Educational Internship Handbook

Educational Internship Overview and Policies

Educational Internship Placement Procedures

During the first fall semester following admission to the graduate program in communication disorders and sciences, students will be contacted by the educational internship coordinator and asked to attend an informational meeting and complete the CDS Educational Internship Application. The educational internship coordinator will meet in-person or via video conference with students to discuss the application and students' interests and provide information regarding types of educational settings and various sites available as options. This process is completed early in the graduate program to allow access to internship placements that require requests to be made during the spring and summer semesters a year or more prior to internships.

Once applications have been completed, the educational internship coordinator will begin contacting sites to request placement. Semester of internship will be determined by placement availability, often dictated by medical placements facilitated by medical internship coordinator. Placement request procedures are determined externally by sites and vary greatly by site. While some sites require placement requests a year or more in advance of the internship, other sites will not allow requests until a year to six months immediately prior to the internship start date. Students may be asked by sites to complete an informal or competitive interview prior to placement confirmation. Students are able to meet with educational internship coordinator for interview preparation prior to interviews.

If Eastern Illinois University (EIU) does not have a current affiliation agreement with a site, an affiliation agreement must be executed before placement can be confirmed. Most students will be informed of their educational internship site by the end of the first spring semester of the graduate program.

The EIU Student Teaching office maintains affiliation agreements (contracts) with many schools in Illinois. However, each semester, a number of students select and are placed in sites that do not have a current agreement with CDS. In this situation, an affiliation agreement must be executed between CDS and the external site before the internship can be confirmed. The external site as well as EIU's academic affairs office, business office must approve and sign each agreement. This process can take several months due to the number of parties involved.

Educational Intern Preparation and Requirements

During the second summer semester of the graduate program, students will meet with the educational internship coordinator to discuss educational internship preparation and requirements. During the meeting, the "Educational Internship: Responsibilities, Expectations, and Information" presentation will be discussed in detail. If the individual site of the placement has district/school-specific requirements to be completed by students, each student is notified individually about these requirements. Students must complete both CDS requirements and requirements of the external site. Students are encouraged to begin saving to pay for these expenses as early as possible. Expenses typically range between $25-$100 (e.g., background check, physical exam, Varicella titer, 2-step TB test, 10-panel drug screen, CPR certification, etc.).

Prior to beginning internships, students will discuss the Student Goals form with the educational internship coordinator to determine strengths and weaknesses to guide student goals for the internship. The intern should discuss these goals with the external site supervisor the first week of the internship.

CDS 5970, Educational Internship

The duration of the educational internship will be 14 weeks, and the student will follow the schedule of the site supervisor. The site supervisor will be an ASHA certified speech-language pathologist. The site supervisor will determine the pace of the educational internship and complete midterm and final evaluations to document the student's performance. The educational internship coordinator will serve as a mentor to both the student and site supervisor as needed during the internship. The internship coordinator will communicate with the student and site supervisor at least two times during the semester. The educational internship coordinator will assign discussion posts to encourage reflection throughout the internship experience. The educational internship supervisor will also assign an assignment related to self-reflection, schedule group Zoom meetings, offer individual Zoom/phone meetings, and may assign other activities to further intern learning, as communicated through the course syllabus distributed prior to the first day of the internship experience. Assignments are designed to continue to assist the student in identifying barriers to success and generating goals for improvement, and facilitate group discussion groups through D2L during educational internships.

At the completion of the internship, students are required to have completed assignments for educational internship supervisor at a level specified in course syllabus. Additionally, contact hours must be approved by the site supervisor in CALIPSO, and students are required to achieve a cumulative rating of 3.5 or above on the final evaluation completed by the site supervisor to pass educational internship. Students will submit an evaluation of the site through CALIPSO at the end of the internship experience. Students should complete the Exemplary Supervisor Award nomination form if the supervision they received was outstanding and deserving of this specific recognition.

Evaluation and Remediation

Grading Scale: A - 4.5-5.0 B - 4.0-4.49 C - 3.5-3.99

Students will be evaluated by site supervisors at midterm and final using the 5-point CALIPSO graduated rating scale specific to internships. Students must achieve a letter grade of C or better on final evaluation in order to receive credit for the internship. The department uses a graduated grading scale and ratings to be at A, B, and C level are higher than during on-campus clinical practicum because higher levels of independence are expected as students progress through internships. Remediation may be initiated if site supervisor expresses concerns related to student clinical performance and/or inability to demonstrate essential functions. Once a remediation plan is initiated, the site supervisor, internship coordinator, and student will generate specific goals to be met by the student within a specified period of time. If the student successfully completes goals and meets requirements to pass the internship, the student will receive credit for the internship. If the student demonstrates sufficient progress toward goals, but is not meeting requirements to pass the internship, the internship may be extended/revised to provide an opportunity to meet requirements to pass the internship. Inadequate progress towards goals and/or final evaluation letter grade of D or lower may result in failure of internship.

Placement Procedures

General Description of Placement Procedures

During the first fall semester following admission to the graduate program in communication disorders and sciences, students will be contacted by the educational internship coordinator and asked to attend an informational meeting and complete the CDS Educational Internship Application. The educational internship coordinator will meet in-person or via video conference with students to discuss the application and students' interests and provide information regarding types of educational settings and various sites available as options. This process is completed early in the graduate program to allow access to internship placements that require requests to be made during the spring and summer semesters a year or more prior to internships.

Students will be required to complete EIU's School of Education Student Teaching application online and upload a professional resume prior to submitting the CDS Educational Internship Application. Students also need to have a valid ELIS account on ISBE's website (typically completed during first summer of the graduate program with the CDS Graduate Coordinator.

Once applications have been completed, the educational internship coordinator will begin contacting sites to request placement. Students will be asked to indicate if their primary preference for placement is physical location OR caseload/school type. This priority will guide coordinator's efforts to secure a placement whenever possible. Educational internship coordinator will attempt to contact sites in order of student preference whenever possible. If top choices are not available for placement, coordinator will discuss further options with student individually. Top choice placements are not guaranteed and students are expected to remain flexible to accept available placement sites when several options are not available.

Semester of internship will be determined by placement availability, often dictated by medical placements facilitated by medical internship coordinator. Placement request procedures are determined externally by sites and vary greatly by site. While some sites require placement requests a year or more in advance of the internship, other sites will not allow requests until a year to six months immediately prior to the internship start date. Students may be asked by sites to complete an informal or competitive interview prior to placement confirmation. Students are able to meet with educational internship coordinator for interview preparation prior to interviews.

If Eastern Illinois University (EIU) does not have a current affiliation agreement with a site, an affiliation agreement must be executed before placement can be confirmed. Most students will be informed of their educational internship site by the end of the first spring semester of the graduate program.

The EIU Student Teaching office maintains affiliation agreements (contracts) with many schools in Illinois. However, each semester, a number of students select and are placed in sites that do not have a current agreement with CDS. In this situation, an affiliation agreement must be executed between CDS and the external site before the internship can be confirmed. The external site as well as EIU's academic affairs office, business office must approve and sign each agreement. This process can take several months due to the number of parties involved.

Pre Educational Internship Meeting

Sample Agenda

I. Complete an EIU student teaching application at https://www.eiu.edu/apps/student_teaching/login.php including training module, personal information (no writing sample), mandated reporter agreement, authorization to release, and address in placement info. You do not need to upload a transcript, include your GPA, upload a writing sample or a resume. Having this information uploaded through an electronic system helps me easily access the information to send to school districts and also helps the Student Teaching office with certification later.

II. Complete an updated resume and upload to PantherShare link 2023-24 Resumes. Sample resumes are saved in this file.

III. Complete the CDS Educational Internship Application. Name 3 school districts (try to put both the number of the district and the district name) in which you would like to complete your educational internship. Think about the population of students you would like to gain experience with as well (e.g. early childhood, elementary, jr. high, secondary, special education/special populations).

IV. Set up an ELIS account on the ISBE website. Setting up ELIS account instructions are included with this packet. – Typically

V. Fingerprinting/background checks are going to be completed spring semester. Many times, school districts require you to complete another one before beginning your internship (some need it to be within a year). The Human Resource department in each school district may have additional forms for you to complete once the placement has been confirmed.

VI. Once a tentative placement has been secured, the school SLP typically wants to "interview/meet" before you begin the experience. The SLP's email/contact information will be provided to you so you can set up a phone conference, face to face meeting, etc.

VII. After the interview, the district sends back the confirmation form to the initial introductory letter so the placement can finalized with the Student Teaching Office.

EDUCATIONAL INTERNSHIP APPLICATION
CDS DEPARTMENT
Eastern Illinois University

SEMESTER/YEAR for INTERNSHIP:

_____

Date_____

Name_____   E-Number_____
     (Last)   (First)   (Maiden or Middle)

College Address_____   Telephone_____
            (Street)

_____
    (City)   (Zip)

Home Address_____   Telephone_____
           (Street)

_____
    (City)   (Zip)

Email Address_____

Check to confirm the following have been completed PRIOR to turning in application:
  ___ EIU Student Teaching Application   ___ Upload Resume
****
Site Preferences: (Cannot guarantee requests)

	School District #	Names of School(s)	City, State	Contact Name and Phone #
1				
2				
3				

Population of Interest: (Check all that apply)
    ☐ Elementary   ☐ Jr. High   ☐ Secondary
    ☐ Spec. Ed.   ☐ Early Childhood   ☐ Other
                                                         _____

Disorder area(s) of interest_____
                             (e.g., hearing impaired, AAC, language/learning disabilities)

Other requests/notes:

Things To Do Now

- Student Teaching Application (EIU)
- Department Internship Application
- Resume

EIU Student Teaching Application

- https://www.eiu.edu/apps/student_teaching/login.php
- DO: training module, personal info (no writing sample), mandated reporter agreement, authorize to release, placement info
- DO NOT DO: education info section or upload transcript/GPA, writing sample, resume
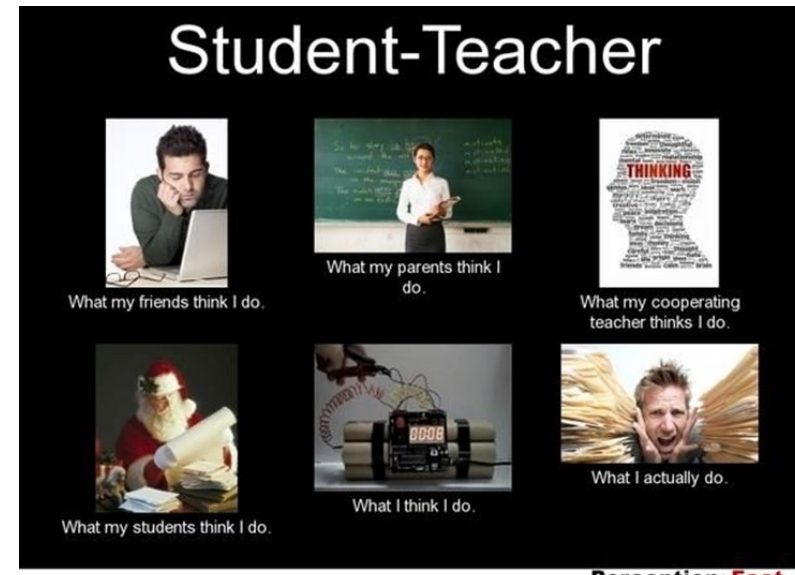
Educational Internship Application

- Due by Friday, December 2
- Do not fill in semester
- Check to confirm you completed resume and EIU application

- Think about….
  1. **Where** you want to live
  2. **What population** you want to work with
  3. Specific **districts/schools**
  4. What your **priority** is (district, population, location)
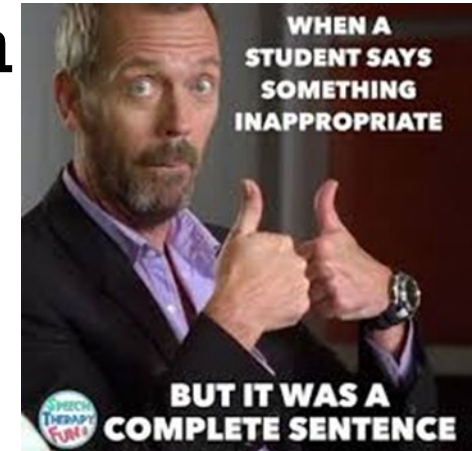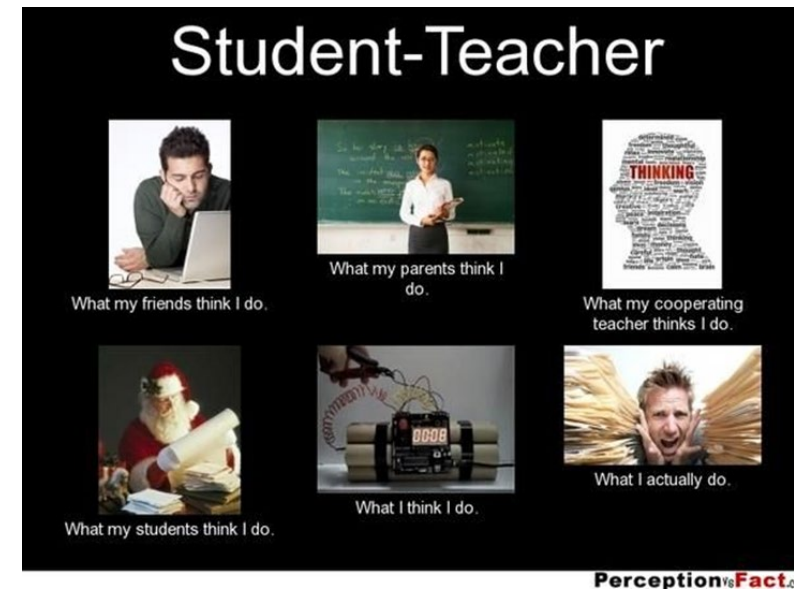
Resume

- Upload to PantherShare link

  2023-24 Resumes

- Be sure to include:
  - Education
  - Clinical Experiences
  - Service, etc.
  - Conferences Attended

- Samples in PantherShare file

When you catch students using strategies you have taught them.

To Do Soon
(but not immediately)

- Set Up ELIS Account
- Fingerprint/Background Checks in Spring

To Do Later

- Set up meeting/interview with your supervising SLP after tentative placement is secured

I was born to be an *speech-language pathologist* To teach, to love, to guide, to encourage. It is who I am. It's my passion & my calling.

You made it, after all. You made it, another day, and you can make it one more. You're doing just fine.

- Charlotte Eriksson

NAME
_____@eiu.edu | 815-XXX-XXXX
Present Address: _____, Charleston, IL 61920
Permanent Address: _____

April 18, 2023

NL School District 12
1 Elm Road
Illinois, Illinois 61920

Dear NL School District 12,

I am currently a graduate student at Eastern Illinois University. I have immensely enjoyed my time working with clients at the EIU clinic. During my graduate studies, I had the opportunity to assist clients with a variety of communication disorders ranging from 3- 12 years old. Specifically, I have experience working with clients with articulation disorders, receptive and expressive language disorders, and executive dysfunctions. Through these experiences, I developed a passion for working with children and a desire to grow professionally in the school setting.

In addition to my experience, I am dedicated, hard working, and reassuring. I quickly build rapport with clients. I am seeking this opportunity so I can make a meaningful impact on clients' lives. That is why I am strongly drawn to this opportunity to work at a school like yours that provides exceptional services, as I have personally attended the district and heard many good things about local SLPs.

If you need additional information, please feel free to contact me. Thank you for your consideration.

Sincerely,

—————————

NAME

_____@eiu.edu | 815-XXX-XXXX
Present Address: _____, Charleston, IL 61920
Permanent Address: _____

OBJECTIVE: To obtain an educational internship in speech-language pathology.

