SECTION C

EXTERNSHIP INFORMATION

- Course Intent and Purpose
- Eligibility for Externship
- Establishing Your Externship Site
- Faculty Clinical Mentors
- Externship Site Identification Form
- Course Syllabus: CSD 608 Fieldwork Experience
- Record Keeping
- Daily Clock Minutes Form
- Summary of Clock Hours (form)
- CSD Clinical Clock Hour Accumulations (form)
- Graduate Student Trainee Rating Scale (form)
- Externship Site Evaluation Questionnaire (form)
- Clinical Education Site Identification (form)
COURSE INTENT AND PURPOSE

Fieldwork in speech-language pathology or “externship,” is intended to broaden the scope of a clinical education to include experiences not commonly encountered in the student’s regular work place or in previous clinical practicum. CSD 608 requires that you devote 10 to 12 weeks to full-time clinical education. The fieldwork is, thus, pre-arranged at a clinical site other than your current work setting. Students must complete a minimum of 150 clinical practicum hours and fulfill all remaining ASHA clinical clock-hour requirements to receive a grade for externship. Students must also complete all the externship site requirements (i.e., projects, presentations) and the full-time commitment as stipulated by the on-site supervisor, regardless of practicum hour total, in order to receive a grade in CSD 608.

Note: ASHA Certification Standard III-B requires a total of 350 clinical hours and twenty-hour minimums in each evaluation and treatment category.

ELIGIBILITY FOR EXTERNSHIP

Eligibility for externship is determined by the following criteria:

1. Completion of 45 credit hours of your academic program with a GPA of at least 3.0.
2. Completion of 6 credit hours of CSD 602 Clinical Practicum.
3. A grade of B or better in your final semester of CSD 602 Clinical Practicum.
4. A minimum of 150 supervised clinical clock hours completed in two clinical settings. These hours must be completed while enrolled in the NAU/CSD graduate program. (Note: two settings may be defined within your primary work site. For example, self-contained vs. normal, preschool vs. high school.) At least 50 hours must be completed in each setting.

Note: Up to 100 hours completed as part of an undergraduate program may be applied toward the 350 clock hour total. Twenty-five hours of clinical observation must be completed before beginning the 350 clock hour total.

Eligibility for participation in your graduate externship is verified by the Program Coordinator. Excellent record keeping of your clock hours, practicum records and prompt submission of practicum case studies and supervisor evaluation/grade are crucial to this process. If you have any questions about your eligibility, please contact the Program Coordinator.

NOTE - Please make sure your documentation of clinical settings, practicum hours forms and clinical practicum grade have been sent to the department at completion of each practicum.
ESTABLISHING YOUR EXTERNSHIP SITE

Establishing your externship site is a collaborative, coordinated effort between you and NAU. Your responsibilities include externship site identification and successful completion of the externship site’s application process. NAU’s responsibilities include negotiating an affiliation agreement with your proposed site, prior to your scheduled externship, and monitoring your progress through your externship.

Step 1  Identify potential sites and make initial contact.

The earlier you start identifying potential sites, the better. Our recommendation is to begin identification **one year** prior to the expected externship. Identify at least 3 possible sites. Identification of potential sites requires contacting individuals at these sites and determining:

1. If the site offers graduate clinical externships (needs a “Yes” answer).
2. If the site has any restrictions regarding student applications for externships. Clarify that you would be a potential applicant.
3. If there is an affiliation agreement already established with the site.
4. If not, will the facility accept and sign our NAU standard affiliation agreement or does it have its own affiliation agreement for establishing externship placements?
5. If there is a formal application process and, if so, what this process entails. Specify how you apply for their externship site.

**WORDS OF CAUTION**

If you are choosing an externship site that is not established with NAU by a current affiliation agreement, there is a high risk of contract negotiations not being completed by the time you want to begin your externship. Further, if your selected externship site has its own affiliation agreement document, the contractual process may be substantially lengthened. **Negotiations alone may require up to 9 months to be completed.** Should you wait too long to identify and establish your externship site, there is a risk that contractual discussions or negotiations will not be initiated and completed by the time you desire to begin your externship. For this reason, it is good to pursue at least 3 possible sites. Clearly, if you can identify a site that will accept NAU's standard agreement, establishment of your externship site will proceed most smoothly. Always allow plenty of time for completion of the process.

Once you feel you have established a rapport and possible placement with a potential supervisor and site, make sure you inform the Program Coordinator. Use the form on page C 6 to initiate the NAU portion of the this process.

