

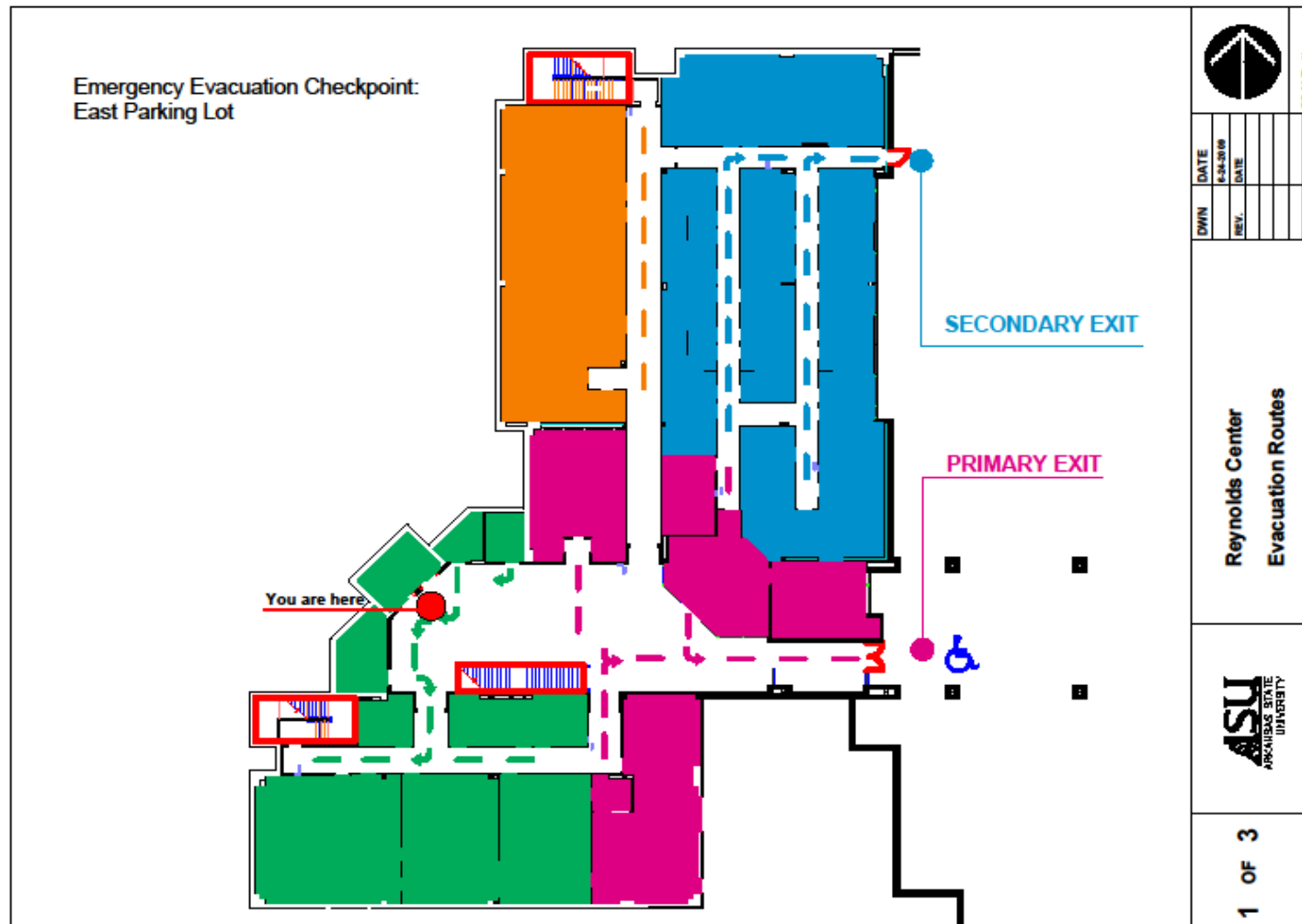
ARKANSAS STATE UNIVERSITY
COLLEGE OF NURSING AND HEALTH PROFESSIONS
DEPARTMENT OF COMMUNICATION DISORDERS

ASTATE SPEECH AND HEARING CENTER

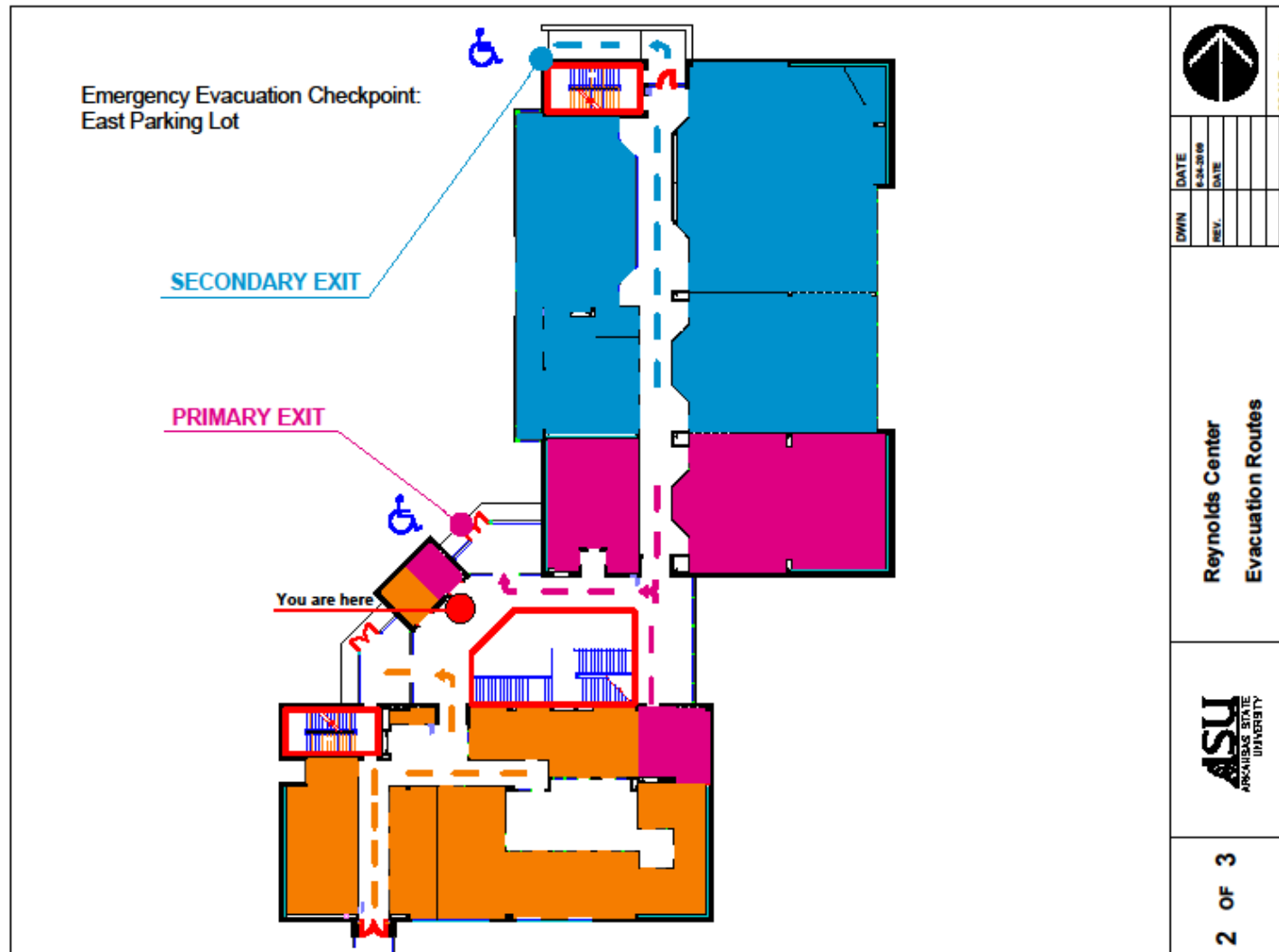
BOOK OF FORMS

P.O. Box 910
State University, AR 72467
Phone: (870) 972-3301
Fax: (870) 972-3788