EDUCATION:

Eastern Illinois University	Charleston, IL
Masters of Science	May 2023 (Expected)
Major: Communication Disorders and Sciences	

Illinois State University	Normal, IL
Bachelor of Science	May 2021

Major: Communication Sciences and Disorders
Cumulative GPA: 4.0
Major GPA: 4.0
Academic Honors: Dean's List

Joliet Junior College	Joliet, IL
Academic Honors: Dean's List	January 2019 – May 2019

CLINICAL EXPERIENCE:

EIU Speech Language Hearing Clinic	Charleston, IL
Graduate Clinical Practicum	Fall 2021 - Summer 2022

- Provided assessment and remediation in the areas of receptive and expressive speech-language delay, executive dysfunction, literacy deficits, and articulation and phonology.
- Provided diagnostic evaluations in the areas of language processing and executive dysfunction.
- Provided audiology diagnostic evaluations and hearing screenings.

EMPLOYMENT EXPERIENCE:

LA Fitness	Pontiac, IL
Esporta Fitness f/k/a LA Fitness	
Front Desk Receptionist and Babysitting Club	February 2019 - Present

- Supervised children from birth to 14 years old and maintained cleanliness and sanitation of the environment.
- Engaged with children individually to meet their needs.
- Managed a wide variety of customer service and administrative tasks to resolve customer issues quickly and efficiently.
- Politely assisted customers in person and via telephone.

- Earned management trust by serving as key holder, responsibly opening and closing store.

INVOLVEMENT:

National Student Speech Language Hearing Association   August 2019 – May 2022
- Attended meetings and events.
- Helped with fundraising and donated to community.
- Interacted with the speech language pathologist community.

American Red Cross CPR/AED Certified

Fundraising Experience   2019
St. Jude Up 'til Dawn
- Raised funds for awareness of St. Jude Children's Research Hospital.
- Lead the way to help treat and defeat childhood cancer and other life-threatening diseases.

Student Athlete   September 2019 – May 2020
Illinois State University Club Water Polo
- Established time management skills. Balanced training and competition, in addition to academics.

Community Volunteering   January 2021 – May 2021
ReStore - Habitat for Humanity, Joliet, IL
- Assist ReStore employees in maintaining a clean and attractive store, sorted donations and assisted with loading and unloading vehicles.

Best Buddies Club   2018
Carroll University, Waukesha, WI
- One-to-one friendship with students with intellectual disabilities.
- Participated in their programs such as movie nights and friendship walks.

SHADOW EXPERIENCE:

AMITA Health Saint Joseph Medical Center   2018
(f/k/a Presence Health), Joliet, IL
Teen Clinical Observer

Sample of Clinical Experience for Resume

Eastern Illinois University Speech-Language-Hearing Clinic   January 2017-Present
Graduate Clinical Practicum
- Provided assessment and treatment for a child with autism, childhood apraxia of speech, and receptive and expressive language delays
- Provided assessment and treatment for a child with receptive and expressive language delays, pre-literacy delays, and articulation difficulties

Undergraduate Clinical Practicum
- Provided assessment and treatment for a child with autism and receptive and expressive language delays
- Shadowed a graduate clinician and provided treatment for a child with expressive language delays and language processing deficits

Student Speech-Language Pathologist
Augustana College Center for Speech, Language, and Hearing, Rock Island, IL   November 2016 – October 2017
- Provide intervention to clients with speech sound disorders, language disorders, autism spectrum disorder, fluency disorders, and dementia
- Took accurate data during intervention sessions to assess improvement
- Completed lesson plans and weekly evaluations for each clients

Eastern Illinois University Speech, Language, and Hearing Clinic, Charleston, IL
August 2018- Present
- Provided assessment and intervention to clients speech sound disorders and executive functioning deficits
- Provide speech-language diagnostic evaluations clients with a variety of communication disorders
- Communicated with supervisors to keep them appraised of each client's progress and areas of difficulty

Graduate Clinical Experience- Kansas School Preschool- High School, Kansas, IL
          Fall 2019
    Provide therapy for five individual clients ranging from preschool to 7th grade with a variety of disorders (phonological disorder, language processing disorder, expressive language disorder, ASD, and phonological awareness deficits). I provide both push in and pull out therapy, participate in progress monitoring, IEP meetings, determining IEP goals, and conduct standardized and informal assessments.

Graduate Clinician | EIU Speech-Language-Hearing Clinic   Fall 2019 – Present
Provided speech and language services for a variety of populations ranging from childhood to adulthood and diagnoses ranging from autism spectrum disorder to severe Broca's aphasia. Services included: interprofessional communication, analysis of case history, formal and informal evaluation, collection and interpretation of data, determination of goals, implementation of treatment methods/approaches, and professional documentation.

Communication & Agreements with Educational Internship Sites

General Description of Affiliation Agreements

Semester of internship will be determined by placement availability, often dictated by medical placements facilitated by medical internship coordinator. Placement request procedures are determined externally by sites and vary greatly by site. While some sites require placement requests a year or more in advance of the internship, other sites will not allow requests until a year to six months immediately prior to the internship start date. Typically, both fall/spring placement conversations with school districts/schools/special education cooperatives begin in late fall/early spring semester. All sites manage placing interns/student teachers differently. Some students may be asked by sites to complete an informal or competitive interview prior to placement confirmation. Students are able to meet with educational internship coordinator for interview preparation prior to interviews.

If the EIU coordinator or student knows an SLP in a particular district personally, often that SLP is the initial point of contact to see if they are interested in supervising an intern. If so, administration, and often human resources department are then contacted to finalize placements. If an SLP is not known personally, coordinator attempts to contact SLP director, special education/student services director or coordinator in the desired district as a first point of contact.

If Eastern Illinois University (EIU) does not have a current affiliation agreement with a site, an affiliation agreement must be executed before placement can be confirmed. Most students will be informed of their educational internship site by the end of the first spring semester of the graduate program.

The EIU Student Teaching office maintains affiliation agreements (contracts) with many schools in Illinois. However, each semester, a number of students select and are placed in sites that do not have a current agreement with CDS. In this situation, an affiliation agreement must be executed between CDS and the external site before the internship can be confirmed. The external site as well as EIU's academic affairs office, business office must approve and sign each agreement. This process can take several months due to the number of parties involved.

Once a formal agreement has been established with the school district/special education cooperative and a supervisor has been assigned, a departmental Administrator Agreement form is sent to the supervising SLP's direct supervisor to ensure they are in agreement with, and supportive of, the placement of an intern.

If the site has additional requirements for the intern to complete, it is the student's responsibility to complete the tasks in a timely manner to begin the internship on time.

Sample Memorandum of Understanding/Affiliation Agreement between School District and EIU and CDS Department Administrator Agreement Form

Student Teaching and Clinical Experiences Affiliation Agreement

Eastern Illinois University, 600 Lincoln Avenue, Charleston, IL 61920

This affiliation agreement made on _____(date) is by and between the Board of Trustees of Eastern Illinois University, hereafter referred to as "University" and the governing body of SCHOOL NAME HERE (district name and number/private school or other educational organization name), CITY, COUNTY, STATE HERE (city, county, and state) hereafter referred to as "Site".

It is mutually agreed by and between the parties as follows:

Part A - Student Teaching:

1) When agreeing to host a student teacher, the Site will provide a cooperating teacher who has completed a minimum of three years teaching, who is properly licensed to teach and is teaching the grade and content area in which the student teacher is seeking licensure, and has received a performance rating of proficient or above in his/her most recent evaluation.

2) The Site will ensure that each cooperating teacher will provide assistance with planning, teaching, evaluating, and mentoring each student teacher assigned to them.

3) The Site will allow the student teacher to video record students and use student work samples, with properly executed parental/guardian consent, as allowable by law, in order to complete the Teacher Performance Assessment (edTPA).

4) The University will provide an assigned coordinator who will visit (electronically) on a regular basis to participate in the supervision of the student teacher, and incorporate the cooperating teacher's ratings and feedback in preparing the final evaluation of the student teacher.

5) The University will provide handbooks which describe the roles and responsibilities of cooperating teachers, coordinators, and student teachers.

6) The University will respond to all problems, inquiries, and other situations in a prompt manner.

7) The University will inform each student teacher that s/he is required to follow the Site's calendar during student teaching and meet district requirements regarding fingerprint-based criminal history checks, TB tests, health physicals, and mandated reporter training.

8) Should any situation arise that may threaten a student's successful completion of his/her student teaching, the University and Site will discuss and attempt to reach mutual agreement regarding remediation and options for completing or cancelling the placement. The final decision regarding termination of a student teacher's placement resides with the Site.

Part B – Pre-student Teaching Clinical Experiences

1) Where possible the Site agrees to host teacher education candidates completing early field experiences and practica.

2) The Site will ensure that each cooperating teacher is properly licensed and will provide opportunities for the teacher education candidate to participate in classroom and school activities.

3) The Site will ensure that each cooperating teacher will assist the candidates in completing logs and/or evaluations as provided.

4) The University will ensure that teacher education candidates have met necessary pre-requisites including a fingerprint-based criminal history check before reporting to the building.

5) The University will notify Site of any teacher education candidates scheduled to visit their schools.

6) The University will advise students of their responsibilities including but not limited to:

   a. Reporting promptly to the assigned site pursuant to arrangements

   b. Adherence to University Standards of Conduct and conduct expected of one visiting PK-12 schools.

   c. Adhering to Site policies, expectations, and conduct standards.

Part C – General Provisions

1) The University and Site agree to comply with all applicable federal and state nondiscrimination, equal opportunity and affirmative action laws, orders and regulations. University and Site shall not engage in unlawful discrimination or harassment against any person because of race, color, ancestry, nationality, religion, pregnancy, sexual orientation, order of protection, gender identity and expression, age, marital status, disability, genetic information, unfavorable military discharge, status as a veteran, or gender identity. The Site agrees to cooperate with any University investigation and/or complete its own review and provide the University with a written outcome of its appropriate review and handling of any complaints of discrimination or harassment made by participating students arising out of this agreement.

2) The University and Site acknowledge that certain information about University's students is contained in records maintained by University and/or Site and that this information is confidential by reason of University policy and the Family and Educational Rights and Privacy Act (FERPA) of 1974, 20 USC 1212(g). Both parties agree to protect these records in accordance with FERPA and University policy. To the extent permitted by law, nothing contained herein shall be construed as precluding either party from releasing such information to the other so that each can perform its respective responsibilities.

3) This agreement shall be governed and construed under the laws of Illinois.

4) This agreement may be amended or revised from time to time by mutual agreement of the parties hereto. Such amendments and/or revisions shall be in the form of an amendment to this agreement. The procedure for approval of such amendments shall be in accordance with the procedure used in approving the original agreement.

5) Upon termination of this contract any student currently participating in his/her student teaching or clinical experience at the Site will be allowed to complete his/her experience.

6) The agreement is effective from the date of execution to XXXXXXXX. This agreement may be terminated by either party giving 90 days prior written notice to the other or may be terminated at any time by written mutual agreement of the parties.

7) All notices required herein shall be in writing and sent via registered or certified mail return receipt requested or by overnight courier service to the persons listed below and are effective upon receipt

   a. Notices to Site shall be sent to: <mark>(include full mailing address and email address)</mark>

   Mailing: _____

   _____

   Email: _____

   b. Notices to University shall be sent to: Dean of the College of Education, Eastern Illinois University, 600 Lincoln Avenue, Charleston, IL 61920.

In witness thereof, the parties hereto have executed this agreement.

Site Name   University

_____   Board of Trustees of Eastern Illinois University
BY: BY:

_____   Dr. Laretta Henderson
Name and Title (Print)   Dean, College of Education

_____   _____
Signature   Signature

_____   Dr. Jay Gatrell
Date   Vice President, Academic Affairs

                                                         _____
                                                         Signature

                                                         _____
                                                         Date

                                                         Dr. Sean Reeder
                                                         Vice President, Business Affairs

_____

Signature

_____

Date

Administrator Agreement

Please indicate your approval below for an EIU speech/language pathology intern to be placed in your school and/or district for a 14-week educational internship experience.

Prior to internships our students complete a fingerprint criminal background check, a TB test and a hepatitis B shot series. They will also complete a face-to-face, virtual, or phone interview with the supervising SLP. SLP/administrator will have the opportunity to cancel this placement, if desired, after the interview.

Please contact jmtish@eiu.edu with any questions.

Your Name *

First   Last

Your Title:

Intern Name *

First   Last

Supervising SLP's Name(s) *

First   Last

Please select one: *

◯ We accept the educational internship (student teaching) assignment

◯ We do not accept the educational internship (student teaching) assignment

Are there other professionals within your district or special education cooperative that need to be contacted to finalize intern requirements (e.g., HR professional, superintendent, etc.)? *

◯ Yes

◯ No

If YES to previous question, please list the professional's name and contact information

Signature of Administrator. Please draw your signature into the box below. *

Draw or Type

I understand this is a legal representation of my signature.

Clear

I'm not a robot

reCAPTCHA
Privacy - Terms

Submit

Education Internship Supervisor Contact Form

Department of Communication Disorders and Sciences
Eastern Illinois University

Contact jmtish@eiu.edu with any questions.

Supervising SLP Name *

First   Last

Intern Name

First   Last

Email *

Cell Phone Number: *

Preferred mode of contact during Summer months (Please include preferred phone number and/or email address). *

Site Name *

Site Address *

Street Address

Address Line 2

City

Select a State

State / Province / Region

Postal / Zip Code

United States

Country

State License Number *

License Expiration Date *

ASHA number *

ASHA membership expiration date *

I meet ASHA Supervisor Certification Standards (practiced for at least nine months after CFY and earned at least two supervision CEUs)
*If you have not earned two supervision CEUs, information for a free course will be emailed to you**
*

☐ Yes

☐ No

Direct Supervisor Name (Please list the name of your direct supervisor. This may be your building principal, special education coordinator, SLP coordinator, etc.). *

First   Last

Direct Supervisor E-mail (A form will be sent to this email address to obtain administrative approval before intern placement). *

Name

First   Last

☐ I'm not a robot

reCAPTC
Privacy - Terms

Submit

Educational Internship Preparation and Requirements

General Educational Intern Preparation and Requirements

During the second summer semester of the graduate program, students will meet with the educational internship coordinator to discuss educational internship preparation and requirements. During the meeting, the "Educational Internship: Responsibilities, Expectations, and Information" presentation will be discussed in detail. If the individual site of the placement has district/school-specific requirements to be completed by students, each student is notified individually about these requirements. Students must complete both CDS requirements and requirements of the external site. Students are encouraged to begin saving to pay for these expenses as early as possible. Expenses typically range between $25-$100 (e.g., background check, physical exam, Varicella titer, 2-step TB test, 10-panel drug screen, CPR certification, etc.).

Prior to beginning internships, students will discuss the Student Goals form with the educational internship coordinator to determine strengths and weaknesses to guide student goals for the internship. The intern should discuss these goals with the external site supervisor the first week of the internship.

EDUCATIONAL INTERNSHIP

Responsibilities, Expectations, & Information

- Start date should be agreed upon by you and your supervisor.
- End date will be 14 full weeks after your start date
  - A few holidays off are fine, and you do not need to make those up. BUT if your school is closed for a full week, you will stay an extra week.
  - End date may be 'flexible' in case you need to extend for more hours
  - Teacher work-days/professional development are included in your experience and they DO count for days.

- Required Hours:
  - AT LEAST 100 HOURS DIRECT SERVICE (HOPEFULLY 150)
    - Therapy, evaluations, screenings, direct parent education, time you are presenting in IEP meetings
      - For ASHA (total required is 375 for graduation) - You can view your experience record on CALIPSO
  - AT LEAST 50 HOURS INDIRECT SERVICE
    - For ISBE; includes planning, facilitation, advocacy, professional development, etc.

DATES & HOURS

- TRACK ALL OF YOUR HOURS for direct service AND ISBE requirements WEEKLY!!

- Input direct hours into CALIPSO and have your supervisor approve them WEEKLY!!