**Step 2  Submit Externship Site Identification form to CSD Program Coordinator.**
1. Complete the externship site identification form (page C 6) and mail/fax it to the Program Coordinator a minimum of 9 months in advance of anticipated externship start date.
2. The Program Coordinator will confirm your academic status, affiliation status with the site as established or new, and contact your externship supervisor by mail to provide information such as the course syllabus, evaluation forms, agreement (if needed) etc.
3. Sign a copy of Appendix A, Student Responsibility Statement, of the NAU affiliation agreement (and part of CSD 608 course syllabus). See page C 10 of this document, and forward it to the Program Coordinator.

Step 3 Complete your Externship

Make final arrangements for specific externship period (beginning and ending dates) with the site supervisor and send this information to the Program Coordinator. Register for CSD 608: Fieldwork Experience.

During your externship, record treatment clinical clock hours and diagnostic clinical clock hours on the appropriate forms (see pages C 11-14). Complete your daily log as specified by your NAU Faculty Clinical Mentor.

When your externship is complete, send your signed clock hour forms (see course syllabus) and externship site questionnaire* to the department (pages C 17-19). Also have your supervisor send in the completed Graduate Trainee Rating Scale form (pages C 15-16) and the required ASHA Clinical Site Identification Form (page C20-22). You will not receive a grade for externship until all these items are received and reviewed.

*Note: Completion of this questionnaire was recommended to us by ASHA and we are most grateful for your compliance with this procedure.

Step 4 End Notes

When you have completed your externship, it is expected that you will have completed at least 350 clinical clock hours with minimums in each ASHA evaluation and treatment category. This does not mean, however, that completing the ASHA minimum clock-hour requirements meets the externship requirements. In most cases, the 150 clock-hour externship requirements will exceed ASHA requirements.

When you complete the clinical clock hour requirements stipulated in ASHA Certification Standard III-B, you are ready to begin your clinical fellowship and take your National Praxis Examination. These are the final steps in becoming certified by ASHA. The appropriate forms are in your ASHA Membership and Certification Handbook. These pages require an NAU signature (CSD Department Chair). Please complete and send these forms to the Program Coordinator to process for NAU signature.
FACULTY CLINICAL MENTORS

Faculty Clinical Mentors are the link between your clinical education site and the university program. Please feel free to contact your mentor for any matters related to your clinical education. Faculty Clinical Mentors are assigned according to the first letter of your last name. If you change your name you will stay assigned to your original mentor. They will review and evaluate your case summaries and be available for any clinical therapy questions.

Clinical Mentor Activities Include:

1. Supervisory Interactions with Practicum Students and Supervisors as Needed
2. Review of 5 Case Summaries for the first 25 Clock Hours
3. Practicum/Externship Supervisor Interactions
4. Clinical Therapy Advice

Dr. Judith King  A,B,C
Phone: (928) 523-7436  Email: Judith.King@nau.edu

Dr. William Culbertson  D,E,F,G,H
Phone: (928) 523-7440  Email: Bill.Culbertson@nau.edu

Dr. Elise Lindstedt  I,J,K,L,M
Phone: (928) 523-9591  Email: Elise.Lindstedt@nau.edu

Dr. Dennis Tanner  N,O,P,Q,R
Phone: (928) 523-7439  Email: Dennis.Tanner@nau.edu

Dr. Mary Oelschlaeger  S,T,U,V,W,X,Y,Z
Phone: (928) 523-4952  Email: Mary.Oelschlaeger@nau.edu

Please direct all clinical therapy and diagnostic questions to the above Faculty Clinical Mentors.
NAU SUMMERS-ONLY GRADUATE PROGRAM - MASTERS IN CLINICAL SPEECH PATHOLOGY

EXTERNSHIP SITE IDENTIFICATION FORM

Student Name: ________________________________

Date: ___________________ Soc. Sec. No: ___________________

Intended Dates of Externship: ________________________________

Externship Site

Name and Address of Site: ________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

Externship Supervisor: (Name, Title and ASHA#)

____________________________________________________________________

Telephone: ________________________________

E-Mail Address (Optional): ________________________________

Contact Person if other than above: ________________________________

Other information:

____________________________________________________________________

Forward to Program Coordinator 9-12 months prior to externship.
See Step 1 of “Establishing Your Externship.”
COURSE TITLE: CSD 608 FIELDWORK EXPERIENCE
PERIOD/DURATION: 10-12 weeks  NOTE: The specific dates are arranged between the student and the facility on an individual basis.
CREDIT HOURS: 12
COURSE COORDINATOR: Faculty Clinical Mentor

COURSE DESCRIPTION

The graduate externship requires that the student devote one 10-12 week semester of full-time clinical practice at a pre-arranged clinical site other than the student’s usual place of employment or other than Northern Arizona University's Speech and Hearing Clinic. Externship sites must be officially affiliated with NAU/CSD through an authorized affiliation agreement.

