ASHA REQUIREMENTS FOR CLINICAL CLOCK HOURS

In order to be eligible for certification in speech-language pathology by the American Speech-Language-Hearing Association, the student must complete the requisite number of clock hours of supervised clinical observation and supervised clinical practicum. The supervision must be provided by an individual who holds the Certificate of Clinical Competence in speech-language pathology.

CLINICAL OBSERVATION (25 HOURS)
(Effective January 2005)

Observation hours generally precede direct contact with clients/patients. However, completion of all 25 observation hours is not a prerequisite to begin direct client/patient contact. Students who have not completed all 25 observation hours may begin direct client/patient contact only in the areas of speech-language pathology where they have successfully completed the academic coursework for those areas.

CLINICAL PRACTICUM (400 HOURS)

Students must complete at least 400 clock hours of supervised clinical practicum that concern the evaluation and treatment of children and adults with a range of disorders and differences in speech, language and hearing.

At least 325 of the 400 clock hours must be completed while the student is engaged in graduate study. The remaining required hours may have been completed at the undergraduate level, at the discretion of the graduate program.

Graduate students must complete their first clinical practicum course on-campus.

The student must have experience in the evaluation and treatment of children and adults from culturally/linguistically diverse backgrounds and with various types and severities of communication and/or related disorders, differences and disabilities.
General Clinical Procedures

Clinic Policies

Policy 1.1: Observation

A minimum of 25 observation hours may be completed prior to or while participating in clinical practicum.

Section 1: Required observation hours may be completed by enrolling in Diagnostic Methods SECD 528 (graduate) or SPAU 466 – Clinical Lecture and 467 – Clinical Lab (undergraduate).

Section 2: The Observation Form must be completed and signed by the Clinical Supervisor after each observation session. (See Observation Form in Appendix).

Policy 1.2: Clinical Practicum

To enroll in Clinical Practicum, undergraduate and graduate students must have earned a grade of B or better in Diagnostic Methods (SPAU 466 Clinical Lecture and 467 Clinical Lab for undergraduate students and SECD 528 for graduate students). Also, undergraduate students need to earn a grade of B or better in Articulation Disorders (SPAU 320) as well as Language Disorders (SPAU 365).

To participate in clinical activities, students must be enrolled in one of the following clinical practicum courses:

Section 1: Graduate students must enroll in Clinical Practicum SECD 567, 568, 569 or 571. To earn clinical clock hours, students must earn a grade of B or better from each clinical supervisor. For example, if a student has two supervisors during the same semester and earns a grade of B from one supervisor and a grade of C from the other, the clinical clock hours will count only from the supervisor where the B grade was earned.

Section 2: Undergraduate students must enroll in Introduction to Clinical Practicum-SPAU 468 or Advanced Clinical Practicum-SPAU 469. To earn clinical clock hours, students must earn a grade of B or better from each clinical supervisor. For example, if a student has two supervisors during the same semester and earns a grade of B from one supervisor and a grade of C from the other, the clinical clock hours will count only from the supervisor where the B grade was earned.
Section 3: Undergraduate students will complete clinic in two semesters. For more information, consult with your advisor.

Section 4: Clinical Practicum will not be offered during Maymester unless otherwise specified by the Clinical Director.

Policy 1.3: Coursework

Coursework must be completed in the disorder category prior to a clinic assignment in that area, i.e., Disorders of Articulation must be completed prior to receiving a clinic assignment related to an articulation disorder.

Policy 1.4 Clock Hours

Section 1: Prior to graduation, graduate students must complete the ASHA required 400 clinical clock hours of therapy and diagnostics (25 hours of observation). Of those hours, 325 must be obtained at the graduate level. The remaining required hours may have been completed at the undergraduate level.

The student must obtain experience in the diagnosis and treatment of children and adults from culturally/linguistically diverse backgrounds with various types and severities of communication and/or related disorders, differences and disabilities.

Graduate students must complete their first clinical practicum course on-campus. A total of 50 clinical hours must be completed prior to being eligible for an off-campus assignment.

Section 2: Undergraduate students must complete a minimum of two semesters of clinic prior to graduation. No more than 75 clock hours (including 25 hours of observation) may be transferred to graduate school. All 25 observation hours must be completed prior to graduation. Undergraduate students will not be assigned to off-campus sites.

Policy 1.5 Supervision

All student clinicians must be supervised by ASHA Certified (CCC) and state licensed Speech-Language Pathologists and/or Audiologists.

All student clinicians must be supervised no less than 25% of the time during the student’s total contact with each client, and supervision must take place periodically throughout the practicum. These are minimum
requirements that should be adjusted upward if the student’s level of knowledge, experience and competence warrants.