- Track indirect hours however is easiest for you-you just need to report a total on a form to me at end of experience

YOU ARE RESPONSIBLE FOR TRACKING YOUR HOURS.

BE SURE TO DOCUMENT ANY AND ALL MINUTES YOU GET OF DIRECT SERVICE PROVISION. IF YOUR HOURS ARE SHORT, YOU WILL BE REQUIRED TO EXTEND YOUR INTERNSHIP.

IF YOU ARE UNABLE TO OBTAIN ENOUGH HOURS, LET ME KNOW IMMEDIATELY.

TRACK YOUR HOURS: DIRECT AND INDIRECT

Date	Activity	Location	Hours

ABSENCES

- Intern Absences
  - TWO days are allowed (illness, interviews, etc.).
  - **Any absences beyond two days MUST be made up by extending your internship experience.**
  - Document your absences and keep records of this!
  - **If you need to be absent, be sure to notify supervisor and me ASAP**

- Supervisor Absences
  - Discuss with your supervisor.
    - Unless they specifically tell you not to, you should attend school even if supervisor is gone.
    - Make advance plans for what you will do in the event of supervisor absence (e.g., observe another SLP, observe students in classroom, etc.)
      - Services can ONLY be provided by you IF there is another certified SLP in the building who has given you permission to provide services.

CASELOAD

- You will likely take over the caseload gradually
- Should have primary responsibility of the entire caseload for at least 8 weeks
    - This includes all aspects of planning, documentation, therapy, evaluations, IEP meetings, etc.
    - If you do not, let me know ASAP
    - Discuss your goals with supervisor early and often. Communicate your needs!

SAMPLE TIMELINE

WEEK 1 AND 2
- Observe therapy and/or screening and diagnostics
- Compose and send letter of introduction to parents
- Begin "student info" sheets
- Begin materials/activities/forms file (this can be electronic)
- Become familiar with building/staff

WEEK 3
- Assume ¼ caseload and assist with diagnostics
- Students info sheets completed
- Continue materials/activities file
- Write diagnostic reports (if applicable)

WEEK 4
- Assume ½ caseload and assist with diagnostics
- Continue other therapy sessions
- Continue materials/activities file
- Write diagnostic reports

WEEK 5
- Assume ¾ caseload and assist with diagnostics
- Write diagnostics reports
- Complete materials/activities file

WEEK 6
- Assume full caseload
- Continue assisting and writing diagnostic reports

WEEK 7
- Midterm evaluation
- Continue with full caseload
- Assist with diagnostics
- Observe MDC/IEP conferences

WEEK 8
- Rough drafts of progress reports due (or save for later in semester)
- Full caseload
- Diagnostics
- Assist in MDC/IEP conferences

WEEKS 9-10-11-12
- Progress reports due
- Full caseload
- Diagnostics
- Conduct some MDC/IEP conferences

WEEK 13
- Full caseload
- Set up observations for last week

WEEK 14
- Update IEPs
- Final evaluation
- Observe if possible in other classrooms, SLPs
- Return all borrowed materials

**This is just an idea…not set in stone! Work at your own pace and WITH your supervisor!!

GRADES & FEEDBACK

- Supervisor will complete Calipso Ratings at midterm and final & will go over these grades with you

- Weekly conferences are suggested for you to discuss your performance with supervisor

- Discuss feedback options, needs, preferences with your supervisor (e.g., written, verbal, weekly conferences to discuss, etc.)

- You will also complete a supervisor rating form at the end of your experience

ADDITIONAL "ASSIGNMENTS"

- Internship Goals
  - Upload your completed goal document into D2L prior to your start date.
  - We will have a SHORT individual meeting to discuss your goals.
- D2L Discussion Posts
- Individual Zoom Meeting(s)
- Group Zoom Meetings
- Presenting oral case

EXPECTATIONS

- PROFESSIONALISM
    - Dress
    - Communication (written and oral)
    - Attendance
    - Participation
    - Confidentiality
    - Collegiality
    - Initiative
    - Acceptance and Integration of Feedback/Suggestions
    - Willingness
    - Essential Functions

- To become acquainted with and understand her job as related to the total school program.
- To participate in the school speech therapy program as directed be the cooperating teacher and the supervisor.
- To contact the cooperating teacher with a record of previous therapy experiences.
- To provide the cooperating teacher with a resume, including a record of previous therapy experiences.
- To become familiar with the student teaching evaluation form at the beginning of the intern experience.
- To understand the roles of all school personnel and to observe their interaction.
- To participate in all meetings and functions appropriate to the intern's training as recommended by the cooperating teacher.
- To observe in classrooms, especially noting reading and vocabularies of children, relationships with peers and methods of classroom management.
- To prepare lesson plans as recommended by the cooperating teacher.
- To take the initiative in developing and presenting appropriate materials and methods.
- To participate in scheduling procedures.
- To participate in professional reporting and record keeping.
- To participate in reporting progress to parents and teachers.
- To plan correlated activities with the classroom teacher when feasible.
- To participate in parent conferences, staffings, and home visits when permitted.
- To make frequent self-evaluations for purposes of analyses and growth, identifying strengths and weaknesses.
- To become familiar with agencies and facilities for consultation and referral.

BE OPEN TO LEARNING AS MUCH AS YOU CAN!!!

Sample Intern Goals Form

Student Name: _____   Date: _____

Internship Sites: _____

The purpose of this document is for you to describe the underlying areas of *strength* and *weakness* that may influence your performance during internships in order to **generate goals** to **facilitate success** during internships.

****You are expected to think back on previous ratings AND feedback from your previous clinical assignments as well as reflecting on your performance in courses, experiences with interpersonal interaction, and personal qualities to help you develop your goals. ****

Strengths	
Areas to Continue Growing Within	

Write 3-5 goals that addresses a *specific action* toward improvement within one of your areas you would like to continue to grow within.	What **strategies** do you think will help you meet your goal? (*consider your strengths*)	What do you need from your **supervisor** to help you meet your goal?
1		
2		
3		
4		
5		

Midterm Personal Goal Progress

Student Name: _____   Date: _____

Internship Sites: _____

Using your goals developed at the beginning of the semester, discuss the steps you have taken toward meeting each of your own personal goals. Identify barriers that may be making it difficult for you to achieve your goals. Discuss steps you will take to overcome these barriers. Do you feel you have achieved any of your goals? What is at least one new goal you will work to achieve through the second half of the semester?

Goal written at beginning of the semester:	Progress (met, not met, in progress):	Strategies to continue growth (include barriers you have encountered and how to/did you overcome):
1		
2		
3		
4		
5		

New Goal(s) (at least one; Include steps you will take to meet this goal)**:**

   1.

CDS 5970 Educational Internship

General Overview: CDS 5970, Educational Internship

The duration of the educational internship will be 14 weeks, and the student will follow the schedule of the site supervisor. The site supervisor will be an ASHA certified speech-language pathologist. The site supervisor will determine the pace of the educational internship and complete midterm and final evaluations to document the student's performance. The educational internship coordinator will serve as a mentor to both the student and site supervisor as needed during the internship. The internship coordinator will communicate with the student and site supervisor at least two times during the semester. The educational internship coordinator will assign discussion posts to encourage reflection throughout the internship experience. The educational internship supervisor will also assign an assignment related to self-reflection, schedule group Zoom meetings, offer individual Zoom/phone meetings, and may assign other activities to further intern learning, as communicated through the course syllabus distributed prior to the first day of the internship experience. Assignments are designed to continue to assist the student in identifying barriers to success and generating goals for improvement, and facilitate group discussion groups through D2L during educational internships.

At the completion of the internship, students are required to have completed assignments for educational internship supervisor at a level specified in course syllabus. Additionally, contact hours must be approved by the site supervisor in CALIPSO, and students are required to achieve a cumulative rating of 3.5 or above on the final evaluation completed by the site supervisor to pass educational internship. Students will submit an evaluation of the site through CALIPSO at the end of the internship experience. Students should complete the Exemplary Supervisor Award nomination form if the supervision they received was outstanding and deserving of this specific recognition.

Evaluation and Remediation

Grading Scale: A - 4.5-5.0 B - 4.0-4.49 C - 3.5-3.99

Students will be evaluated by site supervisors at midterm and final using the 5-point CALIPSO graduated rating scale specific to internships. Students must achieve a letter grade of C or better on final evaluation in order to receive credit for the internship. The department uses a graduated grading scale and ratings to be at A, B, and C level are higher than during on-campus clinical practicum because higher levels of independence are expected as students progress through internships. Remediation may be initiated if site supervisor expresses concerns related to student clinical performance and/or inability to demonstrate essential functions. Once a remediation plan is initiated, the site supervisor, internship coordinator, and student will generate specific goals to be met by the student within a specified period of time. If the student successfully completes goals and meets requirements to pass the internship, the student will receive credit for the internship. If the student demonstrates sufficient progress toward goals, but is not meeting requirements to pass the internship, the internship may be extended/revised to provide an opportunity to meet requirements to pass the internship. Inadequate progress towards goals and/or final evaluation letter grade of D or lower may result in failure of internship.

Sample Syllabus

CDS 5970
Educational Internship Syllabus
Spring 2023

Jacki Tish
2209 Human Services Center
Email: jmtish@eiu.edu
Phone: 217-581-7444 (W)
217-521-2571 (C)

I.   Course Description

(9 credit hours). This is a full time (14-week, 40 hours/week) internship experience completed in an off-campus educational setting selected and approved by the department. **Students are required to obtain 400 direct service delivery hours prior to graduation.** Internship placements have been selected to provide students a clinical experience in a variety of educational settings. EIU practicum students engage in direct interaction with school-aged children under the supervision of ASHA accredited speech-language pathologists who act as off-campus supervisors. Agreements   have been established between the University Student Teaching department and the school to establish expectations, requirements, and an overall structure for the clinical experience.

II. Course Learning Objectives

1. The student demonstrates knowledge and skills necessary for assessment, prevention and intervention of articulation/phonological disorders
2. The student demonstrates knowledge and skills necessary for assessment, prevention and intervention of oral and written developmental language disorders
3. The student composes professionally written documents.
4. The student engages in professional oral communication and interaction.
5. The student evidences independent learning strategies, critical thinking, and problem solving skills.
6. The student collects and interprets case history information
7. The student designs, selects, administers , and interprets formal and informal evaluation tools
8.   When conducting an evaluation, the student demonstrates flexibility and makes appropriate modifications to meet client needs
9. The student compiles evaluation information to generate appropriate diagnosis, recommendations and referrals
10. The student completes administrative tasks relevant to evaluation and intervention
11. The student collaborates with client/relevant others/other professionals to design and implement intervention plans
12. The student writes measurable intervention goals

13. The student selects and utilizes case appropriate materials during intervention
14. The student utilizes instructional techniques (modeling, cueing, feedback, strategies) during intervention
15. The student measure client progress and generates appropriate therapy modifications
16. The student counsels clients, family members and relevant others regarding communication disorders
17. The student interacts in a professional and ethical manner
18. The student is sensitive to cultural back grounds when interacting with client and relevant others
19. The student demonstrates effective use of technology

III.   **Departmental Learning Objectives**

Clinicians will be rated on the following departmental learning objectives based on their performance in the following areas:

1. Written documentation
2. Clinical/IEP conferences
3. Interaction with client and others
4. Assessment/treatment skills
5. Data collection and analysis
6. Evidence based practice
7. Self-analysis

The following Departmental Learning Objectives are available to rate within midterm and final evaluations. If a particular content area is not represented in the patient population, N/A is entered.

Evaluation

1. Conducts screening and prevention procedures (std IV-D, std V-B, 1a)
2. Collects case history information and integrates information from clients/patients and/or relevant others (std V-B, 1b)
3. Selects appropriate evaluation instruments/procedures (std V-B, 1c)
4. Administers and scores diagnostic tests correctly (std V-B, 1c)
5. Adapts evaluation procedures to meet client/patient needs (std V-B, 1d)
6. Possesses knowledge of etiologies and characteristics for each communication and swallowing disorder (std IV-C) 7. Interprets, integrates, and synthesizes test results, history, and other behavioral observations to develop diagnoses (std VB, 1e)
8. Makes appropriate recommendations for intervention (std V-B, 1e)
9. Completes administrative and reporting functions necessary to support evaluation (std V-B, 1f)
10. Refers clients/patients for appropriate services (std V-B, 1g)
11. Clinical interpretation and analysis is displayed in written reports

Intervention
1. Develops setting appropriate intervention plans with measurable and achievable goals. (std V-B, 2a, std 3.1.1B)
2. Implements intervention plans (involves clients/patients and relevant others in the intervention process) (std V-B, 2b, std 3.1.1B)
3. Selects or develops and uses appropriate materials/instrumentation (std V-B, 2c)
4. Sequences tasks to meet objectives
5. Provides appropriate introduction/explanation of tasks
6. Measures and evaluates clients'/patients' performance and progress (std V-B, 2d)
7. Uses appropriate models, prompts or cues. Allows time for patient response.
8. Modifies intervention plans, strategies, materials, or instrumentation to meet individual client/patient needs (std V-B, 2e)
9. Completes administrative and reporting functions necessary to support intervention (std V-B, 2f)
10. Collaborates with clients/patients and relevant others in the planning process (std V-B, 2a, std 3.1.1B)
11. Identifies and refers patients for services as appropriate (std V-B, 2g)
12. Clinical interpretation and analysis is displayed in progress notes.

Professional Practice, Interaction and Personal Qualities
1. Demonstrates knowledge of and interdependence of communication and swallowing processes (std IV-B, std 3.1.6B)
2. Uses clinical reasoning and demonstrates knowledge of and ability to integrate research principles into evidence-based clinical practice (std IV-F, std 3.1.1B)
3. Establishes rapport and shows care, compassion, and appropriate empathy during interactions with clients/patients and relevant others (std 3.1.1B)
4. Uses appropriate rate, pitch, and volume when interacting with patients or others
5. Provides counseling regarding communication and swallowing disorders to clients/patients, family, caregivers, and relevant others (std V-B, 3c, std 3.1.6B)
6. Collaborates with other professionals in case management (std V-B, 3b, std 3.1.1B, 3.1.6B)
7. Displays effective oral communication with patient, family, or other professionals (std V-A, std 3.1.1B)
8. Displays effective written communication for all professional correspondence (std V-A, std 3.1.1B)
9. Demonstrates openness and responsiveness to clinical supervision and suggestions
10. Displays organization and preparedness for all clinical sessions

Professional Practice, Interaction and Personal Qualities *(pass [4.0]/fail [2.0] – score below 4.0 may result is reduction of one letter grade)*
1. Communicates effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the patient, family, caregiver, and relevant others (std V-B, 3a, std 3.1.1B)
2. Demonstrates professionalism (std 3.1.1B, 3.1.6B)
3. Uses clinical reasoning and demonstrates knowledge of and ability to integrate research principles into evidence-based clinical practice (std IV-F, std 3.1.1B)
4. Personal appearance is professional and appropriate for the clinical setting

Professional Practice, Interaction and Personal Qualities *(pass [4.0]/fail [2.0] – score below 4.0 may result in failing grade)*
1. Adheres to the ASHA Code of Ethics and Scope of Practice documents and conducts him or herself in a professional, ethical manner (std IV-E, V-B, 3d, std 3.1.1B, 3.1.6B)
2. Adheres to federal, state, and institutional regulations and demonstrates knowledge of contemporary professional issues and advocacy (includes trends in best professional practices, privacy policies, models of delivery, and reimbursement procedures/fiduciary responsibilities) (std IV-G, std 3.1.1B, 3.1.6B, 3.8B)

IV. Course Requirements/Assignments/Outline

This placement requires students to be on-site in an educational setting for five days per week for 14 weeks. EIU student clinicians evaluate communication skills (e.g. speech, language, literacy), develop treatment goals collaboratively, and implement treatment for children with speech/language disorders in a preschool, elementary, middle or high school setting. While exact week to week duties will vary according to site supervisor, caseloads, etc., the following table outlines an example of a 14 week outline of responsibilities.

