

**Department of**

**Communication Sciences & Disorders**

**Graduate Student Handbook 2022-23 Last Revised 8/2022**

**Some changes in clinical placements may occur due to continued impact of Covid-19. Safety protocols related to Covid-19 are in place. Please read the Covid policies and procedures and ensure that you are following all the guidelines.**

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**INTRODUCTION**

Purpose of this Guide

This guide provides students with information about the policies and procedures governing the graduate programs of this department and should be used as a supplement to the University catalog (<https://ir.uiowa.edu/registrar_catalogs/>) and the Graduate College manual (<https://www.grad.uiowa.edu/academics/rules-and-deadlines/manual>).

Although we have attempted to cover departmental policies and procedures as completely as possible, these are subject to change as professional, university, and departmental policies evolve. We will make every attempt to keep you informed of these changes as they arise. The application of policies to particular cases may also vary with the special circumstances related to an individual student. Thus, students should seek additional information as needed from their faculty advisor, the Directors of Clinical Programs, the Director of Graduate Studies, and/or the Department Chairperson.

The Department

The Department of Communication Sciences and Disorders (formerly the Department of Speech Pathology and Audiology) at the University of Iowa is one of the U.S.'s oldest and largest programs. The beginnings of this discipline are usually attributed to the pioneering work of Carl

E. Seashore, who became head of the Department of Psychology in 1905 and Dean of the Graduate College at Iowa in 1908. The field’s governing body, the American Speech-Language- Hearing Association, was also founded in Iowa City, at the home of Dr. Lee Edward Travis.

The importance of the program in speech pathology and audiology and the new academic discipline it represented was recognized in 1956 when it became an independent department in the College of Liberal Arts (now College of Liberal Arts and Sciences). The department expanded greatly in the next two decades. Its growth was facilitated by the Wendell Johnson Speech and Hearing Center building, dedicated in 1968.

Throughout its history, the department has continued to reflect the concepts that represented its roots. The department's programs reflect a continuing commitment to the notion that scientific exploration of the speech and hearing processes and their disorders is critical to future progress in the assessment and treatment of speech, language, and hearing problems.

**GRADUATE PROGRAMS – GENERAL INFORMATION**

Included in this section is information on policies and procedures pertaining to all graduate students, regardless of the type of program which they are pursuing. Program specific information is presented in subsequent sections.

Programs

At present, the department offers four programs:

1. The **undergraduate program** leads to a bachelor’s degree (BA) in speech and hearing science, and is designed to provide students with a strong foundation of knowledge in the basic processes of speech, hearing, and language, preparing them to continue toward a graduate degree in either speech-language pathology or audiology.
2. The **graduate program in speech-language pathology** is a two-year professional program culminating in a Master of Arts (MA) degree.
3. The **graduate program in audiology** is a 4-year professional program culminating in a clinical doctorate of audiology (AuD) degree.
4. The **doctoral (PhD) program** is designed to provide students with a strong foundation of knowledge and skill in basic and/or clinical research, as well as mentoring and experience in teaching, in their areas of interest in speech, language, and hearing. The program prepares students for academic careers as college and university professors, clinical researchers, or basic researchers in industry and business.

All three graduate programs provide students with a basic understanding of clinical practice and research in the field, as well as experiential learning in relevant areas. A variety of special opportunities, available within the department and through inter-departmental collaborations, allow students to specialize in areas of particular interest and relevance to their career goals.

Students should recognize, however, that the time spent in a university program is only one intermediate phase in their overall education and professional training. It is not the goal of this program to graduate a finished clinician, researcher, or teacher; this program is designed to provide students with the knowledge and skills required to facilitate lifelong learning and professional growth as clinicians, researchers, and teachers.

Governance Structure

The department is led by a Department Executive Officer (**DEO**), also known the “Chair”. Each program also has a director. The Director of Graduate Studies (**DGS**) leads the PhD program and the Director of Undergraduate Studies (**DUS**) leads the undergraduate program. Each of the professional (clinical) programs is led by a Program Director (**PD-AuD**, **PD-SLP**) and a Director of Clinical Programs (**DCP-AuD**, **DCP-SLP**).

The department is staffed by a Departmental Administrator, a Graduate Program Coordinator, Administrative Services Coordinator, Clinic Support Services Specialist (Scheduler), Revenue Cycle Coordinator (Billing), and half-time Communications Specialist (website and marketing manager.)

Admission Procedures

For general application information, please see: <https://csd.uiowa.edu/graduate/admissions>.

**Conditional admission**

On occasion, the committee may recommend conditional admission as provided for in the regulations of the Graduate College. That status indicates promise, but not clear evidence of the ability, for graduate study in this department. The conditional admission status provides a trial period of graduate study during which the student’s performance can be evaluated. (Applicants to the MA-SLP program generally are not admitted with this status.)

The change from conditional status to regular status is required within two semesters (including summer semesters) of graduate enrollment in order to continue in graduate study. The criterion for change to regular status usually includes a GPA of 3.0 or higher for graduate credits relevant to the program of study and a judgment by the faculty that the student has demonstrated potential for success in graduate work.

Other criteria may also be used; if that is the case, they must be identified to the student in writing, either by the Director of Graduate Studies or by the student’s faculty advisor. If a student faces dismissal from the program due to not having fulfilled the specified conditions within two terms of enrollment, a written request may be made to the committee to recommend to the Graduate College that the conditional status be extended for one additional semester.

**Deferring admission**

After accepted into the MA-SLP program, a two-year student may defer for one year; however, the final determination on a deferment will be made on a case-by-case basis depending on the number of students already accepted into the program. If a deferment is granted, the student must contact the Department of Communication Sciences and Disorders by December 31 to confirm their commitment to enroll that following fall. If a request for deferment is made prior to completion of the admissions process, then it is likely that a deferment will be granted. A deferment for a three year student will likely be granted. If a student who was offered funding requests a deferment, the deferment may be granted but without a guarantee of previously offered funding.