The student may choose to participate at one site for the semester or participate at two sites for six to seven weeks each, pending agreement by the requested sites. Participation requires that the student meet academic and clinical requirements prior to submitting an application for a department affiliated externship site.

Each student must review the Summers-Only Handbook, Section C - Externship. Timely correspondence with the Program Coordinator is critical, in order to ensure that the application and placement are appropriate. The grade for externship is “Pass/Fail.”

COURSE PREREQUISITES

1. Completion of first and second CSD 602 clinical practicum courses.
2. Completion of all graduate degree course work with a grade point average of 3.0
3. Completion of 150 clinical clock hours.
4. Completion of the NAU/CSD and facility externship application process.

REQUIRED TEXT
NAU Summers-Only Graduate Program Handbook, Current Edition
ASHA Certification and Membership Handbook, Current Edition

SUGGESTED TEXT

COURSE OBJECTIVES

The purpose of the CSD 608 Field-Work Experience is to assist the clinical speech pathology student in the following ways:

1. To extend their academic and clinical training outside their usual places of employment.
2. To partially prepare the student for her/his ASHA Certificate of Clinical Competence.
COURSE REQUIREMENTS

1. Completion of a minimum of 150 clock hours in a variety of areas.
2. Completion of ASHA clinical practicum requirements for the Certificate of Clinical Competence.
3. Submission of correctly completed required forms and assignments (see Approach/Assignments, below).

APPROACH/ASSIGNMENTS

Each student works under the supervision and guidance of a primary supervisor located at the facility of the fieldwork experience. A clinical faculty mentor at CSD is the student’s and supervisor’s link with the university. Each student extern should be given ample time to become familiar with the facility's policies and procedures regarding patient care.

Assignment of client/patient caseload is at the discretion of the facility's speech pathology supervisor. ASHA Certification Standard III-B (page 23 of certification manual) stipulates that at least 25% of the student's total contact time with each client in clinical treatment be directly supervised and at least 50% of the student's time in each diagnostic evaluation must also be directly supervised. Supervisors and students are responsible for ensuring that ASHA’s supervision standards are followed.

The externship student is to complete a daily log of the experience to be turned in to the faculty clinical mentor at the completion of the semester. This log is a narrative of the student’s externship experiences. (Your faculty clinical mentor will specify the information and the time periods covered in your log.)

Students will read and complete Appendix A, Student Responsibility Statement, of the NAU affiliation agreement (see page C 10) to ensure compliance with the administrative aspects of a clinical externship. Student may not be employed by their externship site.

Summers-Only students must keep abreast of posted program announcements and updates on the Summers-Only web site (see link at http://www.nau.edu/hp/dept/speech/index.html).

Required documentation for completion of externship:

Student Responsibility Statement (C 10)
Daily Clock Hours Form (C 12)
Summary of Clock Hours Form (C 13)
CSD Clinical Clock Hour Accumulations Form (C 14)
Graduate Student Trainee Rating Scale (C 15-16)
ASHA Clinical Education Site Identification Form (C 20-22)
Daily Log (as required by faculty clinical mentor)
ATTENDANCE POLICY

In accordance with the Agreement for Clinical Internship/Education between NAU and the FACILITY, the student must comply with the facility's attendance requirements and be responsible for making up time and work missed during unavoidable illness or absence.

LIABILITY AND HEALTH INSURANCE

Professional and general liability insurance coverage for adjunct faculty and students is provided by Arizona State Risk/NAU during the externship. The student is required to acquire and carry personal professional liability insurance purchased at his/her own expense. Students are responsible for their own health insurance coverage.

EVALUATION SYSTEM

The grade for CSD 608 is based on a “Pass/Fail” system. A passing grade is either A or B, and is based on the site supervisor’s evaluation of the student as indicated on the trainee rating scale.