Assignments, discussion posts, meeting times to be completed with EIU internship coordinator are bolded.

Weekly Time Frame of Duties and Assignments

Week 1 (Week of January 9 **Exact dates will vary depending on start date**)
- Attend orientation meetings and school professional development/welcome-back meetings
- Observe therapy and/or screening and diagnostics
- Compose letter of introduction to parents
- Begin to review "student info" sheets/electronic files/IEPs and develop your own student info sheets to familiarize yourself with each student's needs, disorder areas, goals, minutes, etc.
- Begin exploring supervisor's materials/activities and compile ideas, pictures, copies to keep for yourself
- Familiarize yourself with forms and documentation used by your supervisor to communicate with teachers, parents, etc.
- Review supervisor's data sheets and develop some for yourself
- Become familiar with building/staff

Week 2 (Week of January 16)
- Observe therapy and assist with screening and diagnostics
- Observe meetings with other professionals/family (e.g., conferences, IEP meetings, etc.)
- Send letters of introduction to parents
- Continue developing student info sheets
- Continue compiling materials/activities for your own records
- **Assignment #1 – (submitted in Dropbox) INTERNSHIP GOALS** due 1/22 Midnight

Week 3 (Week of January 23)
- Assume ¼ caseload and assist with diagnostics
- Continue materials/activities file
- Write diagnostic reports and IEP documentation

Week 4 (Week of January 30)
- Assume ½ caseload and assist with diagnostics
- Continue materials/activities file
- Write diagnostic reports and IEP documentation
- **Reflective Discussion Post #1 OBSERVATION** due 2/5 Midnight

Week 5 (Week of February 6)
- Assume ¾ caseload and assist with diagnostics
- Write diagnostics reports and IEP documentation
- Complete materials/activities file
- **Zoom meeting – Tuesday, February 7th – 6:00pm**

Week 6 (Week of February 13)
- Assume full caseload
- Continue assisting and writing diagnostic reports/IEP
- Participate (assist) in an IEP meeting

- **Reflective Discussion Post #3 GO TO RESOURCES/MATERIALS** due 2/19 Midnight

Week 7 (Week of February 20)
- Midterm evaluation
- Continue with full caseload
- Assist with diagnostics
- Participate in IEP conferences
- **Reflective Discussion Post #4 COLLABORATION** due 2/26 Midnight

Week 8 (Week of February 27)
- Full caseload
- Diagnostics
- Participate in IEP conferences
- **Assignment #2 – (submitted in Dropbox) SELF-EVALUATION** due 3/5 Midnight

Weeks 9-10-11-12 (March 6 – April 3)
- Full caseload
- Diagnostics
- Conduct some IEP conferences
- Complete progress reports for student goals (as determined by school schedule)
- **Reflective Discussion post #4 SUPERVISION** due 3/12 Midnight

Week 13   (Week of April 10)
- Full caseload
- Rough drafts of progress reports
- Consider spending some time observing other professionals

Week 14   (Week of April 17)
- Update IEPs
- Final days of therapy/evaluation
- Final evaluation
- Return all borrowed materials
- **ORAL CASE DESCRIPTION ASSIGNMENT** due by 5/8 (sign-up for Zoom times to be sent out in April)

REFLECTIVE DISCUSSION POSTS (20 pts.)

Reflective Discussion Post #1 OBSERVATION - (submitted in a D2L post)
Using the clinical goals form you completed, choose areas identified as an area of "need", and observe your supervisor as they perform these clinical skills. Students will describe the teaching strategies observed as you shadowed/observed your supervisor the first/second week of internship (e.g. instruction/directions to tasks, cuing/prompting, scaffolding, modeling, etc.) and describe/explain the use of materials, toys, children's literature, chosen to target client's goals/objectives and reflect on student engagement/attention with those materials (how did it work? What would you do differently?, etc.).

Reflective Discussion Post #2 GO TO RESOURCES/MATERIALS – (submitted in a D2L post)
Each setting/environment is different based on population served. Generate a list of the most common disorders on the current caseload. Determine what resources are needed to evaluate and treat those disorders. Describe how your supervisor uses resources and materials available in your setting. Also include additional resources you may have been

introduced to at the clinic/MC/classes that would be beneficial to supplement resources at the site. This should include resources (e.g., sources of EBP) as well as specific materials used (toys, websites, apps, forms, etc.).

Reflective Discussion Post #3 COLLABORATION (submitted in a D2L post)
An article will be assigned related to interprofessional collaboration. Read the article! Describe an IEP meeting and how collaboration/team cohesiveness was in the meeting. What went well and why? What would you change? How?

Reflective Discussion Post #4 SUPERVISION (submitted in a D2L post)
Students be assigned an article related to supervision in the field of speech-language pathology. Using this article, evaluate your experience being supervised during the educational internship and reflect on positive strategies used by you and/or your supervisor. Are there any additional strategies/methods that might enhance the experience from your perspective?

GROUP DISCUSSION

Zoom Meeting Discussion CHALLENGES (20 pts)
Discuss challenges of the school SLP during the internship. What were some of the biggest challenges during the semester and how did you problem solve? What were sources of conflict and what strategies did you observe to address the conflict.

ASSIGNMENTS

Assignment #1 – (submitted in Dropbox) INTERNSHIP GOALS (20 pts)
Describe the underlying areas of *strength* and *weakness* that may influence your performance during internships in order to **generate goals** to **facilitate success** during internships.

Assignment #2 – (submitted in Dropbox) SELF-EVALUATION (30 pts)
Using your goal document completed at the beginning of the semester, discuss the steps you have taken toward meeting each of your own personal goals. Identify barriers that may be making it difficult for you to achieve your goals. Discuss steps you will take to overcome these barriers. Do you feel you have achieved any of your goals? What is at least one new goal you will work to achieve through the second half of the semester?

Assignment #3 – (small group presentation) CASE DESCRIPTION (50 pts.)

You will present a case to the group. For this presentation, choose a client on your caseload and describe educational relevance of disorder, goals, and treatment techniques you used to help support the child. Discuss one EBP source/article you are using with that case. **This can be the same case you will present for oral comps.** Use this opportunity to help yourself prepare for comps! Presentations should be 5-7 minutes long. You will be expected to interact with others in your group to ask/answer questions.

*Students must earn 160/200 points in order to pass this course. Assignments will be pass or fail. Students will be given one opportunity to re-submit assignments after receiving feedback from the educational internship coordinator. **All assignments are due Sundays at Midnight.**

V.   Course Requirements

Student interns are expected to follow the administrative policies, regulations, and procedures of the practicum site, including confidentiality of patient information. Students will report on time and follow the regularly scheduled operating hours of the practicum site. Students are also responsible for conforming to the standards and practices established by the University while functioning at the practicum site. Students will complete all paperwork required by the site by

the last placement date. On the last placement date, students will obtain the signature of their supervisor(s) on Calipso to verify clinical hours acquired.

VI. **Evaluation and Remediation**

Students will evaluated by site supervisors at midterm and final using the 5-point CALIPSO graduated rating scale specific to internships. Students must achieve a letter grade of C or better on final evaluation in order to receive credit for the internship. The department uses a *graduated* grading scale and ratings at A, B, and C level are higher than during on-campus clinical practicum because higher levels of independence are expected as the student's progress through internships. Site supervisors will be rating the clinician's by evaluating and monitoring reports, therapy plans, progress notes, observing assessment and intervention therapy sessions, presenting at parent conferences, planning and managing therapy sessions, and interpersonal skills. The following 5-point scale is used by the site-based supervising speech-language pathologist to rate each area:

	Skill Levels and Independence Levels Demonstrated by Clinician
1	**Unacceptable Performance**. Specific direction from supervisor does not alter unsatisfactory performance. Clinician is unaware and/or unresponsive of need to change.
2	**Needs Improvement in Performance/Maximum Support**: The clinical skill/behavior is beginning to emerge. Efforts to modify may result in varying degrees of success. Maximum amount of direction from supervisor needed to perform effectively. Student shows awareness of need to change behavior with supervisor input.
3	**Moderately Acceptable Performance/Moderate Support**: Inconsistently demonstrates clinical behavior/skill. Student is aware of need to modify behavior, but does not do this independently. Supervisor provides moderate amount of support focusing on increasing student's critical thinking on how/when to improve skill.
4	**Meets Performance Expectations/Minimal Support**: Skill is developed/implemented most of the time and needs continued refinement or consistency. Student is aware and can modify behavior in-session, and can self-evaluate. Problem solving is emerging. Supervisor provides minimal amount of support and acts as a collaborator to plan and suggest possible alternatives.
5	**Independently Meets Performance Expectations**: Skill is consistent and well developed. Student can modify own behavior as needed and is an independent problem-solver. Supervisor serves as a consultant in the areas where student has less experience. Provides

- By the end of the educational internship, students are expected be nearing/have developed modified independence with many of the skills listed above.
- Midterm ratings must be above 3.0. Any midterm ratings below 3.0 (on a 5.0 scale) will minimally result in collaboration between the internship coordinator, student, and site supervisor, to address concerns before they become a more significant problem.
- Educational internship coordinator will contact off –campus supervisors at least twice during the internship experience with more frequent communication as needed for students who require greater support.
- Final ratings must be at/above a minimum rating of 3.5 for the student to receive credit for the experience. Individual skill ratings below 3.0 at final may result in failure of this course.

Remediation may be initiated if site supervisor expresses concerns related to student clinical performance and/or inability to demonstrate essential functions. Once a remediation plan is initiated, the site supervisor, internship coordinator, and student will generate specific goals to be met by the student within a specified period of time. If the student successfully completes

goals and meets requirements to pass the internship, the student will receive credit for the internship. If the student demonstrates progress toward goals, but is not meeting requirements to pass the internship, the internship may be extended/revised to provide an opportunity to meet requirements to pass the internship. Inadequate progress toward goals and/or final evaluation letter grade of D or lower may result in failure of internship.

VII.   Educational Internship Coordinator Liasion

The educational internship coordinator is available to students and site supervisors at all times, by phone or email. Visits to sites are typically prohibitive due to the distance involved since many internships are in the Chicagoland area and out of state.   However, don't hesitate to ask me to visit if you want me there. The internship coordinator maintains bi-weekly contact, via email or D2L with the class as a group, to engage discussion, share experiences, integrate course content with real-world experiences, etc. D2L discussion posts are posted at least once a month. Students are responsible for commenting on at least two other student's responses. Both the supervisor and the student often have questions that pertain to the specific site, Calipso, hours, etc. and those questions are typically handled through email and/or phone. The role of the coordinator is to assist the student as needed to assure that he/she meets the learning outcomes of the experience. Assignments/reflective papers are due periodically throughout the internship and will be announced in D2L. I want you to know we are accessible to you and want to hear from you regarding your experiences. It is important to identify any potential problems early in the experience so they can be resolved and/or a plan/goals can be established to help you.

VIII.   Students with disabilities

If you are a student with a documented disability in need of accommodations to fully participate in this internship, please contact the Office of Student Disability Services (OSDS). All accommodations must be approved with OSDS. Please stop by Ninth Street Hall, Room 2006, or call 217-581-6582 to make an appointment.

IX.   Texts

There are no required texts for this course. Students are expected to apply their research abilities to secure any necessary reading materials to support their clinical experience. Reading materials may include peer-reviewed research articles, textbook chapters, clinical publications, assessment manuals, intervention resource books, materials from previous graduate courses, etc.

X.   Office Hours

The Internship Coordinator maintains office hours M 1:00 – 3:00pm, W 9:00 – 10:00am, T 3:30 – 4:30pm. However, consultation by phone or email is available at any time.

XI.   Student Success Center

Students who are having difficult achieving their academic goals are encouraged to contact the Student Success Center (www.eiu.edu/~success) for assistance with time management, test taking, note taking, avoiding procrastination, setting goals, and other skills to support academic achievement. The Student Success Center provides individualized consultations. To make an appointment, call 217-581-6696, or go to 9th Street Hall, Room 1302.

XII.   **Academic integrity**

Students are expected to maintain principles of academic integrity and conduct as defined in EIU's Code of Conduct (http://www.eiu.edu/judicial/studentconductcode.php). Violations will be reported to the Office of Student Standards. Students are expected to complete their own work, for all activities and assignments within this course. Plagiarism will, at the very least, result in a score of 0 for that assignment, and may also be reported to the Office of Judicial Affairs. Assignments turned in late will receive half credit. Assignments submitted more than one week after due date will receive no credit.   Extra credit assignments are not given. http://www.eiu.edu/judicial/studentconductcode.php.

Hours that Count
Educational Internship

Minimally, you need 100 direct assessment/treatment hours (hopefully closer to 150) but be sure you have looked at your total hours and meet the minimum of a total of 400 required for graduation (400 total but 25 are the observation hours obtained in undergrad). The ISBE form is to track INDIRECT hours (planning, learning environment, service delivery, professional conduct/ethics, advocacy). Minimally, you need to record 50 hours on this form. Below are some general guidelines for counting direct/indirect hours:

1. Count direct hours in the appropriate areas. For example, all speech sound production assessment and intervention would go in artic/phono.

2. Group therapy counts only as the total group time. For example, if you have two children, one language and one articulation for 30 minutes, divide the time between the two. 15 minutes in speech for the one and 15 in language for the other, or as appropriate.

3. In-class language/literacy/phonological awareness lessons may be counted as direct hours if a child with an IEP is targeted in the appropriate area. For example, a child with an IEP for vocabulary is in the room and you are targeting vocabulary in the lesson, count the time in "treatment child language."

4. IEP hours count as ISBE indirect hours. EXCEPT the time that YOU spend discussing the child with parents in an IEP meeting (e.g. progress, assessment). The minutes YOU SPEND PRESENTING in an IEP meeting are counted as direct hours.

5. Screenings are counted in the appropriate assessment areas as direct hours.

6. The important thing to keep in mind is to NOT double count minutes (e.g. group therapy, classroom language lessons).

7. Paperwork (e.g. lesson planning, report writing, scoring of tests) can be counted as an INDIRECT task for ISBE.

8. Observation of SLPs or teachers can be counted for INDIRECT hours. However, formal observation of a child for data purposes (assessment or intervention) can be counted for DIRECT hours, likely as assessment.

9. Teacher institutes, workshops, building meetings can be counted as INDIRECT hours for ISBE.

10. PARCC testing or other state assessments do not count for DIRECT hours.

Communication Disorders and Sciences
Speech-Language-Hearing Clinic

Human Services Center, Second Floor
600 Lincoln Avenue
Charleston, Illinois 61920-3099

Office: (217) 581-2712
Fax: (217) 581-7105
www.eiu.edu/commdis

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UNIVERSITY

VERIFICATION OF EDUCATIONAL INTERNSHIP HOURS

_____, a graduate student in Communication Disorders and Sciences has completed _____ hours of supervised school-based professional experience related to planning, the learning environment, service delivery, professional conduct and ethics, and facilitation and advocacy as partial requirement for CDS 5970 Educational Internship. Additional hours related to intervention/direct service hours are reported via CALIPSO.