**Re-admission following program interruption**

If a student’s enrollment is interrupted for any reason so that s/he is not enrolled for three consecutive academic sessions (including the spring, summer, and fall sessions but excluding the winter session) the student must apply for readmission. The readmission application form must be used. The form is available at this website [https://grad.admissions.uiowa.edu/new-](https://grad.admissions.uiowa.edu/new-students/returning-students) [students/returning-students](https://grad.admissions.uiowa.edu/new-students/returning-students). The Graduate College will not require new letters of recommendation, a new Statement of Purpose, a written explanation of the reasons for the absence, or a plan for degree completion. However, the Department of Communications Sciences & Disorders may request any or all of those items.

Special Opportunities

**Professional Seminar**

The period from 12:00 to 1:00 on Fridays during the academic year is scheduled for departmental seminars (referred to as Proseminar, or “Prosem”) on research or clinical topics. An announcement of the title, speaker and description of the topic is posted a few days prior to each meeting. Proseminars provide an opportunity for both students and faculty to present reports of clinical or research projects that are in progress or completed. Scheduling of proseminar is the responsibility of the faculty member assigned as the Proseminar Coordinator.

All faculty and PhD students are expected to present at Proseminar on a regular basis. Master’s and AuD students are encouraged to present, especially those who are doing a thesis. The coordinator will contact students and faculty about presenting at Proseminar. Individuals wishing to present should contact the Proseminar Coordinator.

First-year graduate students (SLP, AuD, and PhD) are required to attend Proseminar for both semesters of their first year. PhD students are encouraged to attend and participate in Proseminar each semester that they are in residence.

An attempt is made each year to schedule individuals who are experts in various areas to present guest lectures. In addition, scholars in related areas from other departments at the University of Iowa may be invited to present guest lectures. Suggestions from students and faculty members for individuals to be invited as guest lecturers are welcome. Suggestions should be submitted in writing to the Proseminar Coordinator and should include contact information, professional affiliations, the topic/content of the public lecture, suggestions re: groups of individuals from CSD who might be particularly interested in attending, and dates that would work for the speaker.

**Funding sources**

Student travel

The department is able to provide limited support for student travel. Requests for travel funding should be made to the Department Administrator in writing. Priority is given to students who are to present a paper or are otherwise on the program of a conference or meeting.

Funding of student research

The department considers the funding of student research projects to be a high priority. Please work with your advisor to request funding. When notified of the availability of funds, the student should meet with the Department Administrator to work out the details for spending the money. The following amounts have been approved for student research projects and will be allocated on a first-come, first-served basis until the amount budgeted is exhausted.

* + Honors Undergrad Thesis: $150
	+ MA-SLP Thesis: $300
	+ AuD Capstone: $300
	+ PhD Pre-dissertation project: $500
	+ PhD Dissertation: $500 Graduate & Professional Student Government Funding

GPSG provides grants to graduate and professional students to travel, conduct research or engage in a service project. More details can be found here: [https://gpsg.uiowa.edu/grants-](https://gpsg.uiowa.edu/grants-for-students/) [for-students/.](https://gpsg.uiowa.edu/grants-for-students/)

Graduate Student Senate Funding:

GSS provides travel funding assistance to graduate students who present their research at conferences, meetings, symposia and similar professional or academic gatherings. More details can be found here: <https://gss.grad.uiowa.edu/funding/gss-travel-funds>.

**Student organizations**

The University of Iowa NSSLHA Chapter

The National Student Speech Language and Hearing Association ([http://www.nsslha.org/) i](http://www.nsslha.org/)s the ASHA organization for students interested in human communication sciences and disorders.

The University of Iowa Chapter of NSSLHA was chartered in 1984 and assumed the duties and responsibilities of former department student associations. NSSLHA serves as the primary vehicle for representing student opinion and organizing social and professional student events.

The University of Iowa NSSLHA Chapter abides by national association bylaws but operates autonomously on a local level. National and local membership are both open to undergraduate, master’s, AuD, and doctoral students. Although encouraged, national association membership is not required for students to participate in local chapter functions.

Each year, elections are held in which NSSLHA officers and committee representatives are chosen for the following year. NSSLHA officers determine policy regarding local membership dues and the organization and implementation of events for that calendar year. Department- wide events organized by the students have included an annual Holiday Party and a fund-raising auction. These events provide an opportunity for students and faculty to get together and enjoy themselves in an informal atmosphere.

The University of Iowa SAA Chapter

The Student Academy of Audiology ([https://saa.audiology.org/)](https://saa.audiology.org/) is the national student organization of the American Academy of Audiology that serves as a collective voice for audiology students and advances the rights, interests, and welfare of students pursuing careers in audiology. The SAA introduces students to lifelong involvement in activities that promote and advance the profession of audiology, and provides services, information, education, representation and advocacy for the profession and the public we serve.

Financial Appointments

**Determination of offers**

Various types of assistantships and traineeships are available. PhD students are generally offered half-time assistantships, while MA and AuD students are offered quarter-time assistantships. Priority is given to PhD students in allocating funding.

For MA and AuD students, assistantship decisions are made on a semester-by-semester basis. The letter of appointment from the department specifies the nature of the appointment. The offering of new assistantships is competitive and based on multiple considerations:

* + merit (i.e., academic performance)
	+ performance within the clinic
	+ skill set (e.g., Does student have background coursework or skills to TA a course?)
	+ student work habits: hard working, positive attitude, flexible, professional, etc.
	+ funding availability
	+ schedule (e.g. Is student available to TA when the course/lab is scheduled?)