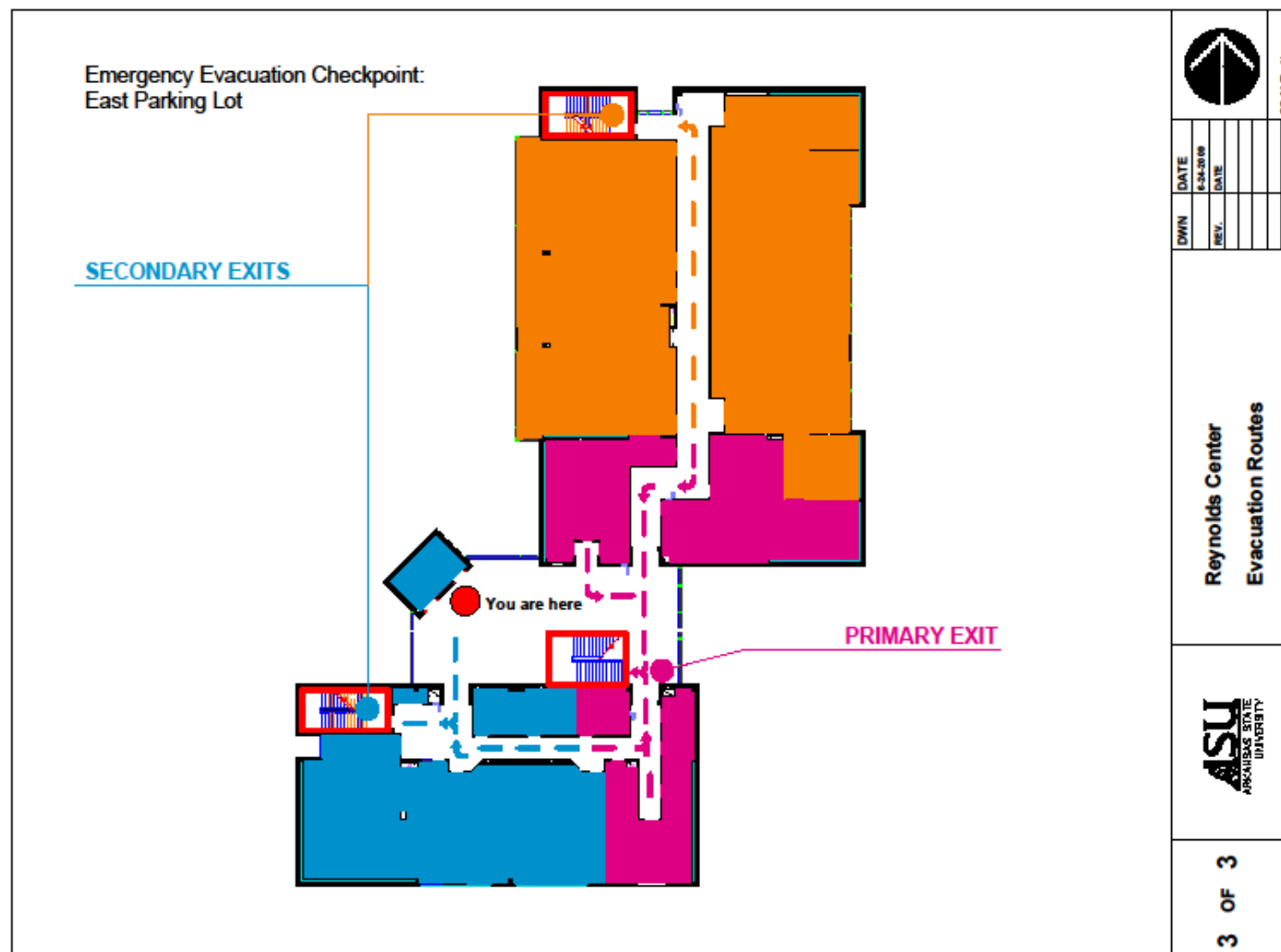
Revised December 2025



EVACUATION ROUTES FIRST FLOOR



EVACUATION ROUTES SECOND FLOOR



EVACUATION ROUTES THIRD FLOOR

PREAMBLE

ASHA Code of Ethics

The American Speech-Language-Hearing Association (ASHA; hereafter, also known as “the Association”) has been committed to a framework of common principles and standards of practice since ASHA’s inception in 1925. This commitment was formalized in 1952 as the Association’s first Code of Ethics. This code has been modified and adapted to reflect the current state of practice and to address evolving issues within the professions.

The ASHA Code of Ethics reflects professional values and expectations for scientific and clinical practice. It is based on principles of duty, accountability, fairness, and responsibility and is intended to ensure the welfare of the consumer and to protect the reputation and integrity of the professions. The Code of Ethics is a framework and a guide for professionals in support of day-today decision making related to professional conduct.

The Code of Ethics is obligatory and disciplinary as well as aspirational and descriptive in that it defines the professional’s role. It is an integral educational resource regarding ethical principles and standards that are expected of audiologists, speech-language pathologists, and speech, language, and hearing scientists.

The preservation of the highest standards of integrity and ethical principles is vital to the responsible discharge of obligations by audiologists, speech-language pathologists, and speech, language, and hearing scientists who serve as clinicians, educators, mentors, researchers, supervisors, and administrators. This Code of Ethics sets forth the fundamental principles and rules considered essential to this purpose and is applicable to the following individuals:

- a member of ASHA holding the Certificate of Clinical Competence
- a member of ASHA not holding the Certificate of Clinical Competence
- a nonmember of ASHA holding the Certificate of Clinical Competence
- an applicant for ASHA certification or for ASHA membership and certification

ASHA members who provide clinical services must hold the Certificate of Clinical Competence and must abide by the Code of Ethics. By holding ASHA certification and/or membership, or through application for such, all individuals are subject to the jurisdiction of the ASHA Board of Ethics for ethics complaint adjudication.

The fundamentals of ethical conduct are described by Principles of Ethics and by Rules of Ethics. The four Principles of Ethics form the underlying philosophical basis for the Code of Ethics and are reflected in the following areas: (I) responsibility to persons served professionally and to © Copyright 2023 American Speech-Language-Hearing Association. All rights reserved. 2 ASHA Code of Ethics research participants; (II) responsibility for one’s professional competence; (III) responsibility to the public; and (IV) responsibility for professional relationships. Individuals shall honor and abide by these Principles as affirmative obligations under all conditions of applicable professional activity. Rules of Ethics are specific statements of minimally acceptable as well as unacceptable professional conduct.

The Code of Ethics is designed to provide guidance to members, certified individuals, and applicants as they make professional decisions. Because the Code of Ethics is not intended to address specific situations and is not inclusive of all possible ethical dilemmas, professionals are expected to follow its written provisions and to uphold its spirit and purpose. Adherence to the Code of Ethics and its enforcement results in respect for the professions and positive outcomes for those who benefit from the work of audiologists, speech-language pathologists, and speech, language, and hearing scientists.

PRINCIPLE OF ETHICS I

Individuals shall honor their responsibility to hold paramount the welfare of persons they serve professionally or who are participants in research and scholarly activities.

RULES OF ETHICS

A. Individuals shall provide all clinical services and scientific activities competently.

B. Individuals shall use every resource, including referral and/or interprofessional collaboration when appropriate, to ensure that quality service is provided.

C. Individuals shall not discriminate in the delivery of professional services or in the conduct of research and scholarly activities on the basis of age; citizenship; disability; ethnicity; gender; gender expression; gender identity; genetic information; national origin, including culture, language, dialect, and accent; race; religion; sex; sexual orientation; or veteran status.

D. Individuals shall not misrepresent the credentials of aides, assistants, technicians, students, research assistants, Clinical Fellows, or any others under their supervision, and they shall inform those they serve professionally of the name, role, and professional credentials of persons providing services.

E. Individuals who hold the Certificate of Clinical Competence may delegate tasks related to the provision of clinical services to aides, assistants, technicians, or any other persons only if those persons are adequately prepared and are appropriately supervised. The © Copyright 2023 American Speech-Language-Hearing Association. All rights reserved. 3 ASHA Code of Ethics responsibility for the welfare of those being served remains with the certified audiologist or speech-language pathologist.

F. Individuals who hold the Certificate of Clinical Competence shall not delegate tasks that require the unique skills, knowledge, judgment, or credentials that are within the scope of their profession to aides, assistants, technicians, or any nonprofessionals over whom they have supervisory responsibility.

G. Individuals who hold the Certificate of Clinical Competence may delegate to students tasks related to the provision of clinical services that require the unique skills, knowledge, and judgment that are within the scope of practice of their profession only if those students are

adequately prepared and are appropriately supervised. The responsibility for the welfare of those being served remains with the certified audiologist or speech-language pathologist.

H. Individuals shall obtain informed consent from the persons they serve about the nature and possible risks and effects of services provided, technology employed, and products dispensed. This obligation also includes informing persons served about possible effects of not engaging in treatment or not following clinical recommendations. If diminished decision-making ability of persons served is suspected, individuals should seek appropriate authorization for services, such as authorization from a legally authorized/appointed representative.

I. Individuals shall enroll and include persons as participants in research or teaching demonstrations/simulations only if participation is voluntary, without coercion, and with informed consent.

J. Individuals shall accurately represent the intended purpose of a service, product, or research endeavor and shall abide by established guidelines for clinical practice and the responsible conduct of research, including humane treatment of animals involved in research.

K. Individuals who hold the Certificate of Clinical Competence shall evaluate the effectiveness of services provided, technology employed, and products dispensed, and they shall provide services or dispense products only when benefit can reasonably be expected.

L. Individuals who hold the Certificate of Clinical Competence shall use independent and evidence-based clinical judgment, keeping paramount the best interests of those being served.

M. Individuals may make a reasonable statement of prognosis, but they shall not guarantee—directly or by implication—the results of any treatment or procedure. © Copyright 2023 American Speech-Language-Hearing Association. All rights reserved. 4 ASHA Code of Ethics

N. Individuals who hold the Certificate of Clinical Competence may provide services via telepractice consistent with professional standards and state and federal regulations, but they shall not provide clinical services solely by written communication.

O. Individuals shall protect the confidentiality and security of records of professional services provided, research and scholarly activities conducted, and products dispensed. Access to these records shall be allowed only when doing so is legally authorized or required by law.

P. Individuals shall protect the confidentiality of information about persons served professionally or participants involved in research and scholarly activities. Disclosure of confidential information shall be allowed only when doing so is legally authorized or required by law.

Q. Individuals shall maintain timely records; shall accurately record and bill for services provided and products dispensed; and shall not misrepresent services provided, products dispensed, or research and scholarly activities conducted.

R. Individuals shall not allow personal hardships, psychosocial distress, substance use/misuse, or physical or mental health conditions to interfere with their duty to provide professional services with reasonable skill and safety. Individuals whose professional practice is adversely affected by any of the above-listed factors should seek professional assistance regarding whether their professional responsibilities should be limited or suspended.

S. Individuals who have knowledge that a colleague is unable to provide professional services with reasonable skill and safety shall report this information to the appropriate authority, internally if such a mechanism exists and, when appropriate, externally to the applicable professional licensing authority or board, other professional regulatory body, or professional association.

T. Individuals shall give reasonable notice to ensure continuity of care and shall provide information about alternatives for care in the event that they can no longer provide professional services. © Copyright 2023 American Speech-Language-Hearing Association. All rights reserved.

PRINCIPLE OF ETHICS II

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

RULES OF ETHICS

A. Individuals who hold the Certificate of Clinical Competence shall engage in only those aspects of the professions that are within the scope of their professional practice and competence, considering their certification status, education, training, and experience.

