication completion viewed as most natural reinforcement

Documentation

Student Teacher	CD Practicum Student
TM Usually chart percents for class activities to be used to determine a letter grade	TM Chart a percent of accuracy to be used to drive individualized goals
TM Document on each child in at least one subject area everyday	TM Document every session which may vary from 1 to 5 times a week
TM Probably document at end of day for all subjects	TM Use a file for each student during and after each session
TM One grade (record) book for entire class	TM No grade/record book
TM Report Card	TM Benchmark changes sent home at lease as frequently as report card

Time Management

Student Teacher	CD Practicum Student
TM Measured by amount of objectives or material covered in established period of time	TM Measured by number of objectives addressed & number of target responses elicited within a session
TM Longer periods of direct student time to manage	TM Shorter periods of direct student therapy to manage
	TM Time between sessions & possibly travel time must be managed & productive

Behavior Management

Student Teacher	CD Practicum Student
TM May be individualized or group oriented and may extend to times other than in the classroom	TM Probably individualized & utilized primarily within the time of the session
	TM Objectives selected and support furnished so each student experiences success

Measuring Progress/Learning

Student Teacher	CD Practicum Student
TM Note progress or understanding of concept by classroom activities, additional assignments and/or testing	TM Note progress or increase in accurate performance within the session and form session to session by student performance
	TM Probe list can be utilized
	TM Input from teachers and parents concerning change across settings

**COMMUNICATION
DISORDERS
AND
RELATED**



**THERAPEUTIC
STRATEGIES**

Communication Disorders

Indiana State University

Bayh College of Education

<http://coe.indstate.edu/cdcsep/commdisorders>

(812) 237-2880

commdisorders@indstate.edu

Speech Language Therapy Service Provider Project Grant

Created by Dawnda Nichols

Designed by Karen Meeks

Revised 2011

ARTICULATION/PHONOLOGY

Disorders

- Inability to accurately produce speech sounds
- Phonology involves a pattern of simplifying speech sound production that affects a group of sounds & makes speech more difficult to understand

Examples

- Substitution—replace one sound with another “t” for “k”
“tar” = “car”
- Omission—leave a sound out
“snake”=”nake” “wagon” = “waon”
- Distortion—alter sound production
“sun” = “shun”
- Process—final consonant deletion
“bo” =”boat” or “bone”

Possible Approaches

- Discrimination: indicate when target sound is heard
- Articulatory placement of target sound
- Producing target sound
 - By itself (isolation level)
 - With a vowel (syllable level)
 - In words (word level)
 - In phrases/sentences
 - Reading
 - Conversation
- Generalize target production outside of therapy room
 - Structured spontaneous speaking situations
 - Unstructured/social situations

Therapeutic Strategies/Techniques

- Auditory bombardment: read list of words with target sound
- Indicate where in word sound occurs
- Oral motor exercises
- Auditory cue/model>to imitate sound
- Tactile cue>help position articulators
- Visual cue>show placement of sound
- Verbal cue>describe position of articulators
- Shaping successive approximation
- Progress from imitation to spontaneous production
- Stabilization at each level before advancing
- Work with several related sounds at once

FLUENCY

Disorders

- An abnormal flow or rhythm of speech which may involve struggling or avoidance behaviors

Examples

- Sound or syllable repetitions “pan” = “pppppan”
“maybe”=“may may maybe”
- Prolongation of sound
“movie”=“mmmmmmovie”
- Airflow blocks—airflow and sound production stops that cause a word to be broken up
“block”=“blo.....ck”
- Revisions—start with word but then change
“movie” = “show”
- Struggling behaviors: blinking, tension, head nods, mouth posturing
- Avoidance behaviors: avoiding words, sounds, or situations

Possible Approaches

- Discrimination of fluent vs. non-fluent speech
- Increase fluent speech/decrease dysfluent speech
- Decrease associated behaviors (struggling and avoidance behaviors)
- Decrease amount of interference the stuttering causes in life situations
- Generalize outside of treatment room

Therapeutic Strategies/Techniques

- Easy speech - soft light & controlled articulation
- Bouncing - repeat 1st sound in an easy & controlling way
- Prolongation - hold sound in controlled manner
- Model use of strategies
- Voluntary stuttering - stutter on purpose the way you want to
- Cancellation - stutter then re-say word fluently
- Pull out - relax & attempt word again using a strategy mentioned above
- Desensitization: talk frequently in various situations

VOICE

Disorders

- Abnormal pitch, intensity (volume) or quality of voice

Examples

- Pitch — too high or too low
 - Minimal range of inflection
 - Involuntary & sudden changes in pitch
- Intensity — Voice too loud or too soft
 - No voice
 - Voice comes & goes
- Quality
 - too much or too little air going through nose
 - Breathy/hoarse voice