All appointments require satisfactory performance of duties in teaching, research, or other assigned activities. *To be eligible for an assistantship, the student must be enrolled on a full- time basis, described as a minimum of 9 semester hours during each regular semester or at least 1 semester hour for post-comprehensive exam registrations. Students on conditional or probationary status, and those on clinical intervention plans, are not eligible for financial appointments.*

Stipend payments are received by the student on the first day of each month, beginning on September 1 for fall appointments and February 1 for spring appointments. Students are required to complete a direct deposit form to have their check automatically deposited. If an appointment includes the payment of tuition, such payment is credited directly to the student’s tuition bill. Students may be eligible for resident status and in-state tuition depending on the source of their funding. Questions about any aspect of the appointment should be addressed to the Department Chair or the Department Administrator.

A student who completes the MA or AuD degree but who then decides to continue in a PhD program is considered a “new” applicant as far as decisions relative to financial assistance are made and will be evaluated on a competitive basis with all other new applicants.

Advisor Assignment

Before their first registration, graduate students are assigned to advisors, typically on the basis of their stated interest areas. Within each area, assignments will be made which equalize faculty advising loads as much as possible. Students graduating from our undergraduate program will not necessarily continue with their undergraduate advisor in their graduate work.

The student may, and in some cases must, change advisors when appropriate. Master’s students should change advisors if a thesis advisor different from the assigned one is chosen.

Doctoral students must change their advisors any time they begin a dissertation project under the guidance of a person other than their current advisor. When a change is made, it is the student’s responsibility to inform the Graduate Program Coordinator and faculty advisors affected by the change.

In addition to helping the student plan the program of study, the advisor is also available to counsel the student regarding any problems related to the student’s program of study, professional goals, etc. In some instances, the advisor may suggest that the student talk to the Director of Graduate Studies or another faculty member; however, the student should consult the advisor initially.

Registration

During the latter part of each semester, students are assigned times for early registration for the upcoming semester. The advisor is responsible for authorizing the student’s registration. This is done online. For the first semester, individual advising takes place during orientation week. Students may proceed to register online at any time after meeting with their advisors and receiving approval of their plan of study for the next session.

**Course Loads**

The maximum academic load for graduate students is 15 semester hours during the fall and spring semesters and 9 semester hours during the summer session (there are exceptions when a student is also registered for undergraduate courses).

**Grading**

Incomplete Grades

The Graduate College regulations specify that the grade of “I” is to be used only when a student’s work during a session cannot be completed because of illness, accident, or other circumstances beyond the student’s control. The department closely follows these regulations.

Academic Probation and Termination

The Graduate College policies on academic standing, probation, and dismissal of nondoctoral and doctoral graduate students can be viewed at [https://www.grad.uiowa.edu/manual-part-1-](https://www.grad.uiowa.edu/manual-part-1-section-iv-academic-standing-probation-and-dismissal) [section-iv-academic-standing-probation-anddismissal.](https://www.grad.uiowa.edu/manual-part-1-section-iv-academic-standing-probation-and-dismissal) An Academic Intervention Plan form must be completed and placed in the student’s academic folder: [https://csd.uiowa.edu/sites/csd.uiowa.edu/files/2022-](https://csd.uiowa.edu/sites/csd.uiowa.edu/files/2022-08/Academic%20Intervention%20Plan.pdf) [08/Academic%20Intervention%20Plan.pdf](https://csd.uiowa.edu/sites/csd.uiowa.edu/files/2022-08/Academic%20Intervention%20Plan.pdf).

**CLINICAL/PROFESSIONAL PROGRAMS (AUD AND MA-SLP)**

Both professional programs are designed to prepare students to be clinically certified clinicians who have a broad base of knowledge and skills enabling them to work with various populations in a variety of settings.

New students to the clinical programs in audiology and speech-language pathology participate in an orientation to clinical work which takes place in the week prior to the start of the students’ first fall semester in the program. Topics of the orientation include readiness for clinic, policies regarding the clinic schedule, essential functions, code of ethics and beginning expectations for student clinicians, review of the clinic’s nondiscrimination policy, clinic dress code, social media policy, as well as clinical learning and tracking progress. Specifics are provided below.

Beginning Expectations for Graduate Student Clinicians

* ***Commitment to Learning:*** The ability to self-assess, self-correct and self-direct; identify needs and sources of learning; continually seek new knowledge and understanding; genuine interest in the clinic and your clients.
* ***Interpersonal Skills:*** The ability to interact effectively with patients, families, colleagues, other health care professionals and the community; deal effectively with cultural/ethnic diversity issues.
* ***Communication Skills:*** The ability to communicate effectively (speaking, body language, reading, writing, listening) for varied audiences and purposes.
* ***Effective Use of Time and Resources:*** The ability to obtain the maximum benefit from a minimum investment of time and resources.
* ***Use of Constructive Feedback:*** The ability to identify sources of and seek out feedback; to effectively use and provide feedback for improving personal interactions. Willingness to accept constructive criticism and flexibility in making changes.
* ***Problem-Solving:*** The ability to recognize and define problems, analyze data, develop and implement solutions, and evaluate outcomes.
* ***Reliability and dependability:*** The ability to plan and complete clinic related tasks in a timely manner. For example, complete documentation within1-2 working days of appointments, take initiative in planning for client/patient care and be knowledgeable of your clients’/patients’ history prior to meeting with your clinical educator.
* ***Professionalism:*** The ability to exhibit professional conduct and to represent the profession effectively (present self in a manner consistent with policies of varied clinical environments and their patients/clients in terms of dress, personal hygiene, communication style, demeanor, and attitude). Professional behavior can

vary based on the cultural background of the student and will be taken into consideration.