B. ASHA members who do not hold the Certificate of Clinical Competence may not engage in the provision of clinical services; however, individuals who are in the certification application process may provide clinical services consistent with current local and state laws and regulations and with ASHA certification requirements.

C. Individuals shall enhance and refine their professional competence and expertise through engagement in lifelong learning applicable to their professional activities and skills.

D. Individuals who engage in research shall comply with all institutional, state, and federal regulations that address any aspects of research.

E. Individuals in administrative or supervisory roles shall not require or permit their professional staff to provide services or conduct research activities that exceed the staff member's certification status, competence, education, training, and experience.

F. Individuals in administrative or supervisory roles shall not require or permit their professional staff to provide services or conduct clinical activities that compromise the staff member's independent and objective professional judgment.

G. Individuals shall use technology and instrumentation consistent with accepted professional guidelines in their areas of practice. When such technology is warranted but not available, an appropriate referral should be made.

H. Individuals shall ensure that all technology and instrumentation used to provide services or to conduct research and scholarly activities are in proper working order and are properly calibrated.

© Copyright 2023 American Speech-Language-Hearing Association. All rights reserved.

PRINCIPLE OF ETHICS III

In their professional role, individuals shall act with honesty and integrity when engaging with the public and shall provide accurate information involving any aspect of the professions.

RULES OF ETHICS

A. Individuals shall not misrepresent their credentials, competence, education, training, experience, or scholarly contributions.

B. Individuals shall avoid engaging in conflicts of interest whereby a personal, professional, financial, or other interest or relationship could influence their objectivity, competence, or effectiveness in performing professional responsibilities. If such conflicts of interest cannot be avoided, proper disclosure and management is required.

C. Individuals shall not misrepresent diagnostic information, services provided, results of services provided, products dispensed, effects of products dispensed, or research and scholarly activities.

D. Individuals shall not defraud, scheme to defraud, or engage in any illegal or negligent conduct related to obtaining payment or reimbursement for services, products, research, or grants.

E. Individuals' statements to the public shall provide accurate information regarding the professions, professional services and products, and research and scholarly activities.

F. Individuals' statements to the public shall adhere to prevailing professional standards and shall not contain misrepresentations when advertising, announcing, or promoting their professional services, products, or research.

G. Individuals shall not knowingly make false financial or nonfinancial statements and shall complete all materials honestly and without omission.

PRINCIPLE OF ETHICS IV

Individuals shall uphold the dignity and autonomy of the professions, maintain collaborative and harmonious interprofessional and interprofessional relationships, and accept the professions' self-imposed standards.

RULES OF ETHICS

- A. Individuals shall work collaboratively with members of their own profession and/or members of other professions, when appropriate, to deliver the highest quality of care.
- B. Individuals shall exercise independent professional judgment in recommending and providing professional services when an administrative directive, referral source, or prescription prevents them from keeping the welfare of persons served paramount.
- C. Individuals' statements to colleagues about professional services, products, or research results shall adhere to prevailing professional standards and shall contain no misrepresentations.
- D. Individuals shall not engage in any form of conduct that adversely reflects on the professions or on the individual's fitness to serve persons professionally.
- E. Individuals shall not engage in dishonesty, negligence, deceit, or misrepresentation.
- F. Individuals who mentor Clinical Fellows, act as a preceptor to audiology externs, or supervise undergraduate or graduate students, assistants, or other staff shall provide appropriate supervision and shall comply—fully and in a timely manner—with all ASHA certification and supervisory requirements.
- G. Applicants for certification or membership, and individuals making disclosures, shall not make false statements and shall complete all application and disclosure materials honestly and without omission.
- H. Individuals shall not engage in any form of harassment or power abuse.
- I. Individuals shall not engage in sexual activities with persons over whom they exercise professional authority or power, including persons receiving services, other than those with whom an ongoing consensual relationship existed prior to the date on which the professional relationship began.
- J. Individuals shall not knowingly allow anyone under their supervision to engage in any practice that violates the Code of Ethics.
- K. Individuals shall assign credit only to those who have contributed to a publication, presentation, process, or product. Credit shall be assigned in proportion to the contribution and only with the contributor's consent.
- L. Individuals shall reference the source when using other persons' ideas, research, presentations, results, or products in written, oral, or any other media presentation or summary. To do otherwise constitutes plagiarism.
- M. Individuals shall not discriminate in their relationships with colleagues, members of other professions, or individuals under their supervision on the basis of age; citizenship; disability;

ethnicity; gender; gender expression; gender identity; genetic information; national origin, including culture, language, dialect, and accent; race; religion; sex; sexual orientation; socioeconomic status; or veteran status.

N. Individuals with evidence that the Code of Ethics may have been violated have the responsibility to either work collaboratively to resolve the situation where possible or to inform the Board of Ethics through its established procedures.

O. Individuals shall report members of other professions who they know have violated standards of care to the appropriate professional licensing authority or board, other professional regulatory body, or professional association when such violation compromises the welfare of persons served and/or research participants.

P. Individuals shall not file or encourage others to file complaints that disregard or ignore facts that would disprove the allegation; the Code of Ethics shall not be used for personal reprisal, as a means of addressing personal animosity, or as a vehicle for retaliation.

Q. Individuals making and responding to complaints shall comply fully with the policies of the Board of Ethics in its consideration, adjudication, and resolution of complaints of alleged violations of the Code of Ethics.

R. Individuals involved in ethics complaints shall not knowingly make false statements of fact or withhold relevant facts necessary to fairly adjudicate the complaints.

S. Individuals shall comply with local, state, and federal laws and regulations applicable to professional practice and to the responsible conduct of research.

T. Individuals who have been convicted of, been found guilty of, or entered a plea of guilty or nolo contendere to (1) any misdemeanor involving dishonesty, physical harm—or the threat of physical harm—to the person or property of another or (2) any felony shall self-report by notifying the ASHA Ethics Office in writing within 60 days of the conviction, plea, or finding of guilt. Individuals shall also provide a copy of the conviction, plea, or nolo contendere record with their self-report notification, and any other court documents as reasonably requested by the ASHA Ethics Office.

U. Individuals who have (1) been publicly disciplined or denied a license or a professional credential by any professional association, professional licensing authority or board, or other professional regulatory body; or (2) voluntarily relinquished or surrendered their license, certification, or registration with any such body while under investigation for alleged unprofessional or improper conduct shall self-report by notifying the ASHA Ethics Office in writing within 60 days of the final action or disposition. Individuals shall also provide a copy of the final action, sanction, or disposition—with their self-report notification—to the ASHA Ethics Office.

TERMINOLOGY

The purpose of the following Terminology section is to provide additional clarification for terms not defined within the Principles of Ethics and Rules of Ethics sections.

ASHA Ethics Office

The ASHA Ethics Office assists the Board of Ethics with the confidential administration and processing of self-reports from and ethics complaints against individuals (as defined below). All complaints and self-reports should be sent to this office. The mailing address for the ASHA Ethics Office is American Speech-Language-Hearing Association, attn: Ethics Office, 2200 Research Blvd., #309, Rockville, MD 20850. The email address is ethics@asha.org.

Advertising

Any form of communication with the public regarding services, therapies, research, products, or publications.

Diminished decision-making ability

The inability to comprehend, retain, or apply information necessary to determine a reasonable course of action.

Individuals

Within the Code of Ethics, this term refers to ASHA members and/or certificate holders and applicants for ASHA certification.

Informed consent

An agreement by persons served, those with legal authority for persons served, or research participants that constitutes authorization of a proposed course of action after the communication of adequate information regarding expected outcomes and potential risks. Such an agreement may be verbal or written, as required by applicable law or policy.

May vs. shall

May denotes an allowance for discretion; shall denotes something that is required.

Misrepresentation

Any statement by words or other conduct that, under the circumstances, amounts to an assertion that is false, erroneous, or misleading (i.e., not in accordance with the facts).

Negligence

ASHA Code of Ethics Failing to exercise a standard of care toward others that a reasonable or prudent person would use in the circumstances, or taking actions that a reasonable person would not.

Nolo contendere

A plea made by a defendant stating that they will not contest a criminal charge.

Plagiarism

Representation of another person's idea, research, presentation, result, or product as one's own through irresponsible citation, attribution, or paraphrasing.

Publicly disciplined

A formal disciplinary action of public record.

Reasonable or reasonably

Being supported or justified by fact or circumstance and being in accordance with reason, fairness, duty, or prudence.

Self-report

A professional obligation of self-disclosure that requires (a) notifying the ASHA Ethics Office in writing and (b) sending a copy of the required documentation to the ASHA Ethics Office (see definition of "written" below).

Shall vs. may

Shall denotes something that is required; may denotes an allowance for discretion.

Telepractice

Application of telecommunications technology to the delivery of audiology and speech-language pathology professional services at a distance by linking clinician to client/patient/student or by linking clinician to clinician for assessment, intervention, consultation, or supervision. The quality of the service should be equivalent to that of in-person service. For more information, see Telepractice on the ASHA Practice Portal.

Written

Encompasses both electronic and hard-copy writings or communication.

**ASTATE SPEECH AND HEARING CENTER
P.O. BOX 910 STATE UNIVERSITY, AR
PH. (870) 972-3301 FAX (870) 972-3788**

**CNHP CODE OF HONOR
PROCEDURES FOR COLLEGE
STUDENT CODE OF HONOR**

The College Student Code of Honor exists in addition to the University Code of Conduct and the Academic Integrity Policy found in the Student Handbook. An honor offense by the college code is defined as an act of lying, cheating or stealing. These terms are defined as follows:

Lying - a false statement (written or oral) made with the deliberate intent to deceive; something intended to or serving to convey a false impression.

Cheating - to practice fraud or deceit; academic fraud is a form of cheating and includes such things as plagiarism (including Internet resources), false citation, false data and submission of the same work to fulfill academic requirements in multiple classes.