_____
Educational Supervisor

_____
ASHA Certification Number

_____
IDFPR License Number

_____
Date

_____
EIU Educational Coordinator

AMERICAN
SPEECH-LANGUAGE-
HEARING
ASSOCIATION

COUNCIL ON ACADEMIC ACCREDITATION
ACCREDITED
SPEECH-LANGUAGE PATHOLOGY

Eastern Illinois University
CALIPSO
Clockhours for
Printed for
Tish, Jacqueline

Clockhours for _____

New clockhour with this header

* = Required

Student: A, H   Submitted: Apr 21 2023

*Supervisors: [▾]   Approved: Apr 21 2023

*Site: [▾]   ***Date:** March 20, 2023   [Clr]

*Semester: [Spring 2023   ▾]   ***Course number:** [Educational Internship   ▾]

*Clinical setting: [School   ▾]   ***Mode of Delivery:** [In-Person   ▾]

*Completion month: [Apr   ▾]   ***Training level:** [Graduate   ▾]
*Year: 2023

[Save] [Re-calculate]

GUIDED OBSERVATION - Evaluation

	Child HH:MM	Adult HH:MM	Total
Speech (articulation, fluency, voice, swallowing, communication modalities)	☐ ☐	☐ ☐	
Language (expressive/receptive language, cognitive aspects, social aspects)	☐ ☐	☐ ☐	
Hearing	☐ ☐	☐ ☐	

GUIDED OBSERVATION - Treatment

	Child HH:MM	Adult HH:MM	Total
Speech (articulation, fluency, voice, swallowing, communication modalities)	☐ ☐	☐ ☐	
Language (expressive/receptive language, cognitive aspects, social aspects)	☐ ☐	☐ ☐	
Hearing	☐ ☐	☐ ☐	
Total Guided Observation Hours			

EVALUATION

	Child HH:MM		Adult HH:MM		Total
Articulation/Speech Sound Production	3	45			3:45
Fluency and fluency disorders					
Voice and resonance					
Expressive/Receptive language	5	15			5:15
Hearing		40			0:40
Swallowing/Feeding					
Cognitive aspects of communication					
Social aspects of communication					
Augmentative and alternative communication modalities					
Total EVALUATION Hours	**9:40**				

TREATMENT

	Child HH:MM		Adult HH:MM		Total
Articulation/Speech Sound Production	25	55			25:55
Fluency and fluency disorders		5			0:05
Voice and resonance					
Expressive/Receptive language	16	10			16:10
Hearing					
Swallowing/Feeding					
Cognitive aspects of communication					
Social aspects of communication	1	40			1:40
Augmentative and alternative communication modalities					
Total TREATMENT Hours	**43:50**				

Total (non-Observation)	**53:30**			**53:30**

[Re-calculate]

*% the student was observed while providing:

%   hh:mm   (minimum of 25% for evaluation 25% for treatment of the total contact with each client/patient)

Evaluation: [50.0] %   [4] :
or   [50]

Treatment: 50.0 % 21 :
or 55

* Supervisor approval: Yes ✔

* = Required

Comments or additional information:

Save

Eastern Illinois University
[CALIPSO](#)
Performance Evaluation
Printed for
Tish, Jacki

Performance Evaluation

Evaluation saved. You can now enter the scores.

Supervisor: Tish, Jacki

*Student: Doe, Jane ▼

*Site: Clare Woods Academy ▼

*Evaluation Type: Midterm ▼

*Semester: 2022 Fall ▼

*Course number: CDS 5970 Educational Internship ▼

*Patient population:

- ☑ Young Child (0-5)
- ☐ Child (6-17)
- ☐ Adult (18-64)
- ☐ Older adult (65+)

* Severity of Disorders (check all that apply):

- ☑ Within Normal Limits
- ☐ Mild
- ☐ Moderate
- ☐ Severe

Interprofessional (or collaborative) practice (IPP) includes (check all that apply): [?]

- ☑ Audiologist
- ☐ Dentist
- ☐ Dietitian
- ☐ Family Member
- ☐ Nurse/Nurse Practitioner
- ☐ Occupational Therapist
- ☐ Pharmacist

Cultural and Linguistic Variables (check all that apply when the variables for the client/patient differ from that of the student): [?]

- ☑ Age
- ☐ Bilingual/Multilingual
- ☐ d/Deaf and Hard of Hearing
- ☐ Disability
- ☐ Ethnicity
- ☐ Gender Expression

- [ ] Physical Therapist
- [ ] Physician
- [ ] Physician Assistant
- [ ] Psychologist/School Psychologist
- [ ] Recreational Therapist
- [ ] Respiratory Therapist
- [ ] Social Worker
- [ ] Special Educator
- [ ] Teacher (classroom, ESL, resource, etc.)
- [ ] Vocational Rehabilitation Counselor
- [ ] Other

- [ ] Gender Identity
- [ ] National Origin
- [ ] Non-Verbal Language
- [ ] Race
- [ ] Religion
- [ ] Sex
- [ ] Sexual orientation
- [ ] Verbal Language
- [ ] Veteran Status
- [ ] Other

Save

PERFORMANCE RATING SCALE
Click to see Rating Scale
Please refer to the Performance Rating Scale for grading criteria. Use a score between 1 and 5, in 0.25 increments (1.25, 1.5 etc.)

1 - Unacceptable Performance

2 - Needs Improvement in Performance/Maximum Support

3 - Moderately Acceptable Performance/ Moderate Support

4 - Meets Performance Expectations/Minimal Support

5 - Exceeds Performance Expectations/Independent

* If n/a, please leave space blank

Evaluation	Speech Sound Production [?]	Fluency [?]	Voice [?]	Language [?]	Hearing [?]	Swallowing [?]	Cognition [?]	Social Aspects [?]	AAC [?]
	Refer to Performance Rating Scale above and place number corresponding to skill level in every observed box.								
1. Conducts screening and prevention procedures, including prevention activities (CFCC V-B, 1a)									
2. Demonstrates current knowledge of the principles and methods of prevention and assessment, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates (CFCC IV-D)									
3. Collects case history information and integrates information from clients/patients, family, caregivers, teachers, and relevant others, including other professionals (CFCC V-B, 1b)									
4. Selects appropriate evaluation procedures (CFCC V-B, 1c) [?]									
5. Administers non-standardized and standardized tests correctly (CFCC V-B, 1c) [?]									
6. Adapts evaluation procedures to meet the needs of individuals receiving services (CFCC V-B, 1d)									

7. Demonstrates knowledge of communication and swallowing disorders and differences (CFCC IV-C) [?]									
8. Interprets, integrates, and synthesizes all information to develop diagnoses (CFCC V-B, 1e)									
9. Interprets, integrates, and synthesizes all information to make appropriate recommendations for intervention (CFCC V-B, 1e)									
10. Completes administrative and reporting functions necessary to support evaluation (CFCC V-B, 1f)									
11. Refers clients/patients for appropriate services (CFCC V-B, 1g) [?]									
Score totals:	0	0	0	0	0	0	0	0	0
Total number of items scored: 0 Total number of points: 0 Section Average: 0									

Save

Intervention	Speech Sound Production [?]	Fluency [?]	Voice [?]	Language [?]	Hearing [?]	Swallowing [?]	Cognition [?]	Social Aspects [?]	AAC [?]
	Refer to Performance Rating Scale above and place number corresponding to skill level in every observed box.								
1. Develops setting-appropriate intervention plans with measurable and achievable goals that meets client/patient needs, demonstrating knowledge of the principles of intervention and including consideration of anatomical/physiological, developmental, and linguistic cultural correlates. Collaborates with clients/patients and relevant others in the planning process (CFCC IV-D, V-B, 2a)									
2. Implements intervention plans that involve clients/patients and relevant others in the intervention process (CFCC V-B, 2b)									
3. Selects or develops and uses appropriate materials and instrumentation (CFCC V-B, 2c)									
4. Measures and evaluates clients'/patients' performance and progress (CFCC V-B, 2d)									
5. Modifies intervention plans, strategies, materials, or instrumentation to meet individual client/patient needs (CFCC V-B, 2e)									
6. Completes administrative and reporting functions necessary to support intervention (CFCC V-B, 2f)									
7. Identifies and refers patients for services as appropriate (CFCC V-B, 2g) [?]									
Score totals:	0	0	0	0	0	0	0	0	0
Total number of items scored: 0 Total number of points: 0 Section Average: 0									

Save

Additional Clinical Skills	Score
1. Sequences tasks to meet objectives	
2. Provides appropriate introduction/explanation of tasks	
3. Uses appropriate models, prompts or cues. Allows time for patient response.	
4. Demonstrates effective behavior management skills	
5. Practices diversity, equity and inclusion (CAA 3.4B)	
6. Addresses culture and language in service delivery that includes cultural humility, cultural responsiveness, and cultural competence (CAA 3.4B)	
7. Demonstrates clinical education and supervision skills. Demonstrates a basic understanding of and receives exposure to the supervision process. (CAA 3.1.6B) [?]	
Total number of items scored: __0__ Total number of points: __0__ Section Average: __0__	

Save

Professional Practice, Interaction and Personal Qualities	Score
1. Demonstrates knowledge of basic human communication and swallowing processes. Demonstrates the ability to integrate information pertaining to normal and abnormal human development across the life span (CFCC IV-B; CAA 3.1.6B) [?]	
2. Demonstrates knowledge of processes used in research and integrates research principles into evidence-based clinical practice (CFCC IV-F; CAA 3.1.1B Evidenced-Based Practice) [?]	
3. Demonstrates knowledge of contemporary professional issues that affect Speech-Language Pathology (CFCC IV-G; CAA 3.1.1B) [?]	
4. Demonstrates knowledge of entry level and advanced certifications, licensure, and other relevant professional credentials, as well as local, state, and national regulations and policies relevant to professional practice (CFCC IV-H)	
5. Communicates effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the individual(s) receiving services, family, caregivers, and relevant others (CFCC V-B, 3a; CAA 3.1.1B Effective Communication Skills, CAA 3.1.6B) [?]	
6. Provides counseling regarding communication and swallowing disorders to clients/patients, family, caregivers, and relevant others (CFCC V-B, 3c; CAA 3.1.6B) [?]	
7. Manages the care of individuals receiving services to ensure an interprofessional, team-based collaborative practice (CFCC V-B, 3b; CAA 3.1.1B) [?]	
8. Demonstrates skills in oral and other forms of communication sufficient for entry into professional practice (CFCC V-A) [?]	
9. Demonstrates skills in written communication sufficient for entry into professional practice (CFCC V-A) [?]	
10. Demonstrates knowledge of standards of ethical conduct, behaves professionally and protects client welfare (CFCC IV-E, V-B, 3d; CAA 3.1.1B-Accountability; 3.8B) [?]	
11. Demonstrates an understanding of the effects of own actions and makes appropriate changes as needed (CAA 3.1.1B - Accountability)	
12. Demonstrates professionalism (CAA 3.1.1B - Professional Duty, 3.1.6B) [?]	
Total number of items scored: __0__ Total number of points: __0__ Section Average: __0__	

Save

Met **All**	Not Met **All**	(N/A) **All**	**Met/Not Met**
○	○	◉	1. Demonstrates openness and responsiveness to clinical supervision and suggestions
○	○	◉	2. Personal appearance is professional and appropriate for the clinical setting
○	○	◉	3. Displays organization and preparedness for all clinical sessions
○	○	◉	4. Practices the principles of universal precautions to prevent the spread of infectious and contagious diseases (CAA 3.8B)
○	○	◉	5. Differentiates service delivery models based on practice sites (e.g., hospital, school, private practice) (CAA 3.1.1B - Accountability)
○	○	◉	6. Explains healthcare landscape and how to facilitate access to services in the healthcare sector (CAA 3.1.1B - Accountability)
○	○	◉	7. Explains educational landscape and how to facilitate access to services in the educational sector (CAA 3.1.1B - Accountability)
○	○	◉	8. Identifies and acknowledges the impact of both implicit and explicit bias in clinical service delivery and actively explores individual biases and how they relate to clinical services (CAA 3.4B)
○	○	◉	9. Identifies and acknowledges the impact of how their own set of cultural and linguistic variables affects clients/patients/students' care (CAA 3.4B) [?]
○	○	◉	10. Identifies and acknowledges the impact cultural and linguistic variables of the individual served may have on delivery of effective care (CAA 3.4B) [?]
○	○	◉	11. Identifies and acknowledges the interaction of cultural and linguistic variables between caregivers and the individual served (CAA 3.4B) [?]
○	○	◉	12. Identifies and acknowledges the social determinants of health and environmental factors for individuals served and how these determinants relate to clinical services (CAA 3.4B) [?]
○	○	◉	13. Identifies and acknowledges the impact of multiple languages. Explores approaches to address bilingual/multilingual individuals requiring services, including understanding the difference in cultural perspectives of being d/Deaf and acknowledge Deaf cultural identities. (CAA 3.4B)
○	○	◉	14. Recognizes that cultural and linguistic diversity exists among various groups (including d/Deaf and hard of hearing individuals) and fosters the acquisition and use of all languages (verbal and nonverbal), in accordance with individual priorities and needs (CAA 3.4B)
○	○	◉	15. Engages in self-assessment to improve effectiveness in the delivery of clinical services (CAA 3.1.6B)

Save

Strengths:

Improvements since last evaluation if applicable:

Opportunities for growth:

Recommendations for continued growth:

Considering the student's knowledge and experience obtained thus far in the program, is the student meeting your expectations? Is the student performing above expectations, meeting expectations or performing below expectations?:

Do you recommend an intervention or action plan for this student? If yes, what skills should be supported and what specific recommendations do you have for the intervention or action plan?:

Total points (all sections included): __0 Adjustment: 0.0
divided by total number of items __0
Evaluation score: __0
Letter grade   __unsatisfactory performance

By entering the student's name, I verify that this evaluation has been reviewed and discussed with the student prior to final submission.

Student name: [   ]   Date reviewed: [   ]

I verify that this evaluation is being submitted by the assigned clinical educator/supervisor and that I have mentored/educated the above-named student.

*Clinical educator/supervisor name: [   ]   *Date completed: [   ]

☐ Final submission (if this box is checked, no more changes will be allowed!)

[**Save**]

Standards referenced herein are those contained in the Membership and Certification Handbook of the American Speech-Language-Hearing Association. Readers are directed to the ASHA Web site to access the standards in their entirety: CFCC Standards | CAA Standards

Eastern Illinois University
CALIPSO
Student Evaluation of Clinical Placement
Printed for
Tish, Jacqueline

Student Evaluation of Clinical Placement

Student: AL
Site: [Hospital ▼] Semester: [2022 Fall ▼]

Using the following scale, rate your agreement: N/A 1 = Strongly Disagree 2 = Disagree 3 = Neutral 4 = Agree 5 = Strongly Agree

OVERALL

This practicum experience met my training goals and interests
○ 1 Strongly Disagree　○ 2 Disagree　○ 3 Neutral　○ 4 Agree　● 5 Strongly Agree

This practicum experience met expectations regarding clinical population, workload, and documentation
○ 1 Strongly Disagree　○ 2 Disagree　○ 3 Neutral　● 4 Agree　○ 5 Strongly Agree

The site furthered my efforts to achieve my professional goals
○ 1 Strongly Disagree　○ 2 Disagree　○ 3 Neutral　● 4 Agree　○ 5 Strongly Agree

The site provided a reasonable balance between direct clinical contact hours vs. related clinical responsibilities
○ 1 Strongly Disagree　○ 2 Disagree　○ 3 Neutral　○ 4 Agree　● 5 Strongly Agree

There were opportunities to discuss the process of ethical decision making
○ 1 Strongly Disagree　○ 2 Disagree　○ 3 Neutral　○ 4 Agree　● 5 Strongly Agree

Evidence-based clinical practice was utilized
○ 1 Strongly Disagree　○ 2 Disagree　○ 3 Neutral　○ 4 Agree　● 5 Strongly Agree

In general, I felt welcomed at this site
○ 1 Strongly Disagree　○ 2 Disagree　○ 3 Neutral　○ 4 Agree　● 5 Strongly Agree

I felt prepared to meet the challenges and expectations of this practicum site
○ 1 Strongly Disagree　○ 2 Disagree　○ 3 Neutral　○ 4 Agree　● 5 Strongly Agree

I would recommend that this site be used for future practicum placements
○ 1 Strongly Disagree　○ 2 Disagree　○ 3 Neutral　● 4 Agree　○ 5 Strongly Agree

THE PRACTICUM SITE PROVIDED ADEQUATE:

Supervision by clinical supervisor
○ 1 Strongly Disagree　○ 2 Disagree　○ 3 Neutral　○ 4 Agree　● 5 Strongly Agree

Training and orientation

○ 1 Strongly Disagree   ○ 2 Disagree   ○ 3 Neutral   ○ 4 Agree   ⦿ 5 Strongly Agree

Physical facilities and work space

○ 1 Strongly Disagree   ○ 2 Disagree   ○ 3 Neutral   ⦿ 4 Agree   ○ 5 Strongly Agree

Equipment and materials to engage in effective service delivery

○ 1 Strongly Disagree   ○ 2 Disagree   ○ 3 Neutral   ○ 4 Agree   ⦿ 5 Strongly Agree

Administrative/clerical support

○ 1 Strongly Disagree   ○ 2 Disagree   ○ 3 Neutral   ○ 4 Agree   ⦿ 5 Strongly Agree

THE PRACTICUM SITE ALLOWED APPROPRIATE OPPORTUNITIES FOR:

Diagnostic experiences

○ 1 Strongly Disagree   ○ 2 Disagree   ⦿ 3 Neutral   ○ 4 Agree   ○ 5 Strongly Agree

Treatment

○ 1 Strongly Disagree   ○ 2 Disagree   ○ 3 Neutral   ○ 4 Agree   ⦿ 5 Strongly Agree

Client and family interactions

○ 1 Strongly Disagree   ○ 2 Disagree   ○ 3 Neutral   ○ 4 Agree   ⦿ 5 Strongly Agree

Interactions with other professionals

○ 1 Strongly Disagree   ○ 2 Disagree   ○ 3 Neutral   ○ 4 Agree   ⦿ 5 Strongly Agree

Interactions with culturally and linguistically diversified populations

○ 1 Strongly Disagree   ○ 2 Disagree   ○ 3 Neutral   ○ 4 Agree   ⦿ 5 Strongly Agree

PROVIDE COMMENTS ON THE FOLLOWING:

What were the strengths/positive aspects of this practicum site?