The student is to ensure that the externship supervisor completes and submits the grading form to the Program Coordinator, and signs all clock hour forms. Students are to submit their Daily Logs and Site Evaluations to their faculty clinical mentors upon completion of their externship.

Clinical clock hours will be evaluated for compliance with ASHA guidelines by the Department Chair prior to grade posting and conferring of degree. In the event that additional clinical clock hours need to be accrued to complete the ASHA requirements, the student will be responsible for arranging and completing these hours under the guidelines for supervision set forth in ASHA Certification Standard III-B.

CSD 608 course credits will be posted as IP (in progress) until the necessary clinical clock hours are completed, all other course requirements are met, and a new grade is posted. At that time the degree will be posted on the transcript.

Faculty Clinical Mentors are assigned follows:

Student with last name beginning A,B,C  
Dr. Judith King  (520) 523-7436  Email: Judith.King@nau.edu
Dr. William Culbertson  (520) 523-7440  Email: Bill.Culbertson@nau.edu
Dr. Elise Lindstedt  (520) 523-9591  Email: Elise.Lindstedt@nau.edu
Dr. Dennis Tanner  (520) 523-7439  Email Dennis.Tanner@nau.edu
Dr. Mary Oelschlaeger  (520) 523-4952  Email Mary.Oelschlaeger@nau.edu

Please feel free to contact your faculty clinic mentor about any clinical questions or concerns.
Appendix A
Northern Arizona University
College of Health Professions

CLINICAL/INTERNSHIP EDUCATION
STUDENT RESPONSIBILITY STATEMENT

In order to satisfy section II.I. of the Agreement for Clinical/Internship Education, STUDENTS shall read the following and indicate their understanding by signing below. This Student Responsibility Statement is in addition to the course syllabus, and the student is responsible for being familiar with the content of both documents.

In consideration of the opportunity to enter into a clinical education/internship educational program, I agree to:

A. Complete and be responsible for the cost of providing all health forms and certificates requested by the FACILITY.

B. Provide the PROGRAM and FACILITY with written confirmation of professional liability coverage for the term of the clinical/internship education assignment.

C. Be responsible for my own housing, but welcome FACILITY housing and/or assistance in obtaining private housing, during my clinical/internship education assignment.

D. Be responsible for following the policies, rules and regulations of FACILITY, including confidentiality policies pertaining to client and patient records.

E. At all times conduct myself, both at the FACILITY and outside normal business hours, in a personally and professionally ethical manner.

F. Be responsible for acquiring the appropriate and necessary attire required, if any, but not provided by the FACILITY.

G. Be responsible for providing my own transportation to and from the FACILITY and any reasonable special assignment by the faculty or FACILITY. I will never transport patients.

H. Be responsible for making up time and work missed during unavoidable illnesses, in consultation with my academic coordinator and clinical instructor.

I. Notify the FACILITY and PROGRAM Clinical Education Coordinators if I learn I am pregnant before or during the clinical/internship education assignment so that appropriate personal safety precautions can be implemented.

J. Obtain prior written approval from PROGRAM and FACILITY before publishing or presenting any material relating to the clinical experience outside normal educational settings of the PROGRAM.

Student Print Name

X
Student Signature Date

Rev. May 2002
RECORD KEEPING

Dear Graduate Student:

Enclosed please find several forms for recording your clinical clock hours during your externship. Please complete and return these forms to the Program Coordinator at NAU upon completion of your externship. Each form must be signed by the appropriate site supervisor. You will also have to complete the record of clinical practicum on page A-8 and A-9 of your ASHA handbook and submit these forms for signature.

Also enclosed is an externship site evaluation questionnaire with a key as a reference. Please complete this form at the end of your externship and send it in with your other materials.

If you have any questions or concerns during your externship please contact your Faculty Clinical Mentor.
### Daily Clock Minutes Form

**Northern Arizona University**  
**Department of Communication Sciences and Disorders**

**Clinician**  
**Site**  

**Setting**  
Child  
Adult  

#### Clock Minutes

<table>
<thead>
<tr>
<th>Week Ending Date</th>
<th>E=Eval</th>
<th>T=Treat</th>
<th>Language Disorders</th>
<th>Artic Disorders</th>
<th>Voice Disorders</th>
<th>Fluency Disorders</th>
<th>Dysphagia</th>
<th>Audiology</th>
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**Total Minutes**

**Total Hours (Min/60)**

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**Supervisor Signature**  
**ASHA#**  