Stealing - to take the property of others without permission or right; to take ideas, credits, words without right or acknowledgement; to accept credit for another's work.

These honor code violations apply whether they are performed individually or in groups. They apply to didactic, laboratory and clinical experiences of the program as well as in situations where you are representing your program/college.

PROCEDURES:

If a student is aware of an honor offense, the student should report that offense to their ethics committee representative. The representative will accompany the student to the faculty member, program director or chair's office OR will direct the student to the faculty member of the class in question, the program director or the department chair. An investigation will result.

If there is evidence to bring forward, the student will be notified, in writing, of the specific charges, who the hearing body will be and the time and place of the hearing. Such notification will be delivered at least two working days in advance of the hearing. The date of the hearing, if possible, must be set within 10 working days from the date of notification to the student.

The College Code of Ethics Committee will hear the case. The Ethics Committee will be selected each fall and will be comprised of six CNHP student representatives and two CNHP faculty appointed by the dean. A committee of alternate representatives will be selected by the Dean to include six (6) students and two (2) faculty members*. Actions by the Ethics Committee may include: 1) dismissal of the case, 2) sanction the student, 3) refer the case to the Dean of Students, Student Affairs. Disciplinary sanctions by the committee may include educative, reprimand, restrictions and restitution. The committee does not have the authority to suspend or expel the student. However, the committee may forward the case to the faculty member or director/chair with a recommendation of suspension or program dismissal. The Dean of Students, or designee, will educate the committee and their alternates on the hearing process and sanctions in the fall semester of each year.

Student rights in this committee process are outlined in the ASTATE Student Handbook under the caption "Disciplinary Hearings". The student is entitled to one appeal rendered by the Associate Dean for Judicial Affairs. The process for appeal is found in the section on "Appeal Process."

*On our distance campuses, one student will be designated as an ethics representative.

**ASTATE SPEECH AND HEARING CENTER
P.O. BOX 910 STATE UNIVERSITY, AR
PH. (870) 972-3301 FAX (870) 972-3788**

CODE OF HONOR SIGNATURE PAGE

Each student admitted to a professional program in the College of Nursing and Health Professions is charged with the responsibility of honorable conduct. A student is assumed honorable until his/her actions prove otherwise. An honor offense is defined as an act of lying, cheating, or stealing. Formal procedures exist for violations of the honor code.

As a student in a health program, it is fundamental that you act in an honorable and virtuous way so that a community of trust is established among members of the college and your clients. Honor is a practiced ideal that will positively impact your relationship with fellow students, faculty, administrators, patients and other members of the community. As you live an honorable life, you will find that you cannot live without it.

All students in this college are bound by the Honor Code and all are needed to make it work. The atmosphere of trust and integrity that is created by an honor system enables the student to know his/her word will be taken as true, to compete fairly in the classroom and to keep what is rightfully his/hers. The system functions best when all members of the college not only take responsibility for their own actions, but hold their peers to the same standards.

As a student admitted to a health professions program, you must agree to live by and support the basic principles of honesty - no lying, cheating or stealing; be accountable for your actions; and share information about honor offenses. If you are not prepared to accept these responsibilities, you should select a program outside this college.

I have read the explanation of the College Student Code of Honor. I understand that as an admitted student in one of the programs in the college, I have accepted the pledge of honesty and will be expected to meet the standards as set forward.

Signature

Date

ASTATE SPEECH & HEARING CENTER
P.O. BOX 910, STATE UNIVERSITY, AR 72467-0910
PH. (870) 972-3301 FAX (870) 972-3788

OBSERVATION SUMMARY

Date: _____

Student: _____

Student I.D. _____

Supervisor: _____

Course: **CD 2653**

Client Initials: _____

Site: **A-State Speech and Hearing Center**

OBSERVATION

Student Observer

Student Clinician



**ASTATE SPEECH ADND HEARING CENTER
DEPARTMENT OF COMMUNICATION DISORDERS
P.O. BOX 910, STATE UNIVERSITY, AR 72467- 0910
PH. (870) 972- 3301 FAX (870) 972-3788**



OBSERVATION RECORD

Student: _____ Student I.D. _____
Instructor/Course: _____ Semester: _____

Date	Client Initials or Facility	Age (C or A)	Disorder *	Activity (T or E)	Site	Supervisor's Last Name	Supervisor's Initials	Observation Time in mins.

Key:

Child = C
Adult = A
Evaluation = E

Treatment = T
*Language or Literacy = L
*Articulation = SA

*Voice = SV
*Fluency = SF
*Dysphagia = D

*Aural Rehab = AR
*Hearing screening = AS
*Related Disorder

Total Hours

Student Signature

Verification Signature

ASTATE SPEECH AND HEARING CENTER
P.O. BOX 910, STATE UNIVERSITY, AR 72467-0910
DEPARTMENT OF COMMUNICATION DISORDERS
PH. (870) 972-3301 FAX (870) 972-3788

PERCENTAGE OF SUPERVISION_____

CLINICAL SUPERVISION/CONSULTATION

CLINICIAN:_____

SUPERVISOR:_____

DATE:_____CLIENT(S):_____

OBSERVATION:

ADDITIONAL COMMENTS:

Clinical Supervisor

Student Clinician

ASTATE SPEECH AND HEARING CENTER
P.O. BOX 910 STATE UNIVERSITY, AR
72467-0910 PH. (870) 972-3301
FAX (870) 972-3788

APPOINTMENT REQUEST

Diagnostic clients being referred for services at ASTATE SHC, or current clients near semester end, should complete this form for scheduling in the subsequent semester. Forward the form to the Director of Clinical Services.

Client's Name: _____ Date: _____ Date of Birth: _____

Type of Therapy (Circle One) Articulation, Voice, Swallowing, Fluency, Language, or Literacy

Parent/Guardian (if minor): _____

Home Address: _____ Phone: _____

File #: _____

PLEASE COMPLETE THE FOLLOWING TO ASSIST US IN SCHEDULING

Semester of Service (circle one) Spring Summer Fall YEAR _____

Check the days you prefer to be scheduled for therapy.

___ No preference

Indicate your 1st and 2nd choices of times to be scheduled for therapy.

Mon/Wed	Tues/Thursday
___ 1:00 – 2:00 pm	___ 1:00 – 2:00 pm
___ 2:00 – 3:00 pm	___ 2:00 – 3:00 pm
___ 3:00 – 4:00 pm	___ 3:00 – 4:00 pm
___ 4:00 – 5:00 pm	___ 4:00 – 5:00 pm
___ 5:00 – 6:00 pm	___ 5:00 – 6:00 pm

5:00-6:00 is not available for the Summer term.

Return this form to: CLINICAL DIRECTOR



ASTATE SPEECH AND HEARING CENTER
P.O. BOX 910 STATE UNIVERSITY, AR
72467-0910 PH. (870) 972-3301
FAX (870) 972-3788

REFERRAL

Date: _____

Client: _____ Date of birth: _____ Age: _____

Parents: _____ Called in by: _____

Address: _____ Referred by: _____

Home Phone: _____ Work Phone: _____

Cell # : _____ E-Mail: _____

____ Hearing Screening
____ Audiological Evaluation

____ Speech Evaluation
____ Speech and Language

Medical _____

Psychological _____

Previous Diagnostic _____

Previous Therapy _____

SUPERVISOR _____

CLINICIAN _____

DAY/TIME _____ ROOM _____



PHONE CONTACT:

[illegible]

ASTATE SPEECH AND HEARING CENTER
P.O. BOX 910 STATE UNIVERSITY, AR
72467-0910 PH. (870) 972-3301 FAX (870)
972-3788



**EMERGENCY MEDICAL STATUS & PATIENT
INFORMATION**

Name: _____ Date completed: _____ Age: _____
Current Address: _____
Local Telephone#: _____

EMERGENCY CONTACT INFORMATION

Name (parent/significant other): _____
Address: _____
Home Ph #: _____ Cell Ph #: _____
Work Ph #: _____

EMERGENCY MEDICAL INFORMATION

Primary Care Physician: _____
Address: _____

Telephone #: _____ Preferred Hospital: _____

Medical Conditions (including allergies to prescription medications or other allergic conditions):

Current Prescription Medications:

Advanced Directive in Place? yes / no

In the event of an emergency situation, I understand that every effort will be made to communicate with the identified emergency contact individual. If the individual is not immediately available I understand that emergency services may be secured using 911 and that charges for such services are the responsibility of the client/parent/significant other.

Client Name (please print) _____

Client Signature _____ Date _____

File # _____

ASTATE SPEECH AND HEARING CENTER
P.O. BOX 910 STATE UNIVERSITY, AR 72467-0910
PH. (870) 972-3301 FAX (870) 972-3788

AUTHORIZATION TO TRANSPORT MINOR

For the safety of our minor clients, we are asking that you provide the name and phone number of three (3) people that are authorized to pick up your child from this facility in addition to you.

We will only allow you and these three people to take your child from this facility. If a situation arises that you need a different person (other than the three you list) to pick up your child, you will need to call our office and let us know the situation and provide a password that the person picking up your child will be required to give us before your child will be allowed to leave with them.

Child's Name: _____ File # _____

1. _____
Name Phone

2. _____
Name Phone

3. _____
Name Phone

SIGNATURE OF PARENT/GUARDIAN

DATE

ASTATE SPEECH AND HEARING CENTER
P.O. BOX 910 STATE UNIVERSITY, AR 72467-0910
PH. (870) 972-3301 FAX (870) 972-3788

INFORMED CONSENT

The Arkansas State University Speech and Hearing Center has two purposes; to train student speech-language pathologists, and to provide the best possible assessment and treatment services to client and families enrolled in its programs. Because we train students, it is important for them to be able to observe assessment and treatment sessions by direct observations, by listening to audiotapes, and/or by watching videotapes of those sessions. These observations and tapes may be used as part of the assessment or treatment process, as teaching demonstrations to students and other professionals, or to collect and report data for research analysis.