By treating patients in the acute setting, rehab setting, as well as outpatient setting I was able to experience a variety of different diagnoses.

What might you suggest to strengthen the experience at this practicum site?

My experience would have been strengthened by being given more opportunities to complete instrumental swallow assessment. However, this problem was resolved in the last week of my internship, so I do not believe this will be a concern for future students.

What advice would you give the next student placed at this site?

Don't be afraid to ask questions, not only to your supervisor but to other medical professionals as well. I have learned so much as this placement from other professionals as well as my supervisor. I would also advise the next student to always offer a helping hand to nursing or other professionals you are collaborating with.

Eastern Illinois University
CALIPSO
Supervisor Feedback by A
Printed for
Tish, Jacqueline

Supervisor Feedback by AL

Student: Allen, Hallie

This feedback has been approved and is available to the supervisor.

* Supervisor: [▼]

* Site: [School   ▼]

* Semester: [2022 Fall   ▼]

1. Provided an orientation to the facility and caseload.

| N/A | No orientation provided. Student oriented him/herself. | Informal orientation provided. | ✅ **Formal orientation provided with supplemental documentation.** |

2. Provided the student with feedback regarding the skills used in diagnostics.

| N/A | Comments were vague; and therefore, difficult to apply. | Comments were useful but lacked specifics or concrete examples. | ✅ **Comments were useful, specific, and constructive.** |

3. Provided the student with feedback regarding the skills used in interviewing.

| N/A | Comments were vague; and therefore, difficult to apply. | Comments were useful but lacked specifics or concrete examples. | ✅ **Comments were useful, specific, and constructive.** |

4. Provided the student with feedback regarding the skills used in conferences.

| N/A | Comments were vague; and therefore, difficult to apply. | Comments were useful but lacked specifics or concrete examples. | ✅ **Comments were useful, specific, and constructive.** |

5. Provided the student with feedback regarding the skills used in behavioral management.

| N/A | Comments were vague; and therefore, difficult to apply. | Comments were useful but lacked specifics or concrete examples. | ✅ **Comments were useful, specific, and constructive.** |

6. Provided the student with feedback regarding the skills used in therapy.

| N/A | Comments were vague; and therefore, difficult to apply. | Comments were useful but lacked specifics or concrete examples. | ✅ **Comments were useful, specific, and constructive.** |

7. Provided the student with feedback regarding his/her selection of diagnostic or therapy materials.

| N/A | Comments were vague; and therefore, difficult to apply. | Comments were useful but lacked specifics or concrete examples. | ✅ **Comments were useful, specific, and constructive.** |

8. Explained and/or demonstrated clinical procedures to assist student in clinical skills development.

| N/A | Provided minimal explanations and/or demonstrations. | Provided adequate explanations and/or demonstrations when requested. | ✅ **Provided thorough explanations and/or demonstrations for all clinical procedures.** |

9. Utilized evidence-based practice.

| N/A | Rarely referenced current literature. | Occasionally referenced current literature. | ✅ **Frequently referenced current literature.** |

10. Encouraged student independence and creativity.

| N/A | Minimally receptive to new ideas and differing techniques. | Somewhat receptive to new ideas and differing techniques but did not encourage them. | ✅ **Very receptive to new ideas and encouraged use of own techniques.** |

11. Provided positive reinforcement of student's successes and efforts.

| N/A | Rarely commented on successes and efforts. | Occasionally commented on successes and efforts. | ✅ **Frequently commented on successes and efforts.** |

12. Provided student with written and/or verbal recommendations for improvement.

| N/A | Rarely provided written and/or verbal recommendations except on midterm and final evaluations. | Occasionally provided written and/or verbal recommendations in addition to the midterm and final evaluations. | ✅ **Systematically provided written and/or verbal recommendations in addition to the midterm and final evaluations.** |

13. Demonstrated enthusiasm and interest in the profession and in providing clinical services.

| N/A | Enthusiasm and interest rarely observed; frequent negative comments. | Enthusiasm and interest occasionally observed; occasional negative comments. | ✅ **Enthusiasm and interest regularly observed; frequent positive and optimistic comments.** |

14. Demonstrated effective interpersonal communication with student.

| N/A | Seemed uninterested and/or unwilling to listen or respond to student's needs. | Some interest in student's needs shown, but communication lacked sensitivity. | ✅ **Aware of and sensitive to student's needs; open and effective communication.** |

15. Receptive to questions.

| N/A | Unwilling to take time to answer questions. | Answered questions inconsistently. | ✅ **Answered questions with helpful information or additional resources which encouraged me to think for myself.** |

16. Available to me when I requested assistance.

| N/A | Supervisor was rarely available. | Supervisor was occasionally available. | ✅ **Supervisor was always available.** |

17. Utilized effective organizational and management skills.

| N/A | Rarely organized; showed difficulty balancing supervisory and clinical responsibilities. | Somewhat organized; balanced supervisory and clinical responsibilities with little difficulty. | ✅ **Always organized; balanced supervisory and clinical responsibilities with ease.** |

18. Referred me to or provided me with additional resources (materials, articles, video tapes, etc.)

| N/A | Provided minimal or no additional resources. | Provided helpful resources upon student request. | ✅ **Provided helpful resources without student request.** |

19. Realistically demanding of me as a student intern.

| N/A | Expectations were either too high or too low for level of experience with no attempts to adjust. | Expectations were generally appropriate for my level of experience. | ✅ **Expectations were individualized and adjusted according to my strengths and weaknesses.** |

Overall, how would you rate this clinical experience? [Superior ⌄]

Additional comments?

> H did a great job teaching as well as allowing me to learn at my own pace. She demonstrated expertise in a multitude of areas in our field and provided me with extensive opportunities to learn and grow as a clinician.

What experience during this practicum provided you with the greatest learning
opportunity

> I believe that communicating and talking aloud with my supervisor during assessment and treatment was the greatest learning opportunity. Not only was I learning how to assess and treat different areas, but I was also learning how to communicate with patients and families.

This feedback has been approved and is available to the supervisor.

Authored by: Laurel H. Hays, M.Ed., CCC-SLP and Satyajit P. Phanse, M.S.   © 2010 Calipso, LLC

Exemplary Supervisor Nomination

1. Your Name:

    _____

2. Supervisor's Name:

    _____

3. Practicum Site/Address/Phone Number:

    _____

4. Supervisor Email and Phone Number:

    _____

5. Supervisor's Professional Affiliations or Activities:
    (List relevant meetings, activities, in-
    services, etc. that supervisor participated in during the practicum experience)

    _____

    _____

    _____

    _____

    _____

6.   Describe the impact of this individual on your education:

_____

_____

_____

_____

_____

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Educational Internship Responsibilities

(Intern & Supervisor)

RESPONSIBILITIES OF THE INTERN, COORDINATOR, AND SUPERVISOR

A.   Intern

1.   To become acquainted with and understand her job as related to the total school program.

2.   To participate in the school speech therapy program as directed be the cooperating teacher and the supervisor.

3.   To contact the cooperating teacher with a record of previous therapy experiences.

4.   To provide the cooperating teacher with a resume, including a record of previous therapy experiences.

5.   To become familiar with the student teaching evaluation form at the beginning of the intern experience.

6.   To understand the roles of all school personnel and to observe their interaction.

7.   To participate in all meetings and functions appropriate to the intern's training as recommended by the cooperating teacher.

8.   To observe in classrooms, especially noting reading and vocabularies of children, relationships with peers and methods of classroom management.

9.   To prepare lesson plans as recommended by the cooperating teacher.

10.   To take the initiative in developing and presenting appropriate materials and methods.

11.   To participate in scheduling procedures.

12.   To participate in professional reporting and record keeping.

13.   To participate in reporting progress to parents and teachers.

14.   To plan correlated activities with the classroom teacher when feasible.

15.   To participate in parent conferences, staffings, and home visits when permitted.

16.   To make frequent self-evaluations for purposes of analyses and growth, identifying strengths and weaknesses.

17.   To become familiar with agencies and facilities for consultation and referral.

B. **Coordinator**

1. Establish a liaison between student, university administration, university department, participating agency (school or institution), cooperating teacher, and the public.

2. Analyze, evaluate, and select the participating agency and cooperating teachers.

3. Interpret the educational internship to students, participating agencies, cooperating teachers, and principals.

4. Negotiate with participating agencies and supervisors.

5. Serve as counseling and placement agent who must match the education and experience of the intern with appropriate agency and supervisor.

6. Explain assignment policy and program structure to all concerned.

7. Provide preventive and diagnostic supervision as necessary.

8. Serve as a mediator as the situation warrants.

9. Perform as a public relations agent for the program.

10. Assist, as necessary, in the appraisal and evaluation of the intern's efforts.

11. Serve as a resource person, confidant, and in some circumstances, as a technician.

12. Accumulate data and prepare necessary reports.

13. Continuously appraise, evaluate, and improve the program.

14. Disseminate necessary information relative to the program.

15. Perform as an active, interested, resourceful, and tactful co-worker.

C. **Supervisor**

1. To help the intern understand the job as it relates to the total school program.

2. To familiarize the intern with the therapy program.

3. To discuss the therapy program with the intern so that the latter will understand the program's activities in relation to the immediate and long-term goals.

4. To define for the intern the extent of her responsibility and authority in relation to the total school situation.

5. To provide opportunities for observation and indicate to the intern what to look for when observing.

6. To serve as a model and/or help the intern participate in:

   a. setting up a program
   b. making contacts with school personnel and related professionals
   c. establishing discipline
   d. making and using activities
   e. establishing parent contacts

7. To inform the intern about scheduling, screening, and testing procedures.

8. To supervise lesson planning.

9. To permit the intern to assume responsibilities for planning, preparation, instruction, and evaluation for a sufficient period of time to provide a realistic experience in terms of the responsibilities for continuity of the therapy program.

10. To provide varied therapy experiences, both as related to case load and to techniques.

11. To encourage the intern to develop and use her own materials and methods.

12. To provide diagnostic experience.

13. To involve the intern in record keeping.

14. To help the intern become acquainted with resource and referral agencies.

15. To frequently evaluate the intern for purposes of analysis and guidance, identifying strengths and weaknesses.

16. To report to the university coordinator the overall functioning of the intern.

17. To work as needed with the supervisor of student teaching in helping the intern with whatever problems arise while she is assigned to the school.

18. To formally evaluate the intern at midterm and final.

Educational Internship Supervisor Handbook

Contact Information

I hope this information addresses many of your questions regarding the educational internship for Eastern Illinois University CDS graduate students. Please feel free to call or email if you have questions at any time. My office number at Eastern is **217/581-8490** and cell number is **217-521-2571**. You may also fax information to me at 217-581-7105. I typically e-mail information to you so as not to bother you during the working day. My office e-mail is jmtish@eiu.edu.

Visits to educational internship sites are not conducted, however, if you feel you need support as a new supervisor or have concerns, let me know and I will schedule a visit. It has been my experience that generally by the time the students reach this level of their graduate career, they are able to provide appropriate services with your skilled guidance. However, remember they are still students and some disorder areas may be new to them requiring more direct supervision from you. I consider my job to be one of resource for you and the student, and also one of mediator should there be a problem. Feel free to request my presence at any time during the semester, and please call or e-mail if you have any questions or concerns.

The CDS department at EIU uses the Calipso system for documenting supervisory activities and supervisor information for each student. This is how you will complete evaluations of students, enter site information and personal information that is needed for ASHA accreditation and departmental purposes. When available, a small honorarium will be provided as well as ISBE CPDU credits. More information will be provided about this during the internship semester. EIU no longer offers tuition waivers for SLP supervisors.

HOURS and ABSENCES

The student teaching experience is a 14-week experience. The fall internship experience begins at varied times during the fall semester, depending on your school district start date. Most experiences should end around Thanksgiving week, depending on the start date. Workshops and professional conferences are included as part of the internship experience. The student is allowed two absences for use as sick days, interview days, etc. All days missed beyond these two days **MUST** be made up. The student should report absences as early as possible to you and the EIU Clinic secretary.   Students are expected to attend school on days you are absent (unless you prefer otherwise) to observe other SLPs, teachers, classrooms, make materials, etc. I have suggested to the students that plans be made in advance in case of your unexpected absence. Students ARE NOT to provide services in your absence unless another **current ASHA certified** SLP is in the building, is available for supervision, and you have given them permission to do so.

HOURS

Student interns need to accumulate minimally 100 clock hours of clinical experience in the educational setting (therapy, diagnostics, screenings, IEP meetings, classroom lessons, etc.). Some students need closer to 150 so that should be something you discuss from the beginning. Additionally, students now need to track hours related to planning, facilitation, advocacy, etc. for ISBE requirements (must minimally obtain 50 hours). Students should keep track of their weekly hours completed. Students are no longer required to obtain a specific number of hours per disorder area, rather ASHA guidelines require that students meet standards and obtain a total of 375 hours in at least three settings.   If the student has questions regarding their hours, they should call me and discuss their concerns.

<u>CASELOAD</u>

The student intern should have the entire caseload for minimally 8 weeks. **Due to COVID-19, you might consider having the intern jump in sooner than later.** Most supervisors have the student take the caseload in a gradual manner. Other experiences the student may benefit from include: observation of other speech pathologists, regular classrooms, and special education classrooms; participation in parent conferences and staffings; and attendance at area speech/language meetings. Observation of other speech-language pathologists or educators is ideal on the days you may be absent. A <u>*sample*</u> timeline used by one of our supervising teachers is included for your perusal. This is only an example, feel free to adjust and accommodate your caseload and school situation.