**Please Print Name**  
**Date**

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Rev. May 2002
## Northern Arizona University
**Department of Communication Sciences and Disorders**

### Summary of Clock Hours
Use this form to keep track of your total hours.

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<tr>
<th>Clinician</th>
<th>Semester/Year</th>
<th>Site (if more than one site is used)</th>
<th>Pct I</th>
<th>Pct II</th>
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<td>Voice</td>
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<td>Child</td>
<td>Fluency</td>
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<th>Voice</th>
<th>Fluency</th>
<th>Total Speech</th>
<th>Language</th>
<th>Audiology Hours</th>
<th>Site Total</th>
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Supervisor’s Signature ___________________________ Date ____________

Supervisor’s ASHA Number _________________________

Student’s Signature _____________________________ Date ____________

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Rev. May 2002
## CSD CLINICAL CLOCK HOUR ACCUMULATIONS

Please Indicate: Practicum I _______ Practicum II _______ Externship _______

<table>
<thead>
<tr>
<th>STUDENT ___________________</th>
<th>SS# ___________________</th>
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<tbody>
<tr>
<td>25 Observation hours ____</td>
<td>1st Practicum Completed (date) ______</td>
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<tr>
<td>5 Case Summaries _______</td>
<td>Total Undergraduate hours ______</td>
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**Clock Hour Totals:** (see ASHA Standard III-B)

**Evaluation:** Children

**Record hours under areas in which they were completed:**

<table>
<thead>
<tr>
<th>Language Disorders</th>
<th>Speech Disorders</th>
<th>Audiology</th>
<th>Related</th>
<th>Staffing</th>
<th>Total Hours</th>
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20 hours min 20 hours min 20 hours max 25 hours max

**Evaluation:** Adults

**Record hours under areas in which they were completed:**

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<th>Language Disorders</th>
<th>Speech Disorders</th>
<th>Audiology</th>
<th>Related</th>
<th>Staffing</th>
<th>Total Hours</th>
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20 hours min 20 hours min 20 hours max 25 hours max

**Treatment:** Children

**Record hours under areas in which they were completed:**

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<th>Language Disorders</th>
<th>Speech Disorders</th>
<th>Audiology</th>
<th>Related</th>
<th>Staffing</th>
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20 hours min 20 hours min 20 hours max 25 hours max

**Treatment:** Adults

**Record hours under areas in which they were completed:**

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<tr>
<th>Language Disorders</th>
<th>Speech Disorders</th>
<th>Audiology</th>
<th>Related</th>
<th>Staffing</th>
<th>Total Hours</th>
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Totals: Totals: Totals: Totals: Totals: Totals: 

20 hours min 20 hours min 20 hours max 25 hours max

Date ___________________  Student Signature ___________________

Rev May 2002
Dear Supervisor:

Kindly complete this clinical rating scale of your NAU Trainee and return it to the above address. Please rate the trainee on the qualities listed below as follows:
A=Excellent,  B=Good,  C=Fair,  D=Poor

Trainee Name: _______________________________ Date: ____________________________
Number of clinical hours in placement ____________________________
Supervisor: _______________________________ AHSA# ____________________________
Site: ________________________________

I. Professional Fitness

<table>
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<tr>
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<th>Rating</th>
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<tbody>
<tr>
<td>Desire And Initiative For Professional Growth</td>
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<tr>
<td>Emotional Maturity And Common Sense</td>
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<tr>
<td>Ability To Interact With Members Of Other Disciplines</td>
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<tr>
<td>Responsiveness To Supervision</td>
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<tr>
<td>Competence In Fulfilling Responsibilities</td>
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<td>Oral Skills</td>
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</tr>
<tr>
<td>Writing Skills</td>
<td></td>
</tr>
<tr>
<td>Personal Appearance</td>
<td></td>
</tr>
</tbody>
</table>

II. Clinical Abilities

<table>
<thead>
<tr>
<th></th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Interpersonal skills: Ability to relate to client as function of the client’s:</td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td></td>
</tr>
<tr>
<td>Symptoms</td>
<td></td>
</tr>
<tr>
<td>Ability To Inform And/Or Counsel Clients Or Their Families</td>
<td></td>
</tr>
<tr>
<td>Development and Implementation of Clear Goals/Objectives</td>
<td></td>
</tr>
</tbody>
</table>
### B. Program Planning