CLIENT'S NAME: _____ FILE #: _____

CONSENT IS REQUESTED FOR:	CONSENT GRANTED	CONSENT NOT GRANTED
---------------------------	--------------------	------------------------

ASSESSMENT

- | | | |
|--|-------|-------|
| 1. Assessment of speech, language, and/or hearing disorders | _____ | _____ |
| 2. Direct observation of assessment by students and their instructors | _____ | _____ |
| 3. Audiotaping/Videotaping for assessment purposes | _____ | _____ |
| 4. Audiotaping/Videotaping for indirect observation of assessment | _____ | _____ |
| 5. Audiotaping/Videotaping for workshop Professional demonstration of assessment | _____ | _____ |
| 6. Use of assessment data for statistical/ research analysis | _____ | _____ |

TREATMENT

- | | | |
|--|-------|-------|
| 1. Treatment of speech, language, and/or hearing disorders | _____ | _____ |
| 2. Direct observation of treatment by students and their instructors | _____ | _____ |
| 3. Audiotaping/Videotaping for treatment purposes | _____ | _____ |
| 4. Audiotaping/Videotaping for workshop/ professional demonstration of treatment | _____ | _____ |
| 5. Audiotaping/Videotaping for workshop/ professional demonstration of treatment | _____ | _____ |
| 6. Use of treatment data for statistical/ research analysis | _____ | _____ |

Signature of person granting consent: _____ Date: _____

Name of person granting consent (please print): _____

Relationship to client: _____self _____parent/guardian designee

Student Clinician Signature: _____ Date: _____

ASTATE SPEECH AND HEARING CENTER
P.O. BOX 910 STATE UNIVERSITY, AR 72467-0910
PH. (870) 972-3301 FAX (870) 972-3788

PUBLICITY CONSENT

Client/Student (circle one)

The Department of Communication Disorders and the Arkansas State University Speech & Hearing Center (ASTATE SHC) are frequently involved in professional or community activities which require visual representation of our service delivery opportunities. Both written and picture/video displays facilitate increased awareness of disorders, ages, and intervention available to individuals with communication disorders.

The Department and ASTATE SHC desire your participation in such professional and community activities through the use of a photograph/video image. The photographs/video images will provide valuable insight into the clinical training aspects associated with communication disorders in the academic setting. No name will be associated with any photographs/video images.

I, _____, give permission for photographs and/or video images to be taken and used as described above.

Name (print) _____ Date _____

Signature (Parent/Guardian if minor) _____ Date _____

Client File # (if applicable) _____



**ASTATE SPEECH AND HEARING CENTER
P.O. BOX 910 STATE UNIVERSITY, AR 72467-0910
PH. (870) 972-3301 FAX (870) 972-3788**

NOTICE OF PRIVACY PRACTICES

I authorize the use and/or disclosure of my protected health information as described below:

1. My authorization applies to the information described below. Only this information may be used and/or disclosed pursuant to this authorization:

Patient Name, File Number, Diagnosis and Treatment at the Arkansas State University Speech and Hearing Center (ASTATE SHC)

2. I authorize the following persons (or class of persons) to make the authorized use and/or disclosure of my protected health information:

Communication Disorders Faculty, Clinicians, Supervisors, and Student Observers

3. I authorize the following persons (or class of persons) to receive my protected health information:

Communication Disorders Faculty, Clinicians, Supervisors, and Student Observers

4. I understand that, if my protected health information is disclosed to someone who is not required to comply with the federal privacy protection regulations, then such information may be re-disclosed and would no longer be protected.

5. I understand that I have a right to revoke this authorization at any time. My revocation must be in writing addressed to the ASTATE SHC Director of Clinical Services at

P.O. Box 910, State University, AR 72467

6. This authorization expires each academic semester

7. I understand that I do not have to sign this authorization and that my refusal to sign will not affect my abilities to obtain treatment from ASTATE SHC, nor will it affect my eligibility for benefits.

8. My protected health information will be used or disclosed upon request for the following purposes:

See "Informed Consent" and "Consent For Release of Information"

9. I understand that I have a right to inspect and copy my own protected health information to be used or disclosed (in accordance with the requirements of the federal privacy protection regulations found under 45 C.F.R. 164.524).
10. I understand that ASTATE SHC will receive compensation for its use and/or disclosure of my protected health information

*This page **ONLY** may be retained by the client if desired.*

ASTATE SPEECH AND HEARING CENTER
P.O. BOX 910 STATE UNIVERSITY, AR 72467-0910
PH. (870) 972-3301 FAX (870) 972-3788

RECEIPT OF NOTICE OF PRIVACY PRACTICES

I certify that I have receive a copy of the Notice of Privacy Practices.

Signature

Date

Name

Part 1

Part 2

PATIENT CONSENT FORM

By signing this form, you are granting consent to Arkansas State University Speech and Hearing Center to use and disclose your protected health information for the purposes of treatment, payment, and health care operations. Our Notice of Privacy Practices provides more detailed information about how we may use and disclose this protected health information. You have a legal right to review our Notice of Privacy Practices before you sign this consent, and we encourage you to read it in full.

You have a right to request us to restrict how we use and disclose your protected health information for the purposes of treatment, payment, or health care operations. We are not required by law to grant your request. However, if we do decide to grant you request, we are bound by our agreement.

You have the right to revoke this consent in writing, except to the extent we already have used or disclosed your protected health information in reliance on your consent.

Client Name: _____

Signature of Responsible Party: _____

Date: _____

File # _____

ASTATE SPEECH AND HEARING CENTER
P.O. BOX 910 STATE UNIVERSITY, AR 72467-0910
PH. (870) 972-3301 FAX (870) 972-3788

CONSENT FOR RELEASE OF INFORMATION
(Release to ASTATE)

I hereby authorize _____ to release to the

ASTATE Speech and Hearing Center diagnostic and/or treatment information for

(Client's Name)

(Date of Birth)

The following information is requested:

- ☐ Most recent evaluation report
- ☐ Most recent treatment report and/or I.E.P.
- ☐ Other

Signature: _____

Date: _____

Address: _____

File #: _____ Relationship to Client: _____ self _____ parent/guardian designee



ASTATE SPEECH AND HEARING CENTER
P.O. BOX 910 STATE UNIVERSITY, AR 72467-0910
PH. (870) 972-3301 FAX (870) 972-3788

CONSENT FOR RELEASE OF INFORMATION
(Release FROM ASTATE)

I hereby authorize ASTATE Speech and Hearing Center to release records for

_____ to the following facility:
(Client's Name) (Date of Birth)

Facility Name: _____

(Street or P.O. Box) (City) (State) (Zip)

Authorization includes:

- ☐ Most recent evaluation report
- ☐ Most recent treatment report and/or I.E.P.
- ☐ Other _____

Signature: _____ Date: _____

Address: _____

File #: _____ Relationship to Client: _____self _____ parent/guardian/design



ASTATE SPEECH AND HEARING CENTER
P.O. BOX 910 STATE UNIVERSITY, AR 72467-0910
PH. (870) 972-3301 FAX (870) 972-3788

Treatment Plan

NAME:
BIRTHDATE:
PARENTS/CAREGIVER
ADDRESS:
CLINICIAN:

CASE NUMBER:
THERAPY PERIOD:
FREQUENCY:
DATE:

Summary of Present Level of Functioning:

Include date of diagnosis, place, tests given, and results. Identify the primary and secondary diagnoses and severity. List previous treatment (where, how long, goals, and results). Level of functioning should be in objective, measurable functional terms, and may need to compare initial to current status.

Long Range Goals:

Should be appropriate for disorder, severity, and cognitive level and reflect client's greatest needs.

Short-Term Objectives:

Use behavioral language including given (conditions, materials, etc.); knowledge (area/skill); behavior (observable/countable); and level of proficiency.

Rationale for Treatment Methods

Method:

Explain the evidence-based method of treatment proposed for this semester.

Frequency of Treatment:

State number of sessions per week and length of sessions. Include statement of treatment plan ie: 4 weeks, Fall semester, etc. Include statement of prognosis, identifying rational for that prognosis.

Student Clinician

Supervisor (ask for their degree and CCC)

I agree/do not agree with this plan of treatment. (Circle one)

Client/Parent/Guardian

ASTATE SPEECH AND HEARING CENTER
P.O. BOX 910 STATE UNIVERSITY, AR 72467-0910
PH. (870) 972-3301 FAX (870) 972-3788

Treatment Summary

Name:
Birth date:
Parents/ Caregiver:
Address:
Clinician:
History:

File #:
Referral Source:
Therapy Period:
No. of Sessions:
Date of Report:

_____’s most recent speech/language evaluation on _____
indicates a: _____mild_____moderate_____severe_____disorder characterized by:

Previous therapy at _____ emphasized remediation of:

Therapy results: _____ was enrolled at the ASTATE SHC from _____ to _____
with the following therapy program:

Long Range Goals:

Long range goals were identified on _____’s most recent IEP (____/____/____) were as follows:

Short Range Goals:

Short Range Goals	Pre-Therapy Baseline in % of Correct Response	Post-Therapy Baseline in % of Correct Response	Date Completed
Obj. #1	10 %	90%	04/03/29
Obj. #2			
Obj#3			
More obj. as needed			

End of semester testing: (Indicate tests given, scores, and results)

Summary:

Given _____ pre-therapy condition, the progress noted above is felt to be significant/not significant:

_____’s lack of notable progress may be explained by:

Include the result of the proposed method of treatment.

Recommendations:

Based on _____’s progress during this therapy periods, the following recommendation(s) are made:

1. (continue therapy with emphasis on : [specific long range/short range goals and objectives])
(discontinue therapy) [reason; follow-up?]