Policy 1.6  Punctuality

Student clinicians are required to meet clients at the scheduled time.

Section 1: A student clinician who is tardy a maximum of three (3) times will be placed on probation and will not receive clock hours for the time in question.

Section 2: A student clinician who is tardy more than three times will be counseled by the clinical supervisor to drop clinical practicum.

Policy 1.7  Student Clinician Absence

Section 1: If a clinician is unable to attend a therapy session, the supervisor must be notified as soon as possible. The clinician is not to call the client to cancel therapy unless directed to do so by the supervisor. A student who is ill with a highly infectious disease (i.e., strep throat, conjunctivitis, etc.) is cautioned to consider the health and welfare of clients, fellow students and faculty. Each student is individually responsible for the management of his/her personal health, and should consult a physician to assist in making decisions regarding risk to others when an illness occurs.

Section 2: A student who is absent twice, without legitimate reasons, will be counseled by the clinical supervisor to withdraw from clinical practicum or receive a failing grade.

Policy 1.8  Client Absence

All clients will be advised to notify the clinic in advance when an absence must occur.

Section 1: Student clinicians must inform the clinical supervisor of client absence.

Section 2: Absence must be recorded on the client’s Progress Notes.

Section 3: Three (3) unexcused absences will be cause for termination of therapy. The parent/client is notified in writing of termination plans by the clinic supervisor under the signature of both the supervisor and the Director of Clinical Services.
Policy 1.9  Student Competence

The ASHA Code of Ethics must be held paramount. Principle of Ethics 1, which addresses the protection of client welfare in the clinic, must be adhered to at all times.

Section 1: When a student’s work in the clinic is below the minimum expected level, i.e., below a grade of B, or when the student exhibits any behavioral or performance characteristics which are determined by consensus of the clinic supervisor and the Director of Clinical Services to negatively impact the client, the student is counseled by the clinic supervisor that his/her participation in clinical practicum is at risk of being terminated. At that time, the clinic supervisor will provide the student with a corrective plan of action. The student is expected to complete the recommended changes. Failure to do so will result in termination.

Section 2: When a student’s work in the clinic jeopardizes the welfare of the client, the student will be immediately terminated.

Policy 1.10  Clinical Assignments

All students must be pre-advised for clinical practicum to determine their eligibility for a clinical assignment. Appointments for advisement are made in the clinic office twice a semester. After being advised for clinic, students are instructed to attend a mandatory meeting with the Director of Clinical Services to receive their clinic assignments.

Clinical assignments are made by the Director of Clinical Services one (1) week after the start of each semester. These assignments will include the name of the clinic supervisor, name of the client, contact person, telephone number, and the days and time of the scheduled services.

Section 1: Each student enrolled in clinical practicum will be assigned to a clinical supervisor.

Section 2: For a given clinic, the clinical supervisor will be assigned no more than 3-4 students per hour.
Section 3: Each clinical supervisor will meet with students to review clinical procedures after assignments are made.

Policy 1.11 Client Notification

Each student clinician, with instructions from his/her supervisor, will telephone the client or contact person, informing them of the days and time that they have been scheduled for services.

Section 1: When a client is unable to meet on the designated days or the designated time, the student will notify the clinical supervisor immediately. The clinical supervisor will inform the Director of Clinical Services who will modify the clinic assignments.

Policy 1.12 Clinical Documents Room

All client folders are available in the Clinic Documents Room for perusal by students (under the guidance of supervisors) prior to the initial meeting with the client.

Section 1: Client folders must be signed out by the student or supervisor and must be returned and signed in immediately after obtaining needed information. Folders are to be reviewed in assigned locations only, and are never to leave the building.

Section 2: Information contained in the client’s folder is confidential. Therefore, students must maintain the confidentiality of information contained therein and no parts of the client’s file should be photocopied.

Policy 1.13 Supervisory Conferences

Clinical Supervisor-student clinician conferences must be held weekly.

Section 1: An initial clinical supervisor-student clinician conference is held after student assignments have been completed and is used to define responsibilities in regard to initial meetings with client, establishing rapport, selecting appropriate assessment tools, lesson plans, observations, videotaping of therapy sessions and other clinical matters.

Section 2: Weekly clinical supervisor-student clinician conferences are used to discuss student’s clinical skills, therapy strategies, treatment plans, new materials and lesson plans.
Policy 1.14  Initial Therapy

The clinician, with the approval of the clinical supervisor, will select and administer appropriate assessment instruments if needed and conduct other assessment procedures or probe checks as determined necessary.