Possible Approaches

- Determine cause & refer if needed
- Educate: regarding cause of voice problems
- Discrimination of good voice vs. not good voice
- Teach new voice
- Generalization of using new voice and vocal habits

Therapeutic Strategies/Techniques

- Identify situations where voice is used correctly/incorrectly
- Educate: regarding vocal habits, vocal misuse/abuse
- Teach new voice with facilitating techniques which vary depending on cause of problem
- Shape new voice without use of facilitating techniques
- Practice with and without techniques
 - Syllable
 - Word
 - Phrase/sentence
 - Reading/conversation
- Use previously established list of situations and use new voice in situations

LANGUAGE

Disorders

- An impairment in the ability to understand or use language in speaking, gesturing, listening, reading or writing
- Expressive - difficulty using language in speaking, gesturing or writing
- Receptive - difficulty understanding language in listening, gesturing or reading

Examples

- Grammar — use of plurals, prepositions, articles and irregular verbs
- Semantics — using & understanding vocabulary
- Syntax — combining words & structuring sentences
- Pragmatics — using the social components of language effectively to convey intentions (greeting, asking questions, etc.)

Possible Approaches

- Address cause of disorder if appropriate
- Facilitate ability for child to acquire skills by manipulating environment & creating the most natural & life-like situations for interaction
- Target areas according to hierarchy of language development
- Generalize use of learned skills across settings and situations
- Address receptive & expressive language

Therapeutic Strategies/Techniques

- Recognize verbal and non-verbal communicative behavior
- Model: do or say what you want child to do or say
- Expansion - add to model
- Correction - fix errors
- Self-correction - fix errors by his/herself
- Self-talk - verbalize what thinking/doing
- Parallel talk - verbalize what child could be saying
- Skill should be understood receptively before targeting it expressively
- Use cueing hierarchy during tasks instead of just providing the information
- Scaffolding - providing enough support so child will be successful

Chapter 2

Chapter 2 includes:

1. Required forms identified and explained
2. Note to Supervising SLP
3. Required Forms Checklist

The following forms are provided in the 'Required Forms' link under 'School Practicum Support' on the Communication Disorders website:

1. License Verification Form
2. Content Standards Form
3. Behavior Indicators for ASHA Content Standards Form
4. KASA-Knowledge and Skills Acquisition Form
5. Descriptors for completing the KASA form
6. P-12 Graduate Learning Environment Work Sample
7. SLP Clinical Population Form
8. Summary of Clinical Practicum Clock Hours
9. SAMPLE Clock Hours & Student Tracking Forms
10. Supervising SLP Feedback Report
11. Practicum Student Feedback Report
12. Minutes to Hours in Tenths Conversion Table

The Speech Language Pathologist Supervisor has a major role and responsibility in the evaluation of the practicum student's competency attainment as well as in furnishing information for program development.

Required Forms Checklist will assist in insuring that each required form is completed and returned as required.

License Verification Form

This form is required by ASHA to verify that each individual providing supervision to one of the SLP practicum students holds SLP credentials (licenses) consistent with state requirements. This form should be filled out by the supervising SLP and be returned within 7 days of the practicum start date by mailing the form to: Program Director, Communication Disorders Program, Bayh College of Education, Room 226, Indiana State University, Terre Haute, IN 47809.

Content Standards Form

The area Content Standards Form reflects ASHA guidelines for best practice in Communication Disorders. All practicum students are evaluated on the form by each supervising SLP. The supervising SLP should read each bold type standard and circle the letter located before each standard to indicate the level of practicum student performance observed. If you need clarification on the standard, use the behavior indicators provided, which are described below. The form should be completed and discussed with the practicum student and returned to the program at the end of the school practicum experience.

Behavior Indicators for ASHA Content Standards Form will assist the supervising SLP as he or she completes the Content Standards Form. The form suggests modes of observing behaviors but it is not all inclusive. Rather, it serves as a guide in filling out the Content Standards Form.

KASA-Knowledge and Skills Acquisition Form

Indiana State University's CD program uses the KASA form to demonstrate compliance with accreditation standards related to preparing practicum students to meet ASHA certification requirements. It is a record summarizing the practicum student's acquisition of the knowledge and skills required by ASHA. It is to be filled out by the supervising SLP and discussed with the practicum student. It should be returned to the CD program at the end of the school practicum experience.

Descriptors for completing the KASA form

The descriptors will assist the supervising SLP as he or she completes the KASA form. It is to be used as a guide in determining areas in which the practicum student demonstrated skills in the 9 disorder/difference areas. It will provide information on the skills and knowledge associated with each area.