ARKANSAS STATE UNIVERSITY
SPEECH AND HEARING CENTER
P.O. Box 910, State University, AR 72467-0910
Phone: 870-972-3301 Fax: 870-972-3788

Plan Approved _____
 Summary Approved _____

Session Plan / Summary

Client _____ Clinician _____ File # _____
 Session Length _____ Type of Problem _____
 Supervisor _____ Date _____

Behavioral Objectives:	# correct	# attempted
1.		
2.		
3.		
4.		
5.		
6.		
Materials:	Reinforcers:	

SOAP NOTES

- S Subjective statements that positively reflect on the patient's communication status.
- O Objective statements that are written in measurable skilled terms to report the patient's weekly progress toward achieving treatment goals and functional outcomes noted by staff and family. This section is used to document conferences with staff and family, attendance at care planning meetings, and other services billed.
- A Assessment of progress based on the subjective and objective data. Note the factors that affected performance during the week. Include prompts and cues used during therapy. This section answers the question "why".
- P Plan the focus of treatment for the next week. If minimal progress, how will you change cues or goals to facilitate success? Introduce new goals? New recommendations? If need discharge, develop maintenance or restorative nursing program.

ASTATE SPEECH AND HEARING CENTER
P.O. BOX 910, STATE UNIVERSITY, AR 72467-0910
PH. (870) 972-3301 FAX (870) 972-3788

Discharge/Termination Summary

File Number: _____

Name: _____ DOB: _____

Address: _____

Referral Source: _____

Diagnosis: _____

Date First Seen at ASTATE SHC: _____

Period (s) Seen at ASTATE SHC: _____

Summary of
Services: _____

Date Last Seen at ASTATE SHC: _____

Reason For Dismissal: _____

Student Clinician

Date

Clinical Supervisor

Date



ASTATE SPEECH AND HEARING CENTER
P.O. BOX 910, STATE UNIVERSITY, AR 72467-0910
PH. (870) 972-3301 FAX (870) 972-3788

SURVEY OF CLINICAL SERVICES

Child / Adult (circle one)

Semester: _____

Circle the number which best represents your feelings/perceptions with regard to the following statements.

3=Above Average 2=Average 1=Below Average

- | | | | |
|---|---|---|---|
| 3 | 2 | 1 | Requests for information and/or appointment scheduling addressed promptly. |
| 3 | 2 | 1 | Reports were forwarded efficiently and promptly. |
| 3 | 2 | 1 | Clinical personnel were courteous. |
| 3 | 2 | 1 | Considerate answers were provided. |
| 3 | 2 | 1 | Special problems were noted and assistance provided. |
| 3 | 2 | 1 | Appointments began at the scheduled time. |
| 3 | 2 | 1 | Diagnostic information was clearly communicated and a copy of the results was provided. |
| 3 | 2 | 1 | A clear statement of recommendations was presented which included a prognosis statement and/or referral as indicated. |
| 3 | 2 | 1 | Opportunities to ask questions were provided. |
| 3 | 2 | 1 | Over-all therapy was performed professionally and appeared to be focused upon the previously identified disorder. |
| 3 | 2 | 1 | The clinician presented in professional attire. |
| 3 | 2 | 1 | Conferences were conducted privately and away from the presence of non-professional individuals. |
| 3 | 2 | 1 | Collectively, services provided at the ASTATE Speech and Hearing Center were acceptable and appropriate. |

Ph. (870) 972-3301 | Fax (870) 972-3788

Primary Practicum Site: _____ Clinic Enrolled: Intro I II III IV (circle one)

[illegible]

AUDIOLOGY
 AS = Audiological Screening
 AE = Audiological Evaluation
 ARA = Aural Rehabilitation Amplification
 ARC = Aural Rehabilitation Communication



ASTATE SPEECH ADND HEARING CENTER
DEPARTMENT OF COMMUNICATION DISORDERS
P.O. BOX 910, STATE UNIVERSITY, AR 72467- 0910
PH. (870) 972- 3301 FAX (870) 972-3788



External Practicum Site Agreement

_____ will engage in a clinical practicum with
(student clinician)
_____ at _____
(clinical supervisor) (official site name)
beginning _____ and ending _____
(month/day/year) (month/day/year)

Site Information:

Address _____
Telephone _____
E-mail _____
Fax _____

Clinical Supervisor Information:

Home Address _____
Mobile Telephone _____
Calipso E-mail _____

Site Schedule:

Monday _____
Tuesday _____
Wednesday _____
Thursday _____
Friday _____

Student Clinician Information:

Home Address _____
Mobile Telephone _____
Calipso E-mail _____

Student Clinician and Clinical Supervisor Responsibilities/Guidelines:

(Initials of participants required in the appropriate section.)

Student Clinician:

- ____ 1. Provide to the clinical supervisor a list of the academic course work and clinical practicum completed and those currently attending.
- ____ 2. Provide a copy of TB screening, Hepatitis B acceptance/declination, CPR training and/or liability insurance as requested.
- ____ 3. Provide supervisor information related to ASHA clock hour requirements. Identify possibilities for acquisition of hours at the assigned site. Specifically, develop a plan for acquiring speech and language diagnostics, speech/language and hearing screenings, and aural rehabilitation hours.
- ____ 4. Be on time for every scheduled session.
- ____ 5. Notify the supervisor and clinical director of emergencies requiring an absence prior to a scheduled session.
- ____ 6. Follow accepted protocol enabling the supervisor to evaluate my performance.
- ____ 7. Facilitate timely evaluation of my performance by securing and/or disseminating the necessary forms to the supervisor.
- ____ 8. Make timely entries using Calipso and securing supervisor approval of hours according to the established deadlines.

- ____ 9. Verify clinical supervisor can access and log into Calipso account.
- ____ 10. Complete a monthly and/or semester composite clock hour form. Attach to the above mentioned daily clock hour form and forward to the Clinical Director, Communication Disorders Program at Arkansas State University no later than the 5th day of each month subsequent to delivered services. Clinical clock hour forms require original entries and signatures and may not be faxed. Failure to submit appropriate clock hour forms in a timely manner will be considered by both the clinician supervisor and clinical director during the performance evaluation. Student clinicians should maintain a copy of all clock hour forms submitted.
- ____ 11. Assume responsibility for ensuring that clinical evaluations are received by the Clinical Director, Communication Disorders Program at Arkansas State University on the prescribed dates.
- ____ 12. Uphold the ASHA Code of Ethics, ASTATE NHP Honor Code, and act at all times in a moral and ethical manner Clinical Supervisor:

Clinical Supervisor:

- ____ 1. Provide on-site, direct supervision to the assigned student clinician according to the American Speech-Language-Hearing Association standards. Specifically, 25% direct supervision for treatment and 50% direct supervision for diagnostics.
- ____ 2. Assume the clinical educator role by providing instruction/demonstration as related to the clinical skill/competency level of the student clinician during both treatment and diagnostic situations.
- ____ 3. Provide daily oral and/or written evaluation of the clinical skills/competencies demonstrated by the student clinician. Identified weaknesses should be provided to the student clinician in writing. A written record of improvement should also become a part of the student clinician file.
- ____ 4. Provide a mid-term and final evaluation (objective and subjective) for the assigned student clinician using a prescribed format furnished by the Communication Disorders Program at Arkansas State University.
- ____ 5. Forward all pages of the mid-term and final student clinician evaluation to the Clinical Director at Arkansas State University.
- ____ 6. Initial/sign required clinical clock hour forms verifying the students direct client/patient contact time and record the percentage of direct supervision time provided. Consult and/or staffing time may be counted on a limited basis. Paperwork time may not be counted.

The student clinician and clinical supervisor have completed the information items, reviewed the responsibilities/guidelines, and mutually agree to the conditions identified within the external practicum site agreement.

Student Clinician _____ Date _____
Clinical Supervisor _____ Date _____
License # _____ State _____ ASHA # _____

(Attach copies of all current credentials)
Retain a copy and forward the original to the Clinical Director within 5 days

ASTATE SPEECH AND HEARING CENTER
P.O. BOX 910 STATE UNIVERSITY, AR 72467-0910
PH. (870) 972-3301 FAX (870) 972-3788

Student Intervention Form

Student Name: _____ Semester/Year: _____

Course: _____ Instructor: _____

This student is completing an intervention plan for the following reason(s): *Check all that apply*

- _____ Student scored below 75% on a formative test
- _____ Student score below 75% on a class assignment
- _____ Student did not meet clinical expectations
- _____ Absent from class
- _____ Absent from clinic without permission from supervisor and clinic director
- _____ Ethical violation
- _____ Other

The following plan of action will be employed: *Check all that apply and indicate date intervention should be completed by. Use back for notes, communication logs, and re-test data is needed.*

- _____ Oral Exam Date: _____
- _____ Write a paper Date: _____
- _____ Oral Presentation Date: _____
- _____ Other: _____ Date: _____

Interventions not completed or not completed in a competent manner may result in a letter grade deduction for each occurrence.

Your signature indicates that you have read this document.

Student signature: _____ Date: _____

Faculty signature: _____ Date: _____

_____ Student has attained expected level of performance following intervention.

Other recommendation(s): _____

Faculty Signature: _____	Date: _____
Student Signature: _____	Date: _____

ORIGINAL should be completed, signed, and placed in student advising file, and a COPY should be given to the student.

ASTATE SPEECH AND HEARING CENTER
P.O. BOX 910 STATE UNIVERSITY, AR
72467-0910 PH. (870) 972-3301
FAX (870) 972-3788

CONTACT RECORD

Client: _____ Client File#: _____

Record each contact with client whether by phone, email, letter, etc.