Section 1: The clinician will write a **Treatment Plan** which will be submitted to the supervisor for approval no later than two weeks after the initiation of therapy.

Section 2: All reports are scheduled for review during the weekly clinical supervisor-student clinician meetings.

Policy 1.15  Lesson Plans

Weekly lesson plans, including objectives, procedures, materials needed, reinforcement schedule and evaluation criteria must be submitted on each Friday preceding the week of therapy or as directed by the clinic supervisor (refer to lesson plan form in appendix).

Section 1: Lesson plans are reviewed by the clinical supervisor for accuracy and appropriateness, and are returned to the student prior to therapy.

Section 2: Student clinicians must have a copy of the lesson plan available and within sight at all times during the therapy session. Failure to do so will affect the student’s grade for the session in question.

Section 3: Student clinicians are expected to modify lesson plans per recommendations of the clinical supervisor.

Policy 1.16  Materials and Assessment Instruments

All materials and assessment tools must be checked out by signing the appropriate document in the clinic office. These items **must** be returned immediately after therapy.

Section 1: Failure to return items at the designated time will result in a reprimand for first offenders.

Section 2: Should a student fail to adhere to the policy the second time, he/she will no longer be permitted to check out items.
Section 3: If a student fails to return an item(s) after repeated requests, he/she will be required to pay for the replacement of such items, and/or failure to return the items could negatively impact the student’s grade.

Section 4: It would be beneficial for clinicians to obtain the following items to facilitate their clinical practicum experience at Southern University.

1. flashlight or penlight
2. wrapped tongue depressors
3. gloves
4. blank cassette tapes
5. computer diskettes

Policy 1.17 Parent/Guardian Involvement/Observation of Therapy

Parents/Guardians should be involved in the treatment process to the extent possible. In addition, parents are encouraged to observe therapy sessions. Observation rooms/video monitors may be used for observation by parents.

Policy 1.18 Request for Continued Therapy Form

Request for Continued Therapy Forms must be completed during the last week of therapy and turned in to the Clinic Office.

Policy 1.19 Student Clinician Deportment

Frivolity in the clinic and hallways, and behavior inconsistent with professional decorum are not permitted.

Section 1: Students who violate this policy will be instructed to leave the clinic.

Section 2: Telephones in the clinic and offices are to be used by student clinicians only during emergencies or for official business.

Policy 1.20 Dress Code

Although physical appearance has absolutely no relationship to the quality of treatment services, it is likely to be related to the client’s (or parent’s) perception of quality and professionalism. Thus, students are expected to dress professionally at all times during the provision of clinical services. Although professional dress is difficult to define, it does not include oral and/or facial piercings (other than earrings), jeans, shorts, sweat suits, sneakers, etc. If a member of
the staff feels that a clinician is inappropriately dressed for a session, the clinician will not be allowed to provide services.

Policy 1.21 Infection Control

The Speech Pathology and Audiology Clinic has implemented an infection control policy. The purposes of this policy are to maintain health standards and regulations set by the American Speech-Language-Hearing Association (ASHA) and to prevent infectious spread between clients and clinicians. Supervisors will discuss the infection control policy (refer to Infection Control in this handbook).

Policy 1.22 Confidentiality

All information pertaining to clients is to be considered confidential and care must be taken to guard against inadvertent release of information. In keeping with Principle of Ethics 1, Rule L, a clinician is not to discuss his/her client or release information regarding the client without signed permission from the client or the client’s legal guardian. (See also, Health Insurance Portability & Accountability Act or HIPAA privacy compliance regulations at www.asha.org.)

Section 1: Care should be taken not to discuss clients by name with other students/supervisors/professors unless the individuals are part of the treatment team.

Section 2: When completing reports, it is the clinician’s responsibility to delete information identifying his/her client (i.e., name, address, parents/guardians, etc.) from computer disks, cds and jump drives after the final copy is submitted to the supervisor. Hard copies of the report kept for references must have the above identifying information deleted prior to printing or must be obliterated with ink or correction fluid.

Section 3: Students’ work folders must be kept in a secure area after use to maintain confidentiality of client records.

Policy 1.23: Grading Scale

Students’ clinical skills are evaluated at midterm and at the end of the semester. The grading scale for clinical practicum is as follows:

90 – 100 = A
80 – 89 = B
70 – 79 = C
60 – 69 = D
50 – 59 = F

Policy 1.24 Students With Special Needs

Any student who has a documented disabling condition which might require adaptive instruction or which might interfere with performance in clinical practicum should see the Director of Clinical Services.