* ***Critical Thinking:*** The ability to question logically; identify, generate and evaluate elements of logical argument; recognize and differentiate facts, illusions, assumptions and hidden assumptions; distinguish relevant from irrelevant.
* ***Patient confidentiality:*** Students must comply with rules of patient confidentiality, refraining from discussing cases in any non-clinical environment.
* ***Use and understanding of universal precautions:*** Although universal precautions were originally intended for doctors, nurses, patients, and health care support workers who were required to come into contact with patients or bodily fluids, these also apply to speech-language pathologists and audiologists.

UIOWA Student Success Document

This document describes department and campus-wide resources that are available to support student success in our graduate clinical training programs, and outlines the **essential functions** routinely performed by practicing speech-language pathologists (SLPs) and audiologists (AuDs) in a variety of settings. Essential functions, as distinguished from academic standards, refer to the cognitive, physical, and behavioral abilities, as well as attributes, that are necessary for satisfactory completion of all aspects of the curriculum. We acknowledge that many of these characteristics can be tied to a student’s gender expression, race, ethnicity, and other life experiences. These abilities will be interpreted with an appreciation of the cultural context of the student and the patient/client.

All students entering the clinical programs are required to read through this document and consider their potential to achieve the essential functions described. Students who anticipate difficulty performing these functions in either classroom or clinical settings are encouraged to seek out the necessary departmental and/or campus resources (including the Director of Clinical Programs or the Director of Graduate Studies) to ensure their success in the training programs. Each student will be asked to sign the *Supporting Student Success in the UI CSD Programs* document at the time of their initial registration in the program.

**Dissemination**

The UIOWA student success document can be viewed at: [2022-Uiowa student success](https://csd.uiowa.edu/sites/csd.uiowa.edu/files/2022-08/2022-Uiowa%20student%20success%20document_0.pdf) [document.pdf](https://csd.uiowa.edu/sites/csd.uiowa.edu/files/2022-08/2022-Uiowa%20student%20success%20document_0.pdf). Students accepted to the professional audiology and speech-language pathology programs will be sent this document as part of the prospective student packet distributed prior to the start of graduate school. They will indicate receipt and understanding of the document by signing the form, as well as the checklist of compliances that is enclosed in the prospective student packet and returning it to the Graduate Program Coordinator.

**Procedure for students who do not meet one or more of the essential functions**

Clinical educators review the Student Success document and how it relates to individual students at the beginning of the training program and during mid-term and final reviews. If a clinical educator identifies any essential function not being met by a given student, the student’s clinical educator with meet with the student to discuss the issue. During this meeting, the clinical educator will describe the area of need, explain why the essential function is needed, and answer the student’s questions to ensure that they understand the expectations. The clinical educator and student will develop and document a plan which:

* states which essential function is not being met and how that was measured;
* specifically describes what is required to demonstrate that essential function;
* identifies any specific barriers and develops concrete steps to address them;
* utilizes input from others (i.e., other clinical educators, Director of Clinical Programs, the student’s academic advisor, CSD Department Chair, UI Student Disabilities Services, UI General Counsel);
* is placed in the student’s record.

Successful completion of the plan allows the student to continue in the program.

Codes of Ethics

The accredited programs in audiology and speech-language pathology adhere to the codes of ethics developed by ASHA (<http://www.asha.org/code-of-ethics/>) and by the American Academy of Audiology (<https://www.audiology.org/clinical-resources/code-of-ethics/>). All students will review the code in various classes and clinical experiences throughout the clinical program.

Non-discrimination Statement

The ASHA Code of Ethics includes a non-discrimination statement. The University of Iowa also has its own non-discrimination statement ([https://opsmanual.uiowa.edu/community-](https://opsmanual.uiowa.edu/community-policies/nondiscrimination-statement) [policies/nondiscrimination-statement](https://opsmanual.uiowa.edu/community-policies/nondiscrimination-statement)), as well as a Human Rights Policy (<https://opsmanual.uiowa.edu/community-policies/human-rights>) that prohibits discrimination. The Department of Communication Sciences and Disorders considered these policies in developing its own policy ([https://csd.uiowa.edu/sites/csd.uiowa.edu/files/2022-](https://csd.uiowa.edu/sites/csd.uiowa.edu/files/2022-08/Non-Discrimination.pdf) [08/Non-Discrimination.pdf](https://csd.uiowa.edu/sites/csd.uiowa.edu/files/2022-08/Non-Discrimination.pdf)).

**Dissemination**

Accepted graduate students in audiology and speech- language pathology will be sent the non- discrimination statement as part of the prospective student packet distributed prior to the start of graduate school. They will indicate receipt and understanding of the statement by signing their name on the document and returning it to the Graduate Program Coordinator.

The Department applies these non-discrimination policies to its professional programs. The Department’s programs provide opportunities for students to work effectively with a diversity

of clients and presenting problems. Students in the professional programs will be held to the non-discrimination policies in their interactions with all clients.

Deviation from these expectations may result in a deficiency in the KASA competency related to ethical behavior, may require training in understanding ethical issues, and/or may result in dismissal from the program. Students may present to the supervising instructor or academic advisor concerns they have about the applicability of these policies to their training. The program administrators will consider religious accommodation requests on a case-by-case basis adhering to procedures outlined in the clinic manual, taking into account all the relevant circumstances in each case.

## Procedure for students who opt not to sign the non-discrimination statement

* Student should discuss their concerns with the Department Chair and/or the Director of Clinical Programs (AuD or SLP).
* Options will be provided to the student following a discussion among the relevant faculty members.
* This may include the development of a plan to assist the student in meeting the KASA competency related to Ethics.

# Other Policies

## Dress code

Students should present themselves in a manner consistent with policies of varied clinical environments where they interact with their patients/clients. This includes personal hygiene and dress. For example, at the Wendell Johnson Speech and Hearing clinic, jeans or shorts may be allowed during some clinical experiences but must be approved by the clinical instructor.