<table>
<thead>
<tr>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adequacy Of Theoretical Knowledge</td>
</tr>
<tr>
<td>Ability To Administer Diagnostic Evaluation</td>
</tr>
<tr>
<td>Ability To Interpret Diagnostic Data</td>
</tr>
<tr>
<td>Ability To Develop Clinical Program</td>
</tr>
<tr>
<td>Ability To Adapt Program To Individual Needs</td>
</tr>
<tr>
<td>Ability to Develop And Implement Clear Goals And Objectives</td>
</tr>
</tbody>
</table>

### C. Program Application

<table>
<thead>
<tr>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Control And Direction Of Therapy Session</td>
</tr>
<tr>
<td>Maintenance Of Client Interest And Motivation</td>
</tr>
<tr>
<td>Clarity And Sufficiency Of Direction And Feedback To Client</td>
</tr>
<tr>
<td>Accuracy Of Observation And Recording</td>
</tr>
<tr>
<td>Management Of Reinforcement</td>
</tr>
<tr>
<td>Ability To Modify Sessions According To Client’s Needs</td>
</tr>
</tbody>
</table>

Overall Grade:______________

I certify that I have supervised the above-names trainee/student according to current ASHA standards:

__________________________________________
Supervisor Signature and ASHA #

__________________________________________
Date

Please include additional comments, if any, on the reverse side of this form.

Thank you!
Externship Site Evaluation Questionnaire

Student: ___________________________ Dates of Externship: _______________________
Site: ___________________________ Location: ___________________________
Supervisor(s) ___________________________ Semester ___________________________

In answering the questions below, please refer to the specific site questions when formulating your responses.

1. Briefly describe your site with respect to caseload size, types of disorders, responsibilities and supervisor interaction.

2. Briefly describe the amount and type of supervision you received or are receiving and the feedback given to you.

3. Describe the paperwork requirements and how well prepared you felt to complete the required paperwork.

4. List and explain clinical responsibilities you encountered. Did you feel academically prepared to handle those responsibilities? Explain

5. List suggestions for the department faculty to consider in more adequately preparing you for clinical responsibilities encountered.

6. Indicate what suggestions you have for the next student participating at the same site.

7. Additional comments:

Rev. May 2002
CSD 608: FIELD WORK EXPERIENCE
EXTERNSHIP SITE QUESTIONS

Use these questions to help you organize your thoughts for answering the site evaluation questions on page 1721.

1. CASELOAD
   a) What is your present caseload size, disorders, ages?
   b) How long did you observe before initiating therapy?
   c) What was your initial caseload size?
   d) Do you feel comfortable with your present caseload-size?
   e) Is your supervisor aware of how you feel concerning your caseload?
   f) Have you discussed caseload size with your supervisor?
   g) Was the supervisor receptive to your caseload concerns?
   h) What were the conclusions/decisions concerning your caseload size?
      Was there follow-through?

2. SUPERVISION
   a) Who is/are the supervisors?
   b) How often are you supervised?
   c) What is the type of feedback received?
   d) Is the type of feedback satisfactory to you?
   e) If not, what would you like changed?
   f) What attempts have to be made to implement those changes?
   g) Were your suggestions well received?
   h) What were the conclusions/decisions concerning your suggestions? Was there follow-through?
   i) Do you wish the externship coordinator’s assistance in this matter?

3. ADMINISTRATION
   a) What type of paperwork is necessary/required?
   b) Were you oriented to the paperwork?
   c) Did you discuss paperwork (concerns) with your supervisor?
   d) Was your supervisor receptive to the discussions?
   e) What were the conclusions/decisions concerning paperwork? Was there follow-through?
   f) Do you wish the externship coordinator's assistance in this matter?
4. PROFESSIONAL RESPONSIBILITIES

   a) What have been your responsibilities or required performances to date?
   b) Do you feel they were reasonable expectations?
   c) Do you feel they were clinically relevant?
   d) Do you feel that you had adequate academic preparation?
   e) What type of feedback did you receive? Was it adequate?
   f) Have you approached your supervisor concerning these past and anticipated
      responsibilities and performances?
   g) Was your supervisor receptive to the discussion?
   h) What were the conclusions/decisions concerning their responsibilities/performances? Was there follow-through?

5. What academic or clinically related suggestions do you have for the faculty concerning
   preparing a student for this type of externship site?