P-12 Graduate Learning Environment Work Sample is required by the Bayh College of Education for accreditation. It is to be completed by the practicum student and returned to Dr. Vicki Hammen, Program Director, at the end of the school practicum experience.

SLP Clinical Population Form

This form is to be completed by the practicum student and submitted with the end of semester paperwork. The information on this form is required by ASHA for accreditation purposes. NOTE: You are to provide the number of clients (not hours) that were available at the school (e.g. on the caseload) for each of the categories.

Summary of Clinical Practicum Clock Hours recording sheets must be signed by the school Supervising SLP (it is acceptable to have the practicum student be responsible for compiling the information). Please remember to include the appropriate ASHA certification number and to sign on the line provided on the back of the form. The department provides an ASHA accredited program and must follow the regulations ASHA has developed. This includes requiring that all practicum students be supervised by an SLP with the Certification of Clinical Competence in Speech Language remediation. ASHA further stipulates that all students are supervised a minimum of 25% for each client during remediation activities and a minimum of 25% during assessment activities, although more supervision during assessment activities is preferred. The signature at the end of this hour sheet attests to the supervisor having met or exceeded these supervision requirements. The practicum student is responsible for returning the completed and signed form to the CD program at the end of their school practicum experience.

Supervisor Feedback Report provides an opportunity for the Supervising SLP to evaluate and describe the school practicum experience. This information will help the CD Program in making future program decisions. This form is returned to the CD program by placing in an envelope, signing over the seal, and giving it to the practicum student to return to the program, or by mailing the form to: Program Director, Communication Disorders Program, Bayh College of Education, Room 226, Indiana State University, Terre Haute, IN 47809

Practicum Student Feedback Report is completed by the CD practicum student and provides an opportunity for the practicum student to evaluate and describe the school practicum experience. This information will help the CD Program in making future program decisions.

Minutes to Hours in Tenths Conversion will assist the team in accurately converting minutes of service to tenths of hours prior to recording, as required by ASHA.

Note to Supervising SLP:

ASHA and Indiana State University require that the program ensure the nature and amount of clinical supervision be adjusted to the experience and ability of the practicum student and that appropriate guidance and feedback be provided. Please make certain that the following minimal standards for supervision are maintained. These amounts may be adjusted upward depending on the practicum student's level of competence and experience but can never be less than the minimal amounts given below.

- At least 25% of each diagnostic evaluation, including screening and identification, is observed directly.
- At least 25% of each practicum student's total contact time in clinical treatment with each client is observed directly and that observation of treatment is scheduled appropriately throughout the treatment period.
- At least 25% of each practicum student's time in each diagnostic evaluation is observed directly.
- At least 25% of each practicum student's total contact time with each client in clinical treatment is directly observed

ASHA and Indiana State University require that the program ensure that all major decisions made by practicum students regarding evaluation and treatment of a client are implemented or communicated only after approval by the supervisor.

- The supervisor approves all major decisions prior to implementation or communication.

ASHA and Indiana State University require that the program ensure that the welfare of each client served by its practicum student is protected. A person holding appropriate credentials is to be available for consultation as appropriate for the client's disorder when a practicum student is providing clinical service as part of the practicum student's clinical education.

- The client's welfare is protected as specified in ASHA's Code of Ethics
- (www.asha.professional.org).
- Confidentiality is maintained and client's records are kept in a secure area.
- The supervisor and other appropriate professionals are accessible to practicum students who are in the process of providing clinical services in order to assure that the services are consistently delivered in a manner that best serves the needs of the client and ensure that the client's safety is maintained.

If you have any questions please contact at Kathleen Clifford 812-237-3780 or kathleen.clifford@indstate.edu

Required Forms Checklist

*Indicate dates completed on lines provided

1. License Verification Form

_____ Completed _____ Reviewed _____ Signed _____ Returned to program

2. Content Standards Form

_____ Completed _____ Reviewed _____ Signed _____ Returned to program

3. KASA Knowledge and Skills Acquisition Form

_____ Completed _____ Reviewed _____ Signed _____ Returned to program

4. P-12 Graduate Learning Environment Work Sample

_____ Completed _____ Reviewed _____ Signed _____ Returned to program

5. SLP Clinical Population Form

_____ Completed _____ Reviewed _____ Signed _____ Returned to program

6. Summary of Practicum Clock Hours Form

_____ Completed _____ Reviewed _____ Signed _____ Returned to program

7. Supervising SLP Feedback Report

_____ Completed _____ Returned to program

8. Practicum Student Feedback Report (completed by student)

_____ Completed _____ Returned to program