WEEKLY TIME FRAME OF DUTIES AND ASSIGNMENTS

WEEK 1 AND 2
Observe therapy and/or screening and diagnostics
Compose and send letter of introduction to parents
Begin "student info" sheets
Begin materials/activities/forms file (this can be electronic)
Become familiar with building/staff

WEEK 3
Assume ¼ caseload and assist with diagnostics
Students info sheets completed
Continue materials/activities file
Write diagnostic reports (if applicable)

WEEK 4
Assume ½ caseload and assist with diagnostics
Continue other therapy sessions
Continue materials/activities file
Write diagnostic reports

WEEK 5
Assume ¾ caseload and assist with diagnostics
Write diagnostics reports
Complete materials/activities file

WEEK 6
Assume full caseload
Continue assisting and writing diagnostic reports

WEEK 7
Midterm evaluation
Continue with full caseload
Assist with diagnostics
Observe MDC/IEP conferences

WEEK 8
Rough drafts of progress reports due (or save for later in semester)
Full caseload
Diagnostics
Assist in MDC/IEP conferences

WEEKS 9-10-11-12
Progress reports due
Full caseload
Diagnostics
Conduct some MDC/IEP conferences

WEEK 13
Full caseload
Set up observations for last week

WEEK 14
Update IEPs
Final evaluation
Observe if possible in other classrooms, SLPs
Return all borrowed materials

EASTERN ILLINOIS UNIVERSITY™

<u>OBSERVATIONS and EVALUATIONS</u>

We request and recommend that you supervise and observe 50% of all diagnostics and 25% of all therapy, minimally. These are the guidelines ASHA previously required and are consistent with our clinic guidelines. Written comments are not required, however, students have commented that written evaluations are very helpful in the self-evaluation process. We have encouraged students to talk with you about their preferences for feedback and how you will let them know strengths/areas to improve.

Weekly conferences with the student are suggested to provide verbal and/ or written feedback concerning their performance for the week. Students have commented that written feedback along with verbal is the most beneficial. Discuss with the student how the two of you will share supervisory information/evaluations. I have included a sample session evaluation form used by one of our supervisors. Again, this is only a suggestion and you should determine what best meets the needs of your student intern, as well as what is reasonable for you.

The student will complete an evaluation of your supervision prior to the end of the semester. This form is on Calipso as well. You will have access to that evaluation at the conclusion of the experience.

OBSERVATION OF INDIVIDUAL SESSION

Student Clinician: _____ Client(s): _____

Date: _____ Supervisor: _____

E: Exceeds Expectations   M: Meets Expectations   R: Requires Improvement
U: Unsatisfactory   N: No Opportunity

Treatment

Appropriate Goals: _____

Communicates Obj. to Client: _____

Summarize: _____

Materials: _____

Productivity: _____

Inst. Techniques: _____

Behavioral Control: _____

Client Self-Evaluation: _____

Flexibility: _____

Home/Teacher Involvement: _____

WOW/discovery factor: _____

COMMENTS:

Evaluation

Preparation: _____

Feedback: _____

Adherence to Guideline: _____

Scoring: _____

Interpretation: _____

Reporting: _____

Educational Relevance: _____

Midterm and Final Evaluations

A **formal evaluation** of performance should be completed at midterm and final.   The evaluation tool to be used is through Calipso. At midterm, ratings should be 3.0 or above. If you have a lower score in one or more areas, I will meet with both of you electronically, through Zoom, maybe a visit, to discuss the plan for those lower skill areas. To receive credit for the overall experience, final ratings should be at a level 3.5 or above. I will send emails throughout the experience to remind you of when these evaluations should be completed.

FINAL THOUGHTS…

If you prefer hard copies of any information, please let me know and I will be happy to send them in the mail.

If you have any questions, please call or e-mail. I look forward to hearing from you and welcome any suggestions you may have for making our educational internship experience positive for both the students and supervisors.

Contact Information

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A Review of the Expectations of Speech-Language Pathology Externship Student Clinicians and Their Supervisors

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Disclosures
Financial: Joanne Nicole Wunk Christodoulou has no relevant financial interests to disclose.
Nonfinancial: Joanne Nicole Wunk Christodoulou has no relevant nonfinancial interests to disclose.

Abstract

Students bring skills gleaned from academic learning and any previous university clinic internship experiences to externship clinical placements. Speech-language pathologists (SLPs) in their personal work settings share their caseload, supervise, and guide these novice professionals as they advance their clinical skills in preparation for independent practice. Supervisors and student clinicians with varying skills, goals, and previous supervision experiences have expectations for these final placements that can impact the effectiveness of the supervisory relationship and experience. Educational theories indicate that a strong supervisory relationship is built on practices of modeling, active listening, and facilitative learning as students mature toward independent evidence-based practices and decisions, with supervisors that offer constructive feedback and encouragement. Supervisors should work to create an atmosphere that fosters trust and openness to promote the most effective supervisory relationship with their supervisees. An important component of an effective working relationship is to be aware of expectations and a willingness to adapt to varying and/or changing expectations. Increasing understanding of expectations will create an opportunity to exchange information and build a strong, effective supervisory relationship. An awareness of students' expectations and perceptions allows supervisors to target the students' needs and personalize guidance to facilitate maximum growth in clinical skills.

A supervision relationship that is positive and successful for both the supervisor and supervisee is based on realistic and corresponding expectations (Mandel, 2013; McCrea & Brasseur, 2003). This review focuses on the impact of expectations on the speech-language pathology externship experience. What individuals anticipate as they begin the experience (e.g., how much guidance is to be provided, how are sessions to be prepared, and how often will feedback be provided/received) as well as factors such as past experiences and personal style require reflection and discussion between the supervisor and supervisee. Supervisors in the examined research stressed the need for a collaborative approach within a supervisory relationship that was open, flexible, and reflective, which emphasized interpersonal skills, and the need to foster a relationship built on trust (Cheon, Blumer, Shih, Murphy, & Sato, 2009; Moskowitz & Rupert, 1983). Disparities in supervisory expectations, style, theory approach, and personality were key areas of concern for supervisees (Moskowitz & Rupert, 1983). Insufficiency and/or conflict in the supervisory relationship, specifically if the supervisor is unable or unwilling to meet the supervisee's expectations and needs for training and guidance, can be harmful to professional development and detrimental to the patient, clients, and/or students on the externship caseload (Ellis, Siembor, Swords, Morere, & Blanco, 2008; O'Connor, 2001).

The integration of theory-based knowledge and previous academic-based clinical experiences within the externship environment (e.g., early intervention, grade school, hospital, and long-term

care facility) allows the graduate student clinicians to prepare for entry into the profession as clinical fellows by fostering independent clinical practice and interactions between other experienced speech-language pathologists (SLPs) and related professionals (e.g., teachers, child study team, physical therapists, occupational therapists, etc.) already working in the field. During these externship placements, the students are required to adapt to a real-world schedule and take responsibility for assessment and interventions of patients, clients, or students within the established patterns of the particular work setting. Externship supervisors must typically maintain their level of responsibility and productivity within the capacity of their job while supervising the clinical externship students which often increases the demands of their daily work (Billetdeaux, 1998; Brown, 2007; Ghazzawi, 2007). In a study by Billetdeaux (1998) "only 65%" of the medical facilities accepting externship students reported requiring training for student supervision although training would increase the skill, ease, and satisfaction of the supervision process (p. 6). The American Speech-Language-Hearing Association's (ASHA) focus group report on extern supervision lists supervisory training as a barrier to success with externship placement (Ghazzawi, 2007). This deficiency of training may lead to unrealistic expectations especially given the demand for continued productivity. Geller (2002) reports that supervisors often model their supervisory practices and expectations on their own past experiences; however, in some settings, these expectations may be unrealistic for current student clinicians (Brown, 2007).

Review of the Literature

Theory and Framework

As a SLP undertaking a supervisory role, a clear understanding of what is reasonable to expect from graduate students during their practicum experience, what support(s) the supervisor is expected to provide, and how to foster a rich, inspiring relationship with the student are all necessary (Anderson, 1988; ASHA, 2008a; McCrea & Brasseur, 2003). Providing supervision to inspire clinical growth and excellence within an evidence-based practice (EBP) context based on sound behavioral and educational theories may be challenging. Holloway and Neufeldt (1995) reported that behavioral theories dictate that the supervisor reinforces desired actions and extinguish undesirable behaviors in the supervisee. Effort was required by the supervisor and supervisee to make adjustments to their personal expectations as they progressed through the supervision relationship and sought to meet the needs of the patients, students, or clients being served, reconciled institutional directives, and advanced their own professional growth (Holloway & Neufeldt, 1995).

Utilizing several supervisory models (e.g., collegial peer, monitor, coach, educator, etc.) Hess, Hess, and Hess (2008) recounted that supervisors attempted to modify behaviors while practicing and modeling educational theories that encompassed active listening, guiding, facilitating investigation, withholding criticism, and offering encouragement as the new clinicians within their research study revealed maturing clinical decisions and advances in professional skill. Graduate student clinicians' expectations change as they progress through various practical experiences and it should be expected that they will present with different motivations, expectations, and abilities than they had in their in-house clinic experiences (Dobbs, McKervey, Roti, Stewart, & Baker, 2006: Mandel, 2013; Tihen, 1983). Generally, graduate student clinicians can be described as seeking self-directed education that is determined by specific patient, student, or client circumstances. They expected to assume a principal role within a collaborative relationship throughout the supervision process (Zmeyov, 1998). The student needed to feel supported by the supervisory relationship and learn to trust his/herself to be able to follow through by applying the knowledge gained during the in–house clinics in a more independent and mature manner to fully benefit from the externship supervision experience. Success would then advance the supervisee from student clinician to novice professional.

The ability to enhance the learning process is not easy and facilitation by the supervisor requires sensitivity (Zmeyov, 1998). The student clinician's background, specific prior experiences,

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and cultural perspective must be framed within the supervision context to enrich the exchange between participants, as well as to open the pathway of knowledge for the student, and avoid potential exclusion or marginalization while promoting professional growth for both supervisee and supervisor (Guy, 1999). The American Speech Language-Hearing Association (ASHA, 2013) explained that early research and the widespread theory was that if an individual was competent as a clinician he/she would be competent as a clinical supervisor; however, that philosophy has been challenged (Kavanagh, Spence, Wilson, & Crow, 2002; Scott, Ingram, Vitanza, & Smith, 2000). The more current theory is that effective supervision utilizes a skillset and knowledge base beyond what is required for assessment and treatment of individuals with communication or swallowing disorders (ASHA, 2013; Scott et al., 2000). ASHA (2013) recommended that supervisors utilize educational and behavioral theories by considering learning styles and guiding clinical skill development through sequential steps toward mastery. Additionally, it was recommended that supervisors model appropriate behaviors, demonstrate evidence-based practices, modify students' actions where necessary, and work toward connecting academic knowledge to ethical clinical practice and decision-making to advance professional development. These practices would positively impact patient, student, or client outcomes (ASHA, 2013). Furthermore, the theories of education and behavior that are best utilized should include expansion of those ideas put forth from research in humanist psychology. These modified theories stressed personal growth that encouraged accountability, responsible choices, and active learning (Taylor, 2006). The supervision dyad within the externship setting utilizes active, self-directed learning. As Taylor (2006) explained, research participants sought to advance their skills and knowledge through frequent reflection on educational experiences, and were determined to make changes and so implemented self-constructed learning opportunities. How the information is processed so the learner can analyze, understand, develop, collect, and remember the material he/she desires to learn is impacted by educational theories that encompass affective, cognitive, and psychological behaviors that the learner demonstrated during the education process (Jacobson, 2001). From the supervisee's perspective, knowing how one accesses, processes, and retains information as it is learned can make that learning more efficient and satisfying and creates specific expectations for furthering growth and development. From a supervisor's view, consideration of these factors and expectations would then make the process of training and mentoring more effective, agreeable, and rewarding. The ASHA (2013) recommendation to apply these education theories would assist supervisors as they strive to "help students [clinicians] develop more efficient and effective study methods, increase student self-awareness of how [he or she] learns best, and help move [that] student to a higher or more evolved level of thinking" (Jacobson, 2001, p. 142).

Graduate student-clinician development encompasses activities over time within the clinical environment. Taylor (2006) stated that the variables of activity, time, and environment impacted the individual's characteristics, aptitude, abilities, and knowledge base. Supervisors influenced these changes by providing a framework for that change through which choices, issues, decisions, and professional practice was applied to various situations (Granott, Fischer, & Parziale, 2002; McAuliffe, 2006). This supervised practice of clinical skills leads to professional growth—the acquisition of specialized knowledge and skills. In the externship setting, the new clinician will begin the career phase of development that embodies career exploration, work-setting acclimation, learning to fit in with colleagues and other professionals, and demonstrating beginning clinical competence (Greenhaus, Callanan, & Godshalk, 2010; McAuliffe, 2006). Affirming experiences and the solid development of skills within this framework has been linked to positive career achievement (McAuliffe, 2006). This supervision framework is best described as a variety of patterns of behavior, the appropriateness of which depends on the needs, competencies, expectations and philosophies of the supervisor and the supervisee, and the specifics of the situation (tasks, client, setting, and other variables). The goals of the supervisory process are the professional growth and development of the supervisee and the supervisor, which it is assumed will result ultimately in optimal service to clients (Anderson, 1988, p. 12). Within this framework, the theory of supervision can be expressed as the awareness and preparedness of supervisors to ensure that educational support and professional training will be provided to new clinicians. This will, in turn, alter

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expectations and diminish the need for direct supervision as professional skills mature (Anderson, 1988). In relation to graduate student clinicians in their final externship experiences, this theoretical framework depicts the learner as gaining knowledge through a variety of interactions and reactions to socially mediated experiences as facilitated by the supervisor. As a result, those new clinicians will be well equipped to provide individuals with communication disorders effective services increasing the vitality and strength of the profession (ASHA, 2013).

Supervisor/Supervisee Relationship

Love and Street (1998) described supervision as a collaborative process that resulted in a relationship that was based on communication, and reciprocal learning and expectations. When effective, the relationship facilitated the development of the student's clinical skills. The relationship allowed the student clinician, with the support and guidance of the supervisor, to develop proficiency in problem solving, reflection, self-analysis, and self-evaluation that prepared the student for entry into the field as an independent clinician (ASHA, 2008a, 2008c; Barrett & Barber, 2005; McCrea & Brasseur, 2003; Tihen, 1983). As a result of her study, Woolhouse (2002) concluded that effective supervision involved understanding how and what students expected to learn. She further stated that the practice of supervision can be improved by being aware of those facts and developing and improving supervisory skills as a result of that knowledge. The first step is to ask specifically what the student needs and expects of the supervisory relationship and then to find a balance between any differences. This research indicated that supervisory meetings that encouraged independence, reflections, and sharing ideas rather than just seeking to solve technical or practical difficulties, resulted in greater growth and professional development of both supervisor and supervisee (Woolhouse, 2002). A variety of methods were typically utilized with the intent of determining the student's level of independence and supervisory needs (e.g., interview, presentation of previous paperwork, and letters of recommendation) and Phillips (2009) found that no one method of ascertaining the requirements of an expected supervisory experience was best. To foster the acquisition of professional proficiencies, McAuliffe (2006) recommended that the supervisor facilitate constructive learning that meets the individual needs of the supervisee as he/she progresses through the acquisition of skills necessary to practice in a competent manner. An awareness of the student clinician's academic skill, previous experiences, and anticipated expectations would allow the supervisor to tailor the supervision to the student's needs, leading him/her through the process with support and targeted feedback. Additionally, the discussion about these specifics of the supervision process would challenge the student clinician to reflect on developing skills, expectations for progress, and the need for certain training and/or support from the supervisor (Varnedoe, Murphree-Holden, & Dixon, 2008). In a comparison study of four student clinician groups of varying experience enrolled in residential or distance delivery programs, Fitzgerald (2009) determined that advanced student clinician expectations broke down into specific themes: (a) collegial interactions; (b) exercising independent judgments; (c) constructive criticism; (d) assistance with specific ideas for treatment; and (e) allowing creativity (p. 100). Both advanced and the lesser-experienced groups within this study (e.g., novice clinicians) revealed a pervasive theme: the desire for an interpersonal relationship between the supervisor and supervisee. The residential and distance students in the Fitzgerald (2009) study indicated that interpersonal relationships with the supervisor were important to success and included the anticipation of encouragement, a challenge to critical thinking skills, and promotion of professional attitudes and development, themes which research by Anderson (1988) and McCrea and Brasseur (2003) previously established.

