

TEMPLE UNIVERSITY
DEPARTMENT OF SPEECH-LANGUAGE-HEARING

CONTRACT FOR SPEECH & LANGUAGE PRACTICUM

STUDENT

Name _____ Semester _____ Year _____

Phone (____) _____ Email address: _____

Assignment _____

I will keep the following schedule during this practicum assignment:

Number of weeks _____

<u>Dates</u>	<u>Time</u>	<u>*Dates absent from practicum</u>	
From _____	M _____	<u>Clinician</u>	<u>Supervisor</u>
	T _____		
To _____	W _____		
	R _____		
	F _____		

- My special areas of interest are: _____
- I have met the academic and clinical training requirements for this assignment: _____ (see Student Summary)
- I agree to follow schedules and procedures of the affiliated agency. _____
- I will complete the Record of Daily Clinical Hours according to department procedures and submit this with the completed TEEF to the T.U. Supervisor. _____
- I will submit the TEEF for completion by appropriate parties prior to the end of the semester. _____
- I will complete and review with my field supervisor the field evaluation report. A copy of this evaluation shall be submitted to the T.U. Field Supervisor in order for my final grade to be posted. _____

FIELD SUPERVISOR

Name (as listed with ASHA) _____

ASHA Account Number _____ CCC-SLP _____ CCC-A _____ State: _____

Phone (____) _____ EXT. _____ Email address: _____

Training will include: ___ Child emphasis ___ Adult emphasis ___ Mixed

Type of cases will include:

_____ Diagnostics	_____ Aural Rehabilitation
_____ Articulation	_____ Family Education/Counseling
_____ Language	_____ Dysphagia
_____ Fluency	_____ Cognitive Deficits
_____ Voice	_____ Staffings _____
	Other _____

**Standard excused absences include: comprehensive exams, mini-seminars, spring break, and holidays.*

FIELD SUPERVISOR (continued)

Other Aspects of Training (If checked, please describe.)

- _____ Related professional experience _____
- _____ Administrative experiences _____
- _____ Observation _____
- _____ Therapy Planning _____
- _____ Report Writing _____
- _____ Other _____

My supervision, instruction, and evaluation methods will include:

- _____ Observation (See addendum for ASHA requirements)
- _____ Being available for questions & discussion
- _____ Individual Conference _____
- _____ Mid-term TEEF _____
- _____ Demonstration _____
- _____ Assigned Readings _____
- _____ Other _____

TEEF will be completed by the Field Supervisor _____ or Jointly _____ prior to the termination of the semester. I agree to release the student from practicum to complete academic coursework, attend mini-seminars, and/or partake in comprehensive exams at Temple University. _____

TEMPLE UNIVERSITY SUPERVISOR

Name (as listed with ASHA) _____

ASHA Account Number _____ CCC-SLP _____ CCC-SLP _____ State: _____

Phone (____) _____ Email address: _____

I will be responsible for: (If checked, please describe.)

- _____ Discussion and agreement of terms of contract _____
- _____ Making field visits for observation & discussion with student _____
- _____ Arranging independent conferences at TU with student _____
- _____ Acting as "liaison" between student and affiliation personnel _____
- _____ Participating in evaluation of student in training _____
- _____ Discussing the completed TEEF with student and recommending a grade to student's faculty advisor _____
- _____ Submission of contract and field evaluation report to Coordinator of Clinical Education _____
- _____ Other _____

CEU credits earned by Field Affiliate can be used for tuition remission at the Annual Communitarity Conference offered by the Department of Communication Sciences and Disorders at Temple University (0.6 CEUs).

Student _____ **Field Supervisor** _____

TU Supervisor _____

Today's Date _____

TEMPLE UNIVERSITY
DEPARTMENT OF COMMUNICATION SCIENCES AND DISORDERS

Addendum to Audiology & Speech Language Pathology Contracts.

In order to maintain our accreditation by the Council of Academic Accreditation (CAA) of ASHA, Temple University's training program in Speech Language Pathology and Audiology is required to satisfy the following minimal requirements regarding supervision of clinical practicum at field sites.

IV-C The applicant for certification in speech-language pathology must complete a minimum for 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.

- Only direct contact with the client or the client's family in assessment, management, and/or counseling can be counted toward practicum.

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.

- Direct supervision must be in real time (on-site or on closed circuit TV monitoring of the student clinician).
- At least 25% of the total contact with each client/patient by a student clinician must be directly supervised and must take place periodically throughout the practicum. These minimum requirements should be adjusted upward if the student's level of knowledge, experience, and competence warrants.
- A supervisor must be available to consult as appropriate for the client's/patient's disorder with a student providing clinical services as part of the student's clinical education. Supervision of clinical practicum must include direct observation, guidance, and feedback to permit the student to monitor, evaluate, and improve performance and to develop clinical competence.
- All clinical practicum hours must be supervised by individuals who hold a current CCC in the professional area in which the practicum hours are being obtained. Only the supervisor who actually observes the student in a clinical session is permitted to verify the credit given to the student for the clinical practicum hours.