Halter tops and flip-flops are among the dress options that are not permitted, as they do not provide the safe, supportive, and professional environment that our clients deserve.

## Social media use policy

Graduate student clinicians will not engage in professional interactions on social media as it relates to their clients and education. Students should not connect with clients or their families on social media during the time of their graduate studies. There are situations in which friends and acquaintances on social media may become clients in the clinic. In these circumstances, students should contact their clinical educators.

Students are directed to this link [https://www.asha.org/practice/ethics/ethical-use-of-social-](https://www.asha.org/practice/ethics/ethical-use-of-social-media/) [media/](https://www.asha.org/practice/ethics/ethical-use-of-social-media/) to learn more about the ethical use of social media.

## Practicum policies

Requirements for practicum registrations are defined by the following principles:

1. The number of clinical contact hours and the amount and type of other activities required per practicum credit hour may vary *among different practicums*. This is due to inter- practicum differences in the amount and type of clinical experiences deemed necessary to provide adequate training in a given area. For purposes of academic planning, students typically obtain a minimum of 12-15 contact hours per semester hour of registration in a practicum. However, this guideline should not be interpreted as an absolute minimum or maximum requirement for any practicum.
2. The number of clinical contact hours and the amount and type of other activities required per practicum credit hour may also vary *among students enrolled in the same practicum*, since practicum instruction should be individualized in relation to the needs and goals of specific students.
3. Some activities are required for clinical training, but do not provide practicum hours for students.
4. Registration for externship practicums will typically be 4 SH for two eight-week blocks.
5. The Department of Communication Sciences and Disorders at the University of Iowa uses the Typhon System (web-based database) to track students’ clinical experiences and contact hours. Training sessions are held each year for students new to the program.

Practicum enrollment by non-degree students

Graduate students on a non-degree status (special or professional improvement) are not guaranteed the opportunity to enroll for clinical practicum. Depending on the availability of clinical caseloads and on practicum enrollments of degree students during a given term, non- degree students may be allowed to register for clinical practicum if specifically approved by the Director of Clinical Programs and their faculty advisor, and the instructor of the particular practicum. Such approval will be given only in instances in which such enrollment will not affect the opportunities for practicum enrollment of students on a graduate degree status.

Professional improvement students will be given priority over those on special status in regard to such practicum enrollments. The priority for clinical practicum is as follows: (1) professional MA and AuD students, (2) general MA and PhD students, (3) professional improvement students, and (4) special graduate students. Requests for registration by undergraduate students will be handled on an individual basis.

Clinic scheduling policy

It is expected that student clinicians will be available for clinical experiences and related training during the dates and times when clinic is in session, per the WJSHC Academic Year Clinic Calendar. This typically includes one week prior to the start of classes as well as finals week.

*Students are required to be available through the end of finals week*, when not taking examinations or carrying out teaching assistant or research assistant duties, to attend to the following:

* + complete all client documentation;
	+ carry out all necessary follow-up appointments;
	+ ensure that all equipment has been delivered to the client (or arrangements made to do so during or after the break).

Extenuating circumstances resulting in a student not being available for clinical assignments during any of these times must be approved by the Director of Clinical Programs.

# Student Support

The UI is committed to an educational experience that is accessible to all students. A student may request academic accommodations for a disability (such as motor, sensory, cognitive, mental health, or health-related conditions) by registering with the office of Student Disability Services (SDS). Students are encouraged to proactively arrange accommodations early in each semester. The student is then responsible for discussing specific accommodations with the instructor. More information is at <https://sds.studentlife.uiowa.edu/>.

A reasonable accommodation should not fundamentally alter the academic and clinical requirements of the CSD program, pose a direct threat to the health or safety of the student or others, or present an undue burden to the institution. Determining appropriate and reasonable accommodations is an interactive and collaborative process involving the student, the CSD program, the SDS and the General Counsel Office re: ADA compliance.

**THE DOCTOR OF AUDIOLOGY (AUD) DEGREE**

# Accreditation, Certification & Licensure

The AuD program at the University of Iowa is accredited by the [Council on Academic](https://caa.asha.org/) [Accreditation (CAA)](https://caa.asha.org/). Graduates of this program meet all of the requirements for clinical certification by the American Speech-Language-Hearing Association and will be eligible for licensure in the State of Iowa.

# Clinic Placement and Progression

## Orientation to clinical practice

All first year AuD students are expected to start working with clients in the Audiology Clinic during their first semester in the AuD program. During that first semester of the AuD program, all students are required to participate in an “orientation to audiology clinical practice” course.

## The Wendell Johnson Speech and Hearing Center – audiology clinic

During the first four semesters of the AuD program, including summer sessions, clinical training takes place in the in-house clinic. Clinical experiences focus on developing students as professional health care providers and include general diagnostics including

electrophysiological testing, aural (re)habilitation services including hearing aid and cochlear implant services, hearing loss prevention services, and clinic management.

## UISAFE (‘Sound Awareness for Everyone’) program

All students in the clinical program are required to become members of UISAFE. UISAFE is an outreach program which provides healthy hearing education and hearing screenings for the university, the local community, as well as at the county and state level. UISAFE partners with the University of Iowa School of Music, the College of Education, The Department of Public Safety, as well as the Recreation Department to provide healthy hearing educational classes. UISAFE works with local schools, businesses, and community groups to provide hands-on healthy hearing presentations and has a presence at the local county and state fair. In addition, UISAFE provides hearing and speech language screenings for local preschools. As a member of UISAFE, our AuD students are required to assist with organizing and implementing hearing loss prevention and identification activities in the community.