Date	Time	Purpose	Response	Initials

**ASTATE SPEECH AND HEARING CENTER
P.O. BOX 910 STATE UNIVERSITY, AR 72467-0910
PH. (870) 972-3301 FAX (870) 972-3788**

Speech-Language-Hearing Evaluation Report

Name:
Birthdate:
Parents/Caregiver
Address:
Clinician:

File Number:
Date of Evaluation:
Telephone:
Referred by:

Background Information:

Evaluations and Observations:

Hearing Screening

Oral Peripheral Examination

Language: (List formal and informal assessment instruments and results)

Articulation: (List formal and informal assessment instruments and results)

Voice: (List formal and informal assessment instruments and results)

Fluency: (List formal and informal assessment instruments and results)

Clinical Impressions:

(State exactly the diagnosis, level of severity, and salient characteristics of the disorder/delay. Include a prognostic statement regarding the potential for therapeutic improvement in the condition.)

Recommendations:

(Include specific therapy targets to be addressed along with the most appropriate therapy strategies to achieve the targeted objectives. Specify the number of sessions per week that are recommended.)

(Include student's name and credentials)
Student Clinician

(Include Supervisor's name and credentials)
Clinical Supervisor

ASTATE SPEECH AND HEARING CENTER
P.O. BOX 910 STATE
UNIVERSITY, AR 72467-0910 PH.
(870) 972-3301 FAX (870) 972-3788



DIAGNOSTIC TEST, MATERIAL, & EQUIPMENT CHECK OUT FORM

- MATERIALS, TESTS, AND EQUIPMENT MAY ONLY BE CHECKED OUT IF NOT RESERVED BY A STUDENT CLINICIAN OR FACULTY MEMBER.
- All diagnostic materials may be checked out overnight, but cannot leave the 1st floor until 4:30 pm.
- Tests may be checked out for the weekend after diagnostics on Friday.
- ALL materials MUST be checked back in by 8:30 am the next morning unless other arrangements have been made with the office.

PLEASE READ THE ABOVE PARAGRAPH REGARDING CHECK-OUT OF EQUIPMENT AND TESTS!!!!

Name of Borrower	VALID Phone #	Student I.D. Or D.L. #	Test or Equipment Name and Number	Rec'd Date / Time	Office Initials	Ret. Date / Time	Office Initials	Restocked by:

**ASTATE SPEECH AND HEARING CENTER
P.O. BOX 910 STATE UNIVERSITY, AR
PH. (870) 972-3301 FAX (870) 972-3788**



FILE AUDIT

Information for inclusion into the permanent file will be reviewed by each supervisor.
Completion of each permanent file will be indicated by the signature of the supervisor and clinician.
This file audit procedure must be completed prior to assignment of a clinical grade.

Client Name: _____ File #: _____

SUMMARY OF CONTACT

- _____ File Audit Form
- _____ EMS / Patient Information
- _____ Telephone Logs

HISTORY

- _____ Referral
- _____ Disposition Forms
- _____ Case History Forms

CORRESPONDENCE

- _____ Written Correspondence

DIAGNOSTIC

- _____ Diagnostic Materials (protocols, language samples, etc)
- _____ Evaluation Reports and/or Diagnostic Updates (internal and external)

TREATMENT

- _____ Treatment Plans
- _____ Treatment Summaries
- _____ Discharge Summaries
- _____ Treatment Reports From Other Settings

SESSION PLANS

- _____ Daily Session Plans and Summaries

CONSENT/RELEASE

- _____ Informed Consent Form
- _____ HIPAA Receipt of Privacy Practices and Consent
- _____ Consent for Release of Information
- _____ Transportation of Minor
- _____ Publicity Consent
- _____ Other Permission Forms

Student Signature/Credential

Date

Supervisor Signature/Credentials

Date

**ASTATE SPEECH AND HEARING CENTER
P.O. BOX 910 STATE UNIVERSITY, AR 72467-0910
PH. (870) 972-3301 FAX (870) 972-3788**

Hepatitis-B Vaccination Declination

Date:_____

Student Clinician Name:_____

Social Security Number:_____

I understand that due to my occupational exposure to blood and other potential infectious materials, I may be at risk of acquiring the Hepatitis-B Virus (HBV). I have been given the opportunity to be vaccinated with the Hepatitis vaccine. I decline the Hepatitis-B vaccination offered through the Communication Disorders Program at Arkansas State University (at a reduced charge) at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis-B, a serious disease. If, in the future, I continue to have occupational exposure to blood and other infectious materials and I want to be vaccinated with the Hepatitis-B vaccine, I can retract this declination and receive the vaccination series through the Communication Disorders Program of ASTATE according to their academic/clinical vaccination schedule or acquire the series privately.

Student Clinician Signature

Date



ASTATE SPEECH AND HEARING CENTER
P.O. BOX 910 STATE UNIVERSITY, AR 72467-0910
PH. (870) 972-3301 FAX (870) 972-3788

**CHILD MALTREATMENT REPORTER TRAINING
STUDENT VERIFICATION OF TRAINING FORM**

Act 703 of 2007 (Arkansas Code Annotated § 6-61-133) states that for each degree program at an institution of higher learning in this state that is a prerequisite for licensure or certification in a profession in which the professional is a child maltreatment mandated reporter under the Child Maltreatment Act, the Arkansas Department of Higher Education shall coordinate with all institutions to ensure that before receiving a degree, each graduate receives training in 1) recognizing the signs and symptoms of child abuse and neglect; 2) the legal requirements of the Child Maltreatment Act and the duties of mandated reporters under the act; and 3) methods for managing disclosures regarding child victims. **I have been trained in 1) recognizing the signs and symptoms of child abuse and neglect; 2) the legal requirements of the Child Maltreatment Act and the duties of mandated reporters under the act; and 3) methods for managing disclosures regarding child victims.**

Student Name (please print)

Student I.D.

Student Signature

Date

Date of Child Maltreatment Reporter Training



ASTATE SPEECH AND HEARING CENTER
P.O. BOX 910 STATE UNIVERSITY, AR 72467-0910
PH. (870) 972-3301 | FAX (870) 972-3788

Substance Abuse Policy Signature Page
SUBSTANCE ABUSE COMPLIANCE CONTRACT
COLLEGE OF NURSING AND HEALTH PROFESSIONS
ARKANSAS STATE UNIVERSITY

I, _____, have read the Board of Trustee approved *Substance Abuse Policy & Procedures* of the Arkansas State University College of Nursing and Health Professions and agree, as a student in the professional health program, to comply with all aspects of the policy as written, including testing for substance abuse and appropriate release of that information. Furthermore, I agree to abide by the provisions for determining dismissal and to follow the conditions of readmission as outlined.

Student's Name

Student's Signature

Date

*For Student File



**ASTATE SPEECH AND HEARING CENTER
P.O. BOX 910 STATE UNIVERSITY, AR 72467-0910
PH. (870) 972-3301 FAX (870) 972-3788**

College of Nursing and Health Professions

HIV/HBV GUIDELINES FOR ON-CAMPUS LABORATORY AND CLINICAL SETTINGS

In accordance with sections 503 and 504 of the Rehabilitation Act of 1973, schools must provide equal treatment to persons who have contracted the HIV/HBV virus. Furthermore, schools may not discriminate against any individual based on the perception that he/she is infected.

TRANSMISSION INFORMATION

All CNHP students and faculty will employ Standard Precautions while in the clinical setting. CNHP students will receive instruction and annual evaluation regarding transmission of blood-borne pathogens and the use of Standard Precautions. The Infection Control Committee will coordinate instruction on Standard Precautions for faculty on an annual basis. It will be the responsibility of faculty members to document annual instruction through the Infection Control Committee.

POLICY

Students, faculty, and staff with HIV/HBV, or any significant blood borne pathogen, should be allowed equal access, as long as their medical condition permits, to university facilities or campus activities, including participation in clinical experiences or other academic and social activities offered by the university.

All confidential medical information is protected by statute and any unauthorized disclosure may create legal liability. The duty of the health care providers to protect this confidentiality is superseded by the necessity to protect others in very specific circumstances.

An infected student/faculty who is symptomatic may be excluded from providing direct client care, determined on a CASE-BY-CASE basis by the Infection Control Committee. In addition, should an individual sero-convert and express concern regarding clinical practice, the committee will convene to review the case.

Students may be asked to serve as source partners in on-campus laboratories for procedures involving needle sticks or other forms of vascular access. For criteria related to laboratory participation, see the specific program handbook.

EXPOSURE (Laboratory and Clinical Settings)

Students and faculty in the College of Nursing and Health Professions may be exposed to blood borne pathogens such as HIV and HBV. In the clinical and classroom laboratory settings, students/faculty are expected to utilize Standard Precautions, hand washing and protective clothing/gear to prevent contact with blood and other potentially infectious materials.

Exposure incident means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious material that results from one's duties as a CNHP student or faculty member. An exposure incident involving a student/faculty member in the CNHP, while in a clinical facility or campus laboratory is treated in a similar manner to any type of accident occurring within the agency.

On-Campus Laboratory or Clinical Setting: Blood Borne Pathogen Post Exposure Protocol Should a student or faculty member be exposed to blood borne pathogen in an on-campus laboratory or clinical setting, the following post-exposure protocol is recommended:

1. The student will notify the faculty member supervising the learning experience. If the exposed individual is a faculty member, he/she will notify the chairperson of the specific program in the CNHP.
2. As soon as possible following the exposure, the college incident form will be completed by the faculty member/student.
3. The exposed individual will be referred to the Student Health Center for evaluation if the event occurs during operating hours. If the exposure occurs when the Health Center is closed, the faculty member will determine the individual's primary care options and refer the person to those resources.
4. It is suggested that the post-exposure protocol be managed by the individual's primary care provider at the individual's expense.
5. If there is a delay in reporting an exposure incident, it is recommended that the same protocol be followed.

Off-Campus Laboratory or Clinical Setting: Blood Borne Pathogen Post Exposure Protocol

If a student/faculty member is exposed to blood or other potentially infectious materials in the off campus setting, this Blood Borne Pathogen protocol is to be followed.