Policy 1.25 Record of Clock Hours

Each student is responsible for maintaining a complete and accurate record of the clock hours obtained. A log for daily recording of hours is furnished for students’ use in the appendix section. It is the student’s responsibility to obtain his/her supervisor’s signature. At the end of each semester, the clock hours must be totaled and placed on the cover sheet provided in this handbook. Supervisors will submit the original to the Clinic Office and students should retain a copy for their personal records.

Section 1: Any student who knowingly misrepresents information on the clinical clock hour form will be dismissed from the clinic.

Policy 1.26 Staffing

Staffing is for all students enrolled in on-campus clinic. The staffing meetings are held each week at the time established by the clinical supervisor. Attendance at these meetings is required and students will be held responsible for all information presented. The grade received in staffing will constitute a part of the student’s final clinic grade.

Policy 1.27 Evaluation of Practicum

The Daily Clinical Skills Evaluation Form will be used to evaluate student clinicians during practicum. The Clinical Skills Evaluation Form will be used to evaluate student clinicians at the end of the semester for each disorder category in which the student obtained clinical experience. The Guide to Self-Evaluation of the Therapy Session form will be used by student clinicians to evaluate themselves weekly during practicum.
Section 1: Student clinicians should review the ratings after each therapy session.

Section 2: Clinical supervisors and student clinicians will use the information obtained as a guide for discussion in staffings or conferences.

Section 3: Minimally, supervisors must hold a mid-term conference and assign a grade to the student. This activity should occur even if the registrar’s office does not require that a mid-term grade be submitted. Similarly, supervisors must hold a final conference with each student enrolled in clinic and a final clinic grade must be assigned.

Policy 1.28 Knowledge and Skills Acquisition (KASA) Summary Form (Effective January 2005)

The Council for Clinical Certification (CFCC) has established the KASA form to summarize a student’s acquisition of the knowledge and skills outlined in the Standards for the Certificate of Clinical Competence. Entries are to be made only upon acquisition of the knowledge or skill indicated.

Section 1: Each student is responsible for completing his/her KASA form with the assistance of his/her academic advisor.

Section 2: Upon graduation, students are responsible for having the Program Coordinator sign the “Verification by Program Director” page of the KASA form which is submitted to ASHA when applying for certification.
INFECTION CONTROL

I. Statement of Policy

The Center for Disease Control (CDC) recommends that appropriate barrier precautions including gloves, gowns (and/or aprons), and/or masks (and eyewear) be utilized when exposed to blood or body fluids and materials visibly contaminated with blood.

Body fluids to which universal precautions apply include blood and other body fluids containing visible blood, cerebrospinal fluid (CSF), synovial fluid, pleural fluid, semen and vaginal secretions.

Although precautions do not apply to feces, nasal secretions, sputum, sweat, tears, urine and vomitus, gloves should be worn when contacting these substances.

Saliva is considered to be of unclear risk and universal precautions should be applied if the saliva contains visible blood.

II. Infection Control

The Southern University Speech Pathology and Audiology Clinic has implemented an infection control policy. The purposes of this policy are to maintain health standards and regulations as set by the American Speech-Language-Hearing Association (ASHA), to prevent infectious spread between clients and clinicians and, in general, to keep the Clinic in order. **This infection control policy will only be successful through the cooperation and continuing effort of all students enrolled in clinic.**

At present, the target areas of infection control include the therapy and observation rooms in the Speech Pathology and Audiology Clinic, audiology suite, room 107, and the materials room. Each student is responsible for maintaining infection control policies. The storage area in room 107 is equipped with disinfectant spray, paper towels, alcohol and gloves. **Each therapy room is to be cleaned with disinfectant (tables, chairs, toys and equipment) prior to beginning therapy.**

III. Implementation

All members of the Speech Pathology and Audiology Clinic (staff/students), to decrease the potential for exposure to infections, should follow the following precautions.
1. Gloves should be worn for touching blood and body fluids, mucous membranes, or non-intact skin of all clients, and for handling items or surfaces soiled with blood or body fluids. Gloves should be changed after contact with each client and hands should be washed. Specifically, this means that gloves should be used for all oral examinations and oral-motor/feeding treatment.

2. Hands should be routinely washed after each client contact using a disinfectant soap. Soap is generally available in the restrooms. You may inform the janitorial personnel if a restroom is in need of soap. A good policy is to keep a disinfectant soap in your clinic kit.

3. All items soiled by body fluids should be cleaned with disinfectant. Toys that are mouthed should be cleaned after each client contact. The spray disinfectant in room 107 (storage cabinet) may be used to clean soiled items. Gloves should be used when cleaning items.