## Audiology clinic management team

Students in the clinical AuD program also participate in audiology clinic management. This experience helps individual students learn to manage and participate in clinic operations. This includes helping them understand the business aspects of running an audiology clinic; professional, ethical and legal issues; accounting, marketing, compliance, billing, coding and reimbursement. These are skills they will use to help with upkeep and management of the Wendell Johnson Speech and Hearing Clinic.

## ‘Listen and Speak Up’ preschool

Listen and Speak Up Preschool is a summer preschool program for children with hearing losses housed in the Wendell Johnson Speech and Hearing Center. The goal of the program is to foster the development of spoken language and listening skills in preschool children who are deaf or hard of hearing. Preschoolers participate in a combination of group and individual therapy sessions designed to enhance communication skills through the use of an auditory-oral approach to communication. Audiology student clinicians work with speech-language pathology student clinicians to provide care. Audiology students can participate in this program to complete their pediatric aural habilitation competencies during their first year in the program.

## Adult aural rehabilitation classes and services

Adult rehabilitative services are provided through the Wendell Johnson Speech and Hearing Center. Individuals who recently have been fitted with new amplification, or those who seek further information after using their devices for an extended period of time, and their families/friends are targeted for services. Students may provide these services in our clinic or in the community at locations such as assisted living facilities or the Iowa City Senior Center.

## Clinical placements in the local community

During students’ second and third years in the program, they are placed in a variety of settings in the local area. At these placements they develop skills in a variety of clinical areas including general diagnostics, auditory brainstem responses testing, otoacoustic emission testing, hearing aids, cochlear implants, tinnitus assessment and management, vestibular assessment and management, and educational audiology. Opportunities provide experiences to work with individuals across the age span with diverse backgrounds, as well as those with varying abilities.

## Fourth-year externship

During the final year in the clinical program students are placed on a full-time basis at an external site. Our program has established relationships with many excellent sites across the

U.S. Fourth year placements are competitive with the application process taking place the third year in the program. Students work with the Director of AuD Studies throughout the application process to ensure that an appropriate site for clinical development is found. Fourth year externs continue as a student in the department and are registered for clinical coursework during their externship.

## Audiology professional practice series

Students participate in one of the courses in this series each semester they are in the program. These courses provide an opportunity for AuD students of all levels to come together in one class and learn from each other on topics related to a variety of professional issues pertaining to clinical practice.

# Assessment Procedures for Audiology Students

The American Speech-Language-Hearing Association (ASHA) has established professional competencies students must master to be eligible for clinical certification in audiology. These competencies are outlined on a Knowledge and Skills Acquisition (KASA) form. Part of that form focuses on the didactic coursework students must receive. The other part focuses on the clinical training component.

## Assessing didactic progress for audiology students

For academic coursework, instructors will assign a letter grade to each student based on the student’s academic performance in the class. These letter grades are assigned numerical values on a 4-point scale. Successful completion of the AuD program requires that each student maintain a cumulative graduate GPA of 3.0 (grade of B) or higher.

Students who earn a grade lower than a B- for any of the individual courses required for graduation must work with the course instructor to develop an individual intervention plan to ensure that they master the material required for clinical practice as outlined on the didactic portion of the KASA form. That plan may include retaking part or all of a course during another

semester, and as a result may prolong the time required for completion of the degree. Successful completion of the intervention plan will ***not*** result in a change in the grade earned by the student when they originally took the course.

Per Graduate College regulations, students who fall below the 3.0 GPA requirement will have one semester to raise their overall GPA above the minimum level. If unable to do so, they will not be allowed to continue in the program.

## Assessing clinical performance for audiology student clinicians

At the start of the graduate program, AuD students are provided access to the *UI AuD Eval of Student by Clinical Instructor* (see Appendix B) which defines the clinical competencies required for graduation and the time frame in which clinical competencies should be acquired. At the end of each semester, clinical educators review each student’s progress toward attaining the skill set necessary to function as a competent audiologist. Progress is documented on the evaluation form, which is stored in the Typhon database.

A grade of either satisfactory or unsatisfactory will be assigned based on the progress the student has made toward meeting the competencies outlined for the clinical rotations in which the student participated that semester. Details relative to how students are evaluated, graded, and (if necessary) remediated in terms of their performance of the clinical skills necessary to function as an audiologist are described below.

Grading

### *Satisfactory Grade*

This designation indicates that the student has demonstrated solidly competent performance appropriate for his/her academic background and clinical experience level as outlined on the [*UI*](https://csd.uiowa.edu/sites/csd.uiowa.edu/files/2022-08/UI%20AuD%20Eval%20of%20Student%20by%20Clinical%20Instructor.pdf)[*AuD Eval of Student by Clinical Instructor*.](https://csd.uiowa.edu/sites/csd.uiowa.edu/files/2022-08/UI%20AuD%20Eval%20of%20Student%20by%20Clinical%20Instructor.pdf)

* + The student clinician is able to function effectively, with some supervisory assistance, when planning for appointments, during diagnostic and therapy sessions, and in follow-through of clinical services.
	+ The student is effective in the application of background/academic knowledge to the clinical process.
	+ The student is familiar with the patient’s history and/or current medical record and with diagnostic or therapeutic materials and procedures prior to each clinical session.
	+ Documentation is timely and thorough and requires only minor revisions pertaining to use of professional language/style. All documentation is complete.
	+ The student demonstrates substantial growth and change toward professional independence.
	+ The student recognizes clinical strengths and areas where improvement is needed and can generate ideas of how to implement change.
	+ It is projected that the student clinician will continue to learn and refine clinical skills, with decreasing amounts of supervision.
	+ No clinical competencies are below the level expected for the student’s clinical experience.

### *Unsatisfactory Grade*

This designation indicates marginally competent performance or poorer based on academic background and clinical experience as outlined on the UI AuD Eval of Student by Clinical Instr*uctor*.