From the very first supervisory meeting upon entering the clinical experience, if an understanding of expectations is established between the individuals involved in the supervisory dyad, a positive experience is more likely (Mandel, 2013). Erroneous assumptions and mistaken expectations between the individuals involved in the supervisory relationship can result in negative interactions and dissatisfaction for both parties (Barrett & Barber, 2005). Reflection on needs and expectations within the supervision relationship should be implemented through a variety of procedures (e.g., observation, reflection, discussion). Staltari, Baft-Neff, Marra, and

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Rentschler (2010) concluded that a combination of processes proved to be the most effective method. Like Staltari et al. (2010), Phillips (2009) found that the ability to review progress and evolving skills provided a comparison of proficiencies over the course of the practicum. This comparison of skills over time improved the accountability and success of new clinicians when studied by Shapiro and Anderson (1989). Their research indicated that within structured supervisory conferences, clarifying evolving expectations facilitated professional growth. These findings support the ASHA (2008b) recommendations for supervisors to adjust supervision to meet the needs of the student clinician. This then fulfills the true purpose of supervision as stated by McCrea and Brasseur (2003) that "the goals of the supervisory process are the professional growth and development of the supervisor and supervisee" (p. 8).

Supporting Skill Development. Research by Beidas and Kendall (2010) reaffirmed early studies by Ellis, Krengel, Ladany, and Schult (1996) and Holloway and Neufeldt (1995) that supervision sparked learning, practice pattern behaviors, and confidence in EBP research. Beidas and Kendall (2010) explained that for new clinicians to utilize EBP most effectively, they needed to have training during the supervisory process. Academic learning, including reading and classroom activities, started the dissemination of knowledge regarding the process of finding EBP assessments and treatments but supervision during the practicum experience supported the behavioral changes necessary for good clinical practice at the professional level (Beidas & Kendall, 2010). Through a series of focus group questions with practicing mental health professionals, Nelson, Steele, and Mize (2006) explored implementation of EBP. These researchers found that participants reported that the lack of support by their supervisors had impacted their understanding and use of evidence-based techniques and/or treatment options. These participants sought direct information from their supervisors to expand their knowledge and instill confidence in the practice of procedures that were new to them. Moreover, these individuals had expected support specifically for EBP and expected time to be spent with the supervisor to advance comfort in researching how and when to seek EBP patterns. In a report published by ASHA (2013) it stated that within the general areas of knowledge skills for supervision, the supervisor must "adhere to principles of EBP and effectively convey applicable research information/analysis to the supervisee" (p. 8). It is expected that the supervisor will reference the research and study results that are appropriate to the student's externship caseload, guide and encourage the supervisee to participate in searching for applicable and useful research, and demonstrate and encourage methods of measuring treatment outcomes to support and further EBP research findings (ASHA, 2013). Beidas and Kendall (2010) stated that it is the supervisor's responsibility to determine "how much supervision is needed to achieve therapist behavior change and competent administration of EBP" for the graduate student clinicians in his/her charge (p. 26).

Supervisees' Viewpoint of Supervision

Graduate student clinicians' perspectives on supervisory attributes have been examined. Researchers Taylor, White, Kaplan, and O'Rourke (2012) reported that students indicated that they desired their supervisors to be "knowledgeable, supportive, realistic, organized, honest, timely, caring, enthusiastic, patient, and flexible" (p. 53). Dobbs et al. (2006) had analyzed survey responses in their study and determined that students wanted supervisors that were "assertive, energetic, and outgoing" (p. 114). These researchers looked at management and evaluation characteristics and found the most pervasive wish was assistance in collecting data, writing reports, and providing numerous therapy resources. In an allied health literature review, Levy et al. (2009) reported on several disciplines (e.g., athletic training, nursing) and found that students were seeking attributes and behaviors in supervisors that fostered the learning process, aided personal growth, and inspired self-confidence. The students in the various studies reviewed equated these attributes and behaviors with good communication skills, the ability to teach, and provide constructive feedback. Levy et al. (2009) revealed that this awareness of preferred behaviors gathered from the study was useful for supervisors by allowing them to reflect and emphasize those qualities to increase learning and comfort of the student. Woolhouse (2002) stated that supervisees' perception of characteristics, style, and behaviors may not be entirely

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consistent or even accurate and therefore, might prevent an efficient working relationship. What is required is a clear understanding, through conversation, of expectations on the part of both parties to achieve a productive supervision relationship. A study by Fernando and Hulse-Killacky (2005) also illuminated that the interpersonal relationship of supervision is influenced by personal, cultural, familial, and community and that those components impact the expectations of both parties. These researchers caution that differences in the individuals' various backgrounds and influences can create bias and perhaps, conflict.

Dissatisfaction and Conflict. The supervisor and supervisee association is more than a didactic experience. It should be a relationship that fosters a sharing of information, and a nurturing of skills in a context of respect and encouragement. Communication is necessary and should be continual throughout the supervisory relationship not just at the beginning when expectations are typically discussed (Phillips & Pugh, 2010). As the individuals work together, those expectations begin to change based on familiarity and shared experiences. To remain effective, the relationship and awareness of evolving expectations and needs must be acknowledged and practice patterns amended as necessary (Phillips & Pugh, 2010). These researchers stressed that it is important to respect the changeability of the relationship and continue to communicate without judgment. Differences, if present, should be resolved to preserve the effectiveness of the supervision relationship.

Review of the research on supervisory dissatisfaction and conflict across a variety of disciplines confirmed the importance of supervisor awareness of the expectations of supervisees and a strong supervisory relationship on the students' success (Bang, 2005; Barrett & Barber, 2005; Huhra, Yamokoski-Maynhart, & Prieto, 2008; Morgan & Sprenkle, 2007). In the field of psychotherapy, Barrett and Barber (2005) reported that supervisees experienced distress and viewed a supervisor in a negative way if that supervisor was disinterested in forming a relationship. Supervisees, as they gained skill, typically expected to practice more independently; but this resulted in tension within the supervisory relationship if expectations for this development were mismatched and provisions were not anticipated (Huhra et al., 2008). Studies recounted other possible areas of concern within supervision in addition to expectations, communication, and time, both, components of interpersonal relationships (Adrian-Taylor, Noels, & Tischler, 2007; McCready, 2007; Nelson & Friedlander, 2001). The research by Gaitskell and Morley (2008) revealed dissatisfaction with the supervisory dyad; supervisors felt uncomfortable providing feedback and the supervisees complained of having their needs unmet. Since the expectations of the supervision relationship were unmet the supervisory process was unproductive. Similarly, a problem discovered by Sweeney, Webley, and Treacher (2001a) was that within the typical stress of a new supervision relationship, often felt by both parties, the student reported feeling greater anxiety as a result of being under observation and scrutiny. This was due to the dynamic of the practicum, which required that the student be continually evaluated by the supervisor with the object of facilitating the student's development of self-evaluation skills (Sweeney et al., 2001a).

When individuals share a relationship, it is not unusual to experience periodic dissatisfaction or even conflict. This can lead to difficulties within the supervisor/supervisee dynamic as either party may feel pressure to perform within certain expectations. An uncertainty or disconnect would compromise the integrity of the professional relationship (Pearson & Piazza, 1997). In the Sweeney et al. (2001a) study, a qualitative theme emerged in the health care setting. Students were overwhelmed by the complexity of their patients' problems and they struggled to adapt emotionally. Though the supervisee participants reported their supervisors were caring and compassionate, they felt that they were ineffective at demonstrating how to cope with the challenges and difficulties within the work setting. Brown (2007) found that without support and guidance in acquiring clinical skills including decision-making, demonstrating appropriate practices, and modeling of ethical conduct, new clinicians burned out. Unmet or mismatched expectations created unnecessary anxiety for the student clinician and effected satisfaction with the entire practicum experience and led to the reluctance to choose a similar

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setting for employment when the practicum was completed (Brown, 2007). Schauer, Seymour, and Geen (1985) discussed that a clinician's anxiety impacted effectiveness as a therapist whether that individual was a supervisee or supervisor. These researchers reported that this anxiety resulted in: (a) triggered speech production that was less fluent; (b) perception of patient's, student's; or client's responses to therapy that were less accurate; (c) memory of specific details and perceptions from therapy sessions that are reduced; and (d) triggered defensive and argumentative behavior (Schauer et al., 1985, p. 280). All these factors compromised the supervisory relationship and increased the probability of a negative impact on the individuals receiving treatment.

Sweeney et al. (2001b) suggested that the supervisor and supervisee prepare a contract to determine the practicum objectives, evaluation, and feedback methods and specific expectations of the partnership so that both parties were clear on their responsibilities and roles within the supervisory relationship. This dynamic tool allowed the participants to develop and grow within the practicum experience by stating clear goals and regularly reviewing and revising the agreement. Equally important, both parties needed to feel that there was time to participate in evaluation feedback and reflection, which lead to an effective supervision relationship; they noted though that this was challenging within the confines of program productivity. Dissatisfaction was further explored by Gaitskell and Morley (2008) as they examined the supervisory dyad. These researchers stated that there was often an emphasis on growth and encouragement at the expense of feedback that may be challenging for the supervisor to give as well as the supervisee to hear. Nevertheless, these researchers confirmed that feedback can improve patient, student, or client care, and support student growth without affecting the personal feelings of the individuals if expectations and outcomes are clear to each party involved.

Supervisor Interests and Concerns

A professional in the field of speech-language pathology who is asked to be a supervisor of a student clinician for his/her externship is required to teach, guide, and evaluate the abilities of that student in the workplace. This process includes directing the student through the ASHA (2008b) required knowledge, skills, guidelines, and ethical tenets as it applies to the setting. It also encompasses guiding the student through planning, prioritizing, organizing, developing interpersonal and interdisciplinary relationships, problem-solving, and working through conflict resolution (Breen & Murphy, 2009). The work-setting supervisor strives to aid and build professional skills in the student often receiving little or no guidance on the supervisory process from the academic institution, and often having no formal training in supervision (Dowling, 1993). Participants in a supervisor focus group led by Brown (2007) reported that they had not received any compensation for supervision but benefitted from the experience. They also stated that their productivity was taxed during the supervisory process but that they felt that formal training would aid them as they strove to balance the demands of their multiple roles. They also noted they would appreciate continuing education specifically for supervision and having more resources and support for supervisory-related activities.

In the studies reviewed by Beidas and Kendall (2010), benefits of supervision included improving clinical knowledge, greater adherence to EBP, and skills in treatment that could not be achieved with only academic knowledge and the first exposure to training (e.g., in-house clinic). Brown (2007) reported that when there had been a positive supervisory experience, the students were more likely to accept offers of employment in similar settings. The experience allowed the novice professional to be more adequately prepared to manage the stresses related to the specific setting caseload. Therefore, accepting a supervisory role and supplying a positive supervisory experience may result in opportunities: (a) to recruit future clinicians who were familiar with the practices in that specific setting and (b) to recruit clinicians who had knowledge, skills, and experience in that type of setting (e.g., school district, hospital, etc.). Brown's (2007) findings resulted in recommendations to administrators regarding supervision benefits—seasoned clinicians were stimulated and inspired by interaction with student clinicians and supervision facilitated professional growth.

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Recommendations

Supervisors

Victor (2013) maintained, "expectations stated at the onset of the supervisory process will result in diminished conflict" (p. 80). A review of the Anderson (1988) model of supervision utilizing evaluation, constructive, timely feedback, development of clinical skills with a focus on increasing independent practice, self-reflection, and monitoring will allow the supervisor to be in tune with EBP for supervision. To facilitate this exchange of information, Ghazzawi (2007) suggested utilizing an expectation form or list, which itemizes expectations for each party. Planning an interview would allow the student to meet the prospective supervisor to discuss expectations. It would also allow the student to see the facility and ask questions. These preparatory tasks should help to alleviate some of the student's stress and enable the supervisor to revise his or her expectations before the first day. That first day onsite, time should again be spent revisiting those expectations to ensure that they have not changed or to update them based on new information (Woolhouse, 2002). At the end of the first session, it would help to reiterate the expectations with sensitive feedback to further increase the comfort of the student and to build a strong supervisory association (Forbes, 2001).

Students

An understanding of supervision utilizing the Anderson (1988) model would be beneficial. It would allow students to anticipate assessment and constructive feedback from the practicum supervisor. Students could then steadily move toward independent clinical practice and know that they were to self-monitor, reflect, and regulate their clinical skills. Although students may have completed two university clinical practicums and perhaps their first externship practicum, they should be prepared by the university's graduate program's practicum placement liaison to ask questions about the specific anticipated supervisory process. Students should acknowledge that while their experience may have increased, each placement setting and supervision relationship is different. Expectations for the particular assigned worksite should be reviewed. Ignorance may lead to ambiguity and/or dissatisfaction with the supervisor or the site. The student should be guided to reflect on past experiences, what they wish to learn, and their personal goal(s) for the new externship site. Listing their own expectations and perhaps strengths and weaknesses discovered during their previous clinical experiences will allow them to be prepared for meeting with their new supervisor.

Supervision Meetings

Even before supervision begins, it would be advantageous for off-site clinical supervisors to meet with the university staff or faculty. Discussion of the specific expectations of supervision for the university program would allow the supervisor to plan what is required regarding paperwork, evaluation, and feedback. It would also be helpful for supervisors to understand what they should expect of the student to be placed as a result of the graduate program's training process (Moran, Phillips, & Zylla-Jones, 2012). This would apply to local and distance graduate program students. Friedel (2006) indicated that coordinating a distance education externship had many challenges; disseminating information on procedures and expectations for the program to the supervisor is vital to the success of the supervisory relationship and the student's success in the externship.

Individual practicum sites have particular constraints so supervision conferences or meetings during the externship semester may follow different timetables or formats. Often off-site locations require the supervisor and supervisee to share a workspace on a regular basis and therefore conversation, assessment, and feedback are often immediate. However, to increase the student's ability to be self-regulating, the supervisor should strive to set specific times for supervision meetings, provide feedback at regular intervals, and allow the student to make independent decisions. Discussing the caseload and updating expectations based on the assessment of skills and objectives reached will permit the supervision relationship to develop. An open dialogue will foster growth and independence, allowing students to achieve their personal goals and

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objectives, move through the clinical education process, and anticipate joining their supervisors in the professional arena as clinical fellows (Mandel, 2013).

Conclusion

Supervision that is strong and supportive improves the students learning potential (Mandel, 2013). Identifying the students needs and expectations enable the supervisor to provide appropriate support (Koerner, Rust, & Baumgartner, 2002). Bang (2005) and Mandel (2013) demonstrated research results where expectations of student clinicians evolved based on the level of experience. Understanding and adapting to the changes in expectations within the supervision relationship lead to an edifying experience that resulted in enhanced professional development and an increase in clinical skills (Anderson, 1988; ASHA, 2013). Research by Varnedoe et al. (2008) supported the findings that training and support, along with evaluation and feedback, should be supplied by the supervisor to aid the student in developing skills. The willingness to be proactive at their practicum sites supported the adult experiential learning model of supervision where the student took responsibility for his/her professional growth by engaging in critical evaluation of professional information and practices, and employed his or her original thinking in an effort to learn what to do, how to do it, when to do it, and why to do it. These higher-level responses were integral for clinical problem-solving and advanced clinical practice (Walden & Gordon-Pershey, 2013, p. 123). Behavioral, educational, and adult experiential learning theories demonstrated that supervisors can influence students in a positive manner helping them to reinforce desired actions and progress in areas of need; however, this required the supervisor to make adjustments to their expectations, discern the needs of the student, and continually seek to build a positive relationship with the student (Holloway & Neufeldt, 1995; Walden & Gordon-Pershey, 2013).

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