1. The student will notify the clinical faculty. If the exposed individual is a faculty member, s/he will notify the chairperson of the specific program at the CNHP.
2. The student, clinical faculty or chairperson will notify the supervisor of the area where the exposure occurred. Thereafter, post-exposure protocols for the clinical institution will be followed.
3. The infection control staff member/epidemiologist of the clinical facility will be notified of the exposure immediately by the student or if possible by the clinical faculty member. If a faculty member has been exposed, this individual will notify the infection control staff/epidemiologist.
4. As soon as possible following a report of an exposure incident the clinical faculty and infection control staff/epidemiologist should provide the student with counseling about an immediate confidential medical evaluation and follow-up at the student's expense. In the case of a faculty member's exposure, the individual is expected to communicate directly with the infection control staff/epidemiologist. The medical evaluation and follow-up should include, at a minimum, the following requirements:
 - (a) Documentation of the route(s) of exposure and the circumstances under which the exposure incident occurred.
 - (b) Identification and documentation of the source individual unless the clinical facility staff establishes that the identification is infeasible or prohibited by state or local law.
 - (c) The source individual's blood shall be tested as soon as possible after consent is obtained in order to determine HBV and HIV infectivity. If consent is not obtained, the clinical facility shall establish that

the source individual's consent cannot be obtained. When the source individual's consent is not required by law, the source individual's blood shall be tested and the results documented.

(d) When the source individual is already known to be infected with HIV or HBV, testing for the source individual's HIV or HBV status need not be repeated.

(e) Results of the source individual's testing shall be made available to the exposed individual who should also be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

(f) The exposed student/faculty member's blood should be tested as soon as possible.

(g) It is suggested that the post-exposure protocol be managed by the student/faculty member's personal healthcare provider.

CNHP
Infection Control Committee
8/18/2006

The ASTATE Speech and Hearing Center and Department of Communication Disorders will provide in-service to clinical practicum students regarding the Hepatitis-B vaccine and, as stated in Section II.F. of the Clinic Handbook, if a student declines the Hepatitis vaccine, the following form is required (see next page).

ASTATE SPEECH AND HEARING CENTER
P.O. BOX 910 STATE UNIVERSITY, AR 72467-0910
PH. (870) 972-3301 FAX (870) 972-3788

CAA COMPLIANT PROCEDURE

- I. Purpose: The purpose of this procedure is to provide the students in the Department of Communication Disorders at Arkansas State University a mechanism for resolving written complaints against the aforementioned program and/or its personnel.
- II. Rationale: It is expected that students in the Department of Communication Disorders will support the program's procedures and policies. However, when a student's grievance about a policy, program, or practice is not resolved with informal discussion, a more formal complaint procedure is to be followed.
- III. Procedure: All formal complaints against the personnel, policies, and/or procedures of the Department of Communication Disorders must be submitted in writing within a reasonable period of time following the incident or initial concern. Written complaints lodged against the Department of Communication Disorders will be resolved through a process listed in the procedure.
 - a. Student complaints lodged against the program regarding grading, disciplinary action, probation, or continuation in the program shall follow the student grievance procedure found in the Arkansas State University Student Handbook.
 - b. Written complaints about CD personnel including faculty, on site supervisors, off site supervisors, part time instructors, and staff shall be submitted to the Department of Communication Disorders Director. If the grievance directly concerns actions or policies of the Department of Communication Disorders Director, written complaints are to be submitted to the program's Director of Clinical Services. The recipient of the written grievance will then investigate the complaint, propose solutions, and notify those involved of the findings.
 - c. Written complaints regarding curriculum and instructional design shall be submitted to the appropriate program curriculum committee chairperson. The committee will investigate the concern, propose solutions, and notify those involved of the findings.
- IV. Record: All written grievances and the actions taken to resolve the complaint will be collected and filed in the Department of Communication Disorders office.
- V. Individuals wishing to provide input about the Department of Communication Disorders compliance with accreditation standards may do so in two ways: a) submitting written comments in accordance with the procedures specified below, or b) attending and providing comments at a public meeting during the Department of Communication Disorders scheduled site visit. Faculty, students, program administrators, CAA site visitors, related organizations, or individuals receiving clinical services are invited to submit comments. Comments provided must meet the following criteria:

- Relate to a program's compliance with the published Standards for Accreditation of Graduate Education Programs in Audiology and Speech-Language Pathology (Standards), effective January 1, 1999.
- Identify the specific program and standard(s) being addressed and a description of the circumstances related to the program's alleged non-compliance with the standards.
- Comments that do not meet these requirements will not be considered, and the individual or group commenting will be so notified.
- Copies of the Standards and /or CAA's policy on public comment may be obtained by contacting
CAA Office at ASHA
10801 Rockville Pike
Rockville, MD 20852
Action Line – 1-800-498-2071
<http://professional.asha.org>

VI. Receipt of Procedure: The CD program will document that all accepted students have received and understand the grievance policy by requiring submission of Appendix form B-11.



**ASTATE SPEECH AND HEARING CENTER
P.O. BOX 910 STATE UNIVERSITY, AR 72467-0910
PH. (870) 972-3301 FAX (870) 972-3788**

RECEIPT OF CAA COMPLAINT PROCEDURE SIGNATURE PAGE

I, _____ have received a copy of the Complaint
Procedure for the Department of Communication Disorders. I have read the document and
understand all steps involved in the formal grievance process.

Print Name

Signature

Date



**ASTATE SPEECH AND HEARING CENTER
BOX 910 STATE UNIVERSITY, AR 72467-0910
PH. (870) 972-3301 FAX (870) 972-3788**

**College of Nursing and Health Professions
Policy/Procedure Guidelines for Infection Control**

INTRODUCTION

The policy guidelines herein are of a general nature and deal with HIV-related infections as well as other blood borne pathogens. They apply to all students/faculty in the College of Nursing and Health Professions (CNHP). Due to differences in the various programs, individual CNHP programs may have specific rules and/or guidelines that are modifications of those in the general policy; however, the specific policies of the various programs will be consistent in their intent with the guidelines noted herein. This policy shall be reviewed annually and modified as necessary based on the current information from the CDC and other resources.

ADMISSIONS

The HIV/HBV (Human Immunodeficiency Virus/ Hepatitis B Virus) or any significant blood borne pathogen status of an applicant should not enter into the application process. Applicants applying for healthcare programs should, however, be informed that certain diseases may necessitate either a modification of their program, or in the extreme may necessitate their dismissal from a program if they cannot perform procedures and/or tasks that are considered essential to their educational experience.

RETENTION

If it is determined that a student is sero-positive for HIV/HBV, or any other significant blood borne pathogen, or is clinically manifesting symptoms of a related disease process, that student should receive counseling about personal health care concerns and about interaction with others, especially clients. The student should be counseled by a designated faculty member in his/her respective program. The function of the designated faculty member is to counsel the student as to whether the program of education should be modified, another educational program considered, or in the extreme, whether the student should be dismissed from a program because of the inability to perform procedures and/or tasks crucial to the educational program. When considering the possibility of modifying clinical experiences or whether to dismiss, the designated faculty member will request that the Infection Control Committee convene to consider the specific student situation.

COUNSELING

It is the responsibility of the programs to provide counseling to a student/faculty member who is determined to be sero-positive for HIV/HBV, or any significant blood born pathogen, or who manifests symptoms of a related disease process. The counselor interaction with the student/faculty member should be reported to the Infection Control Committee only when the person's health status necessitates a modification in the clinical program or dismissal. It will be the responsibility of the counselor to verify that the student is aware of options for testing, counseling and health care. In addition, the counselor will verify that the student has been provided with specific information that relates to client contact.

The following information is provided in order to refer students when necessary to outside agencies for assistance and follow-up. This information should be reviewed and updated annually. HIV Infection Services provided by ASTATE Student Health Center:

Students at Arkansas State University who desire HIV testing will be referred to the Craighead County Public Health Department for testing. This insures privacy and integrity of specimen collection.

The Student Health Center has developed a media library (videos, pamphlets) for persons coming in with questions about HIV infection. The Center is located adjacent to the football stadium and can be reached at ext. 2054. Services offered by the Public Health Department The Craighead County Public Health Department is open from 8:00 a.m. until 4:30 p.m. for testing. The department offers pre- and post-test counseling as well as HIV testing. The cost of the service is \$5.00 which pays the record maintenance fee. The Public Health Department can be contacted by calling 9334585. Offices are located in the Arkansas Services Center on 611 E Washington Ave, Ste B, Jonesboro, AR 72401.

An individual who desires testing should allow about one hour for the procedure because pre-counseling is extensive.

The Public Health Department will provide the Hepatitis B vaccine for persons up to age 19. They will not provide testing for Hepatitis B. The Public Health Department will provide follow-up care for any individual with a positive TB skin test or one with a diagnosis of tuberculosis.

Services offered by Northeast Arkansas Regional AIDS Network (NARAN)

This organization offers free confidential testing. Pre- and post-counseling is provided by certified counselors. They also provide direct care services to those persons who need them, including financial counseling. NARAN is also a network agency for persons living with AIDS. A referral can be made by contacting the office at 931-4HIV (4448).

The counselor should not neglect to refer the student/faculty member to his/her private physician for guidance.

Students and faculty outside of Craighead County should seek specific referral information from the Chair of the Infection Control Committee or from a faculty member designated as counselor at the distant site.

SIGNATURE PAGE

I have received a copy of the Arkansas State University Speech and Hearing Center Clinical Handbook. My signature below indicates that I have read the Arkansas State University Speech and Hearing Center Clinical Handbook and understand the policies and procedures outlined therein. Further, my signature below indicates that I will comply with the policies and procedures set out in the Arkansas State University Speech and Hearing Center Clinical Handbook.

Student Clinician

Date

This sheet must be on file in the student clinician's clinical practicum file before the student clinician will be allowed to have contact with clients.