* + The student clinician demonstrates difficulty applying and executing the fundamentals of the clinical process when planning for appointments, during the diagnostic and therapy sessions, and in follow-through of clinical services.
	+ The student does not independently apply background/academic knowledge to the clinical process.
	+ The student is not consistently familiar with the patient’s history and/or current medical record and with diagnostic or therapeutic materials and procedures prior to each clinical session.
	+ Documentation is not consistently informative, thorough, and/or completed in a timely manner. It requires substantial revisions in both professional language and content.
	+ The student needs more than usual supervision and direction relative to academic background and clinical experience as outlined on the *UI AuD Eval of Student by Clinical Instructor*.
	+ The student may recognize only some areas in need of improvement. It is projected that the student clinician may continue to need more than the usual amount of supervision with similar patients.
	+ One or more clinical competencies are below the level expected for the student’s clinical experience.

## Student support plans for AuD students

Clinical Action Plan (CAP)

A Clinical Action Plan (CAP) is required for students who have not made sufficient progress toward meeting their competencies during a clinical practicum experience. Determination of the need for a CAP will be made by the student’s clinical educator and the Director of Clinical Programs - Audiology. Other clinical educators may be consulted.

The CAP will be put in place immediately following the midterm of the semester in which the student is not making sufficient progress. The CAP identifies areas in need of improvement and includes specific goals which describe behaviors that need to be demonstrated for successful completion of the clinical rotation.

CAPs are written by the clinical educator working with the student showing limitations in progress. The student’s clinical educator will review the CAP with the student after which the student will sign the CAP indicating that the CAP was reviewed, the student was provided a copy and had the opportunity to ask questions regarding the CAP. The Director of Clinical

Programs may be involved in the review of the CAP. If the student chooses not to sign the CAP, clinic activities will be terminated, and an “Unsatisfactory” grade given for the term.

Other clinical educators, including the Director of Clinical Programs, may assist the primary educator by providing additional supervision during the remainder of the semester. The student will carry a typical clinical caseload and academic registration during the time a CAP is in place.

If goals are not met and sufficient progress is not made toward competencies by the deadline specified in the CAP, the student will receive an "Unsatisfactory" grade. A student who receives a grade of “Unsatisfactory” will not receive clinical clock hours toward ASHA or AAA certification, or UI credit hours toward graduation for that clinical assignment. The student will be placed on clinical probation if this is the first “Unsatisfactory” grade received for a clinical placement.

Clinical probation

If a student earns an unsatisfactory grade in Clinical Rotations in Audiology (CSD:5315) or Advanced Externship in Audiology (CSD:6316), the student is placed on clinical probation and a Clinical Intervention Plan (CIP) is established (see below). Withdrawal from a course (grade of

1. due to poor clinical performance will be considered equivalent to an “Unsatisfactory” grade. If a student achieves the goals on the CIP the following semester and receives a grade of “Satisfactory”, the student will be removed from clinical probation.

The student must earn a satisfactory grade in CSD:5315 or CSD:6316 the following semester to continue in the clinical program. It should be noted that students are required to pass clinical checkpoint exams each semester during their first and second years in the program to earn a satisfactory grade in CSD:5315. An “Unsatisfactory” grade may result in an extension of the student’s program.

Clinical Intervention Plan (CIP)

The Clinical Intervention Plan (CIP) is for students who have not made sufficient progress toward meeting clinical competencies and have been placed on clinical probation.

Determination of the need for a CIP will be made by the clinical faculty and the Director of Clinical Programs - Audiology. The CIP will be put in place immediately following the semester in which a student earned a “Unsatisfactory” or “Incomplete” for their clinical assignment. The CIP identifies areas in need of improvement and includes specific goals which describe behaviors that need to be demonstrated for successful completion of the clinical rotation.

CIPs are written by the clinical educator who worked with the student during the semester in which the student earned and unsatisfactory grade. The student’s clinical educator will review the CIP with the student, after which the student will sign the CIP indicating that the CIP was reviewed, and that the student was provided a copy and had the opportunity to ask questions regarding the CIP. Both the Director of Clinical Programs–Audiology and the clinical educator who will be working with the student when the intervention plan is in place will review the CIP.

If the student chooses not to sign the CIP, clinic activities will be terminated.

The student will carry a typical clinical caseload and academic registration during the time a CIP is in place. If goals are not met and sufficient progress is not made toward competencies as described in the CIP, the student will receive an “Unsatisfactory” grade. A student who receives a grade of “Unsatisfactory” will not receive clinical clock hours toward ASHA or AAA certification or UI credit hours toward graduation for that clinical assignment.

Two “Unsatisfactory” grades in a student’s program will result in dismissal from the Clinical AuD program. An “Unsatisfactory” grade in the semester prior to the student’s fourth year externship may result in a decision to cancel or postpone that placement. An “Unsatisfactory” grade in the final semester of the fourth-year externship will impact graduation.

Should a student not meet a clinical competency related to Ethics, an intervention plan will be implemented to assist the student in meeting this competency. The plan may include the following strategies:

* + discussion of the problem, assessment of legal and ethical issues, determination of who is affected; identification of options, reflection (Hamill & Friedland, 2004);
	+ ethical bracketing (Kocet & Herlihy, 2014) to assist the student in self-reflection;
	+ addressing value-based conflicts using the decision-making model (Kocet & Herlihy, 2014);
	+ guided clinical observations;
	+ paired intervention with clinical educator or another graduate student clinician.