6. What comments would you like to make concerning your externship not discussed
   thus far?
Dear Clinical Supervisor:

Many thanks for your contribution to the clinical education of our summers-only track student. The connection between the university program and clinical education sites is very important to us. We look forward to discussions about our students and our program, and are happy to explain any details about ASHA clinical education requirements. Be assured that we are happy to address any concerns you may have about the training process.

The American Speech-Language and Hearing Association requires us to maintain certifying information about each one of our clinical education sites. We must have this information on file in order to count the student’s clinical clock-hours. Please take a few minutes to help our student complete the enclosed form about your site.

It is our goal to maintain communicative lines with all of our clinical education sites, and you are very important to us. Our offices can be reached by telephone, paper mail or e-mail, and we look forward to communicating with you in the future.

Sincerely,

William R. Culbertson, Ph. D.
Chair

Attachments
CLINICAL EDUCATION SITE IDENTIFICATION FORM

Student’s Name

Pct I    Pct II     Externship (circle one)    Semester    _________ Year    ________

1. Name Of Facility ____________________________________________________________

2. Type Of Facility (School, Rehabilitation Hospital, Etc.) ______________________

3. Location And Distance From The Flagstaff Campus ___________________________

4. On-Site Supervisor(s):
   a. Full Name ________________________________________________________________
   b. ASHA Account Number ___________________________________________________
   c. Area(s) Of Certification:    SLP ______    AUD ______

5. Typical Number Of Students Per Supervisor Per Academic Term From
   NAU/CSD and Other Programs _____________________________________________

6. Number Of Terms (Quarter Or Semester) NAU/CSD Has Used This Facility In The
   Past 2 Years ____________________________________________________________

7. Average Number Of Clinical Education Hours Per Academic Term A Student
   Obtains At The Site ______________________________________________________

8. Types Of Activities In Which Students Engage At The Facility
   __________________________________________________________

9. Please fill out the attached Appendix VIII describing your clinical population.

*Course prerequisites for CSD 602, Clinical Practicum* are: Undergraduate degree in
Speech Pathology, admission to Graduate Program in, Clinical Speech-Language
Pathology, And Completion and documentation of 25 hours of supervised observation of
speech therapy in the student's permanent department file.

**Course prerequisites for CSD 608, Fieldwork Experience (Externship)** are: Completion
of 45 credit hours of your academic program with a GPA of at least 3.0, Completion of 6
credit hours of CSD 602 Clinical Practicum, a grade of B or better in the final semester
of CSD 602 Clinical Practicum, and a minimum of 150 supervised clinical clock hours
completed obtained in two clinical settings, with at least 50 hours completed in each
setting.

Supervisor’s Signature: ____________________________ Date: ______________
## APPENDIX VIII: CLINICAL POPULATION

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>AVERAGE NUMBER OF CLIENTS PER ACADEMIC TERM</th>
</tr>
</thead>
<tbody>
<tr>
<td>SPEECH-LANGUAGE</td>
<td></td>
</tr>
<tr>
<td>Evaluation: Speech</td>
<td></td>
</tr>
<tr>
<td>Evaluation: Language</td>
<td></td>
</tr>
<tr>
<td>Speech and Language Screening</td>
<td></td>
</tr>
<tr>
<td>Treatment: Speech Disorders:</td>
<td></td>
</tr>
<tr>
<td>Articulation</td>
<td></td>
</tr>
<tr>
<td>Voice</td>
<td></td>
</tr>
<tr>
<td>Fluency</td>
<td></td>
</tr>
<tr>
<td>Treatment: Language Disorders</td>
<td></td>
</tr>
<tr>
<td>Augmentative Communication</td>
<td></td>
</tr>
<tr>
<td>Dysphagia</td>
<td></td>
</tr>
<tr>
<td>Related Disorders</td>
<td></td>
</tr>
<tr>
<td>Other (specify)</td>
<td></td>
</tr>
<tr>
<td>AUDIOLGY</td>
<td></td>
</tr>
<tr>
<td>Evaluation: Hearing</td>
<td></td>
</tr>
<tr>
<td>Aural Habilitation/Rehabilitation</td>
<td></td>
</tr>
<tr>
<td>Selection and Use: Amplification</td>
<td></td>
</tr>
<tr>
<td>Assistive Devices</td>
<td></td>
</tr>
<tr>
<td>Hearing Screening</td>
<td></td>
</tr>
<tr>
<td>Other (specify)</td>
<td></td>
</tr>
</tbody>
</table>

Name of Facility

* Age range for adults: ____________  children: ____________