4. Earphone cushions and headbands, audio microphones, and visipitch microphones should be wiped with an alcohol swab before and after each use.

5. Probe tips used for tympanometer and delayed auditory feedback units should be placed in receptacles containing a co-enzyme solution. The audiologist will monitor this infection control policy as our services are expanded.

6. Items such as gloves, diapers and partially eaten food that are not visibly contaminated with potentially infectious substances are considered low risk items and can be disposed of as general waste.

7. Items such as gloves and diapers that are visibly contaminated with potentially infectious substances should be placed in clear autoclavable bags for disposal.

8. Any spills of potentially infectious waste (infectious mucous, body fluids containing blood) on a nonporous surface should be disinfected with a 1:10 solution of household bleach water. Janitorial personnel should be contacted to carry out disinfection on spills on porous surfaces (e.g., carpet).
Southern University

Speech Pathology and Audiology Clinic

Clinic Policy and Procedural Manual
(Revised – 2007)

Trena A. Robertson, M.Ed., CCC-SLP
Director of Clinical Services

and

Marilyn A. Seibert, Ph.D
Professor-SECD
INTRODUCTION

The Southern University Speech Pathology and Audiology Clinic has as its aim the following: (1) the training of students pursuing degrees in Speech Pathology and Audiology (graduate and undergraduate programs); (2) conducting research regarding the nature, causes and remediation of disorders of speech, language and hearing; (3) providing services to the community by way of evaluation and remediation of individuals having communication disorders; and (4) inservice training and consultation for professionals and agencies serving persons with communicative disabilities. The Speech Pathology and Audiology undergraduate program and the graduate program in Speech-Language Pathology provide students with quality academic training and clinical practicum experiences. As such, these programs adhere to the highest possible standards regarding quality training and service.

The information that follows introduces the student clinician to the rules, policies, procedures, code of ethics and other important aspects needed for the provision of clinical services.

It is expected that all student clinicians will conduct all clinical activities in accordance with the Southern University Speech Pathology and Audiology Clinic Policy and Procedural Manual (Revised 2007) and the Code of Ethics as set forth by the American Speech-Language and Hearing Association (ASHA).
MODEL BILL OF RIGHTS
for People Receiving
Audiology or Speech-Language Pathology Services

Clients as consumers receiving audiology or speech-language pathology services have:

1. THE RIGHT to be treated with dignity and respect;

2. THE RIGHT that services be provided without regard to race or ethnicity, gender, age, religion, national origin, sexual orientation, or disability;

3. THE RIGHT to know the name and professional qualifications of the person or persons providing services;

4. THE RIGHT to personal privacy and confidentiality of information to the extent permitted by law;

5. THE RIGHT to know, in advance, the fees for services, regardless of the method of payment;

6. THE RIGHT to receive a clear explanation of evaluation results, to be informed of potential or lack of potential for improvement, and to express their choices of goals and methods of service delivery;

7. THE RIGHT to accept or reject services to the extent permitted by law;

8. THE RIGHT that services be provided in a timely and competent manner, which includes referral to other appropriate professionals when necessary;

9. THE RIGHT to present concerns about services and to be informed of procedures for seeking their resolution;

10. THE RIGHT to accept or reject participation in teaching, research, or promotional activities;

11. THE RIGHT, to the extent permitted by law, to review information contained in their records, to receive an explanation of record entries upon request, and to request correction of inaccurate records;

12. THE RIGHT to adequate notice of and reasons for discontinuation of services; an explanation of these reasons, in person, upon request; and referral to other providers if so requested.
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Student Grievance Procedures

If a student has a grievance about his/her clinical practicum, the student should initiate the complaint with the practicum supervisor. If the supervisor cannot resolve the complaint, it is the supervisor’s responsibility to address the complaint to the Clinical Director. If the Clinical Director cannot resolve the complaint, then the student should file a formal grievance through the appropriate department levels, starting with the Chairperson/Coordinator of the department (i.e., the Department of Speech Pathology and Audiology for undergraduate students, and the Speech-Language Pathology Program for graduate students). Go to the Southern University website and click on the heading for Academic Affairs. Then, click on the topic, “Student Academic Grievance Procedures and Form” at:

HTTP://SUBR.EDU

In the event that a student feels that any aspect of his/her clinical practicum experience has violated ASHA standards, CAA Standards, or the Code of Ethics, he/she can contact, in writing, the Chair of the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA) at:

Address: 10801 Rockville Pike
          Rockville, MD 20852

Website Address: WWW.ASHA.ORG