## Formative and summative assessment of AuD students

Formative assessments

* + Clinical Checkpoints each semester during the first and second years;
	+ Review of clinical competencies at the end of each clinical experience; Summative assessments
	+ Review of clinical competencies at the end of the third year.
	+ Qualifying exams during the first and second years.
	+ Completing all Capstone requirements

All AuD students must pass a qualifying examination at the end of each of the first two years of their study toward the AuD. A passing score on this examination is 80%. The purpose of this examination is to ensure that the student is making appropriate progress through their AuD program and that they retain the knowledge acquired in previous years. Toward that end, students are tested on the material they have covered in classes and clinic up to that point (i.e, first-year students are tested only on content covered during the first year; second-year students are tested on information from the first two years). Students who score less than 80% on either of the two qualifying examinations must submit a written declaration to the DCP-AuD

requesting an opportunity to repeat the qualifying exam. This declaration must be submitted before the student is able to enroll in their next semester of course work.

If a request to repeat the qualifying exam is received, the qualifying exam committee will specify the date by which the repeat exam must be completed. In accordance with the regulations of the Graduate College, this re-examination may occur no sooner than the beginning of the following term. *Students are allowed to retake the qualifying examination only once. A second failure will result in dismissal from the AuD program.*

### *Clinical competencies.*

All AuD students must demonstrate the clinical competencies described in the current ASHA CAA and CFCC standards in order to graduate. At the end of each clinical experience the clinical competencies that are expected for the student’s level of experience and those achieved by the student are reviewed with the student by the student’s clinical instructor. The Director of Clinical Programs – Audiology monitors students’ progress towards obtaining competencies each semester and can make adjustments to clinical assignments based on progress.

### *Capstone requirement.*

AuD students are not required to complete a Comprehensive Examination (see <https://grad.uiowa.edu/academics/manual/academic-program/section-xii-doctors-degrees>, Section I). Instead, all students enrolled in the AuD program are expected to successfully complete and present a “Capstone Project” prior to graduation. Options to fulfill this final project include:

* + ***Option 1:*** a mentored research project;
	+ ***Option 2:*** a mentored, non-data-based project (such as setting up a hearing conservation program in the schools);
	+ ***Option 3:*** a term paper that critically reviews published literature addressing a specific clinical topic assigned to the student by the AuD examination committee.

Students who select **Options 1 or 2** must have a mentor who is affiliated with the Department of Communication Sciences and Disorders at the University of Iowa. A tenured or tenure-track faculty *must* serve as your primary mentor. Either tenured/tenure-track or clinical faculty may serve as members of your Capstone committee. The scope of the project and timetable for completion are determined and agreed upon by the student and mentor.

Students who select **Options 1 or 2** will work with their mentor to identify a research topic or project that will form their Capstone experience. They will be expected to conduct the research or complete the project, write a paper based on their work, and present their results. Students must successfully pass all components of the Capstone Requirement prior to graduation.

Students who are enrolled in the combined AuD/PhD program will be expected to complete a research-based Capstone (Option 1). This project will qualify as their pre-dissertation project.

Students who select **Option 3** will choose a topic from a set of questions provided to them by a tenured or tenure track mentor and other members to make up their Capstone Committee.

This committee will be composed of no fewer than four faculty members from the University of Iowa and can include a combination of clinical faculty, tenured/tenure-track faculty, and/or faculty with adjunct appointments.

Students who do not successfully complete all requirements for their capstone experience on time will be considered to have failed and will not be allowed to graduate. The student will be required to register for the following semester and successfully complete the needed requirements before their AuD degree will be granted. If the student does not complete the requirements the following semester, this intervention will continue until all requirements are completed satisfactorily.

# Graduation Procedures

Shortly after the beginning of the final term of enrollment, the student and their advisor or the Director of AuD Studies will meet to complete a Plan of Study Summary Sheet. The Director of Clinical Programs-Audiology (DCP-AuD) and the Director of AuD Studies will document that each student has successfully met clinical and didactic competencies, as defined by the current ASHA CFCC and CAA standards, as well as the number of clinical hours each student has successfully completed. This information will be used to document that the student is eligible for the Certificate of Clinical Competence in Audiology.

AuD degrees are awarded upon the favorable recommendation of the examining committee, approval of the Department Chair and approval by the Graduate College. To receive a degree in any given semester, the student must have filed an Application for Graduate College Degree form for that semester. The deadline date for such filing is specified by the Registrar and is typically early in the semester. *It is the responsibility of the student to see that these and other required procedures are completed at the appropriate times.*

**COMBINED AUD/PHD**

# Application Procedure

The University of Iowa also offers a combined AuD/PhD degree. Individuals wishing to pursue this degree are required to apply initially to the AuD program and to discuss this option with their advisor. At the end of the second year of the AuD program, the student will submit their application materials to the Departmental PhD Admissions Committee. Admission to the PhD program depends on: a) the student making adequate progress toward the AuD; b) the availability of a tenured or tenure track faculty member who has agreed to serve as the PhD advisor of the student; c) the availability of funding. If recommended by the PhD Admissions Committee and approved by the faculty as a whole, the student and their mentor will form a planning committee who will help the candidate merge the two curricula efficiently.

# Requirements

* + For students with an undergraduate background in this field who wish to pursue work toward a combined AuD/PhD, it is estimated that completion of combined AuD/PhD degree will take approximately 7 years.
	+ Students, along with their planning committee members, will determine how the clinical practicum rotations will be interleaved with PhD coursework.
	+ Typically, the AuD Capstone project will serve as a pre-dissertation project for the PhD.

**MASTER OF ARTS IN SPEECH-LANGUAGE PATHOLOGY (MA-SLP)**

# Accreditation, Certification & Licensure

The MA-SLP program the University of Iowa is accredited by the [Council on Academic](https://caa.asha.org/) [Accreditation](https://caa.asha.org/). Graduates of this program meet all requirements for clinical certification by the American Speech-Language-Hearing Association and will be eligible for licensure in the State of Iowa. This program of study provides training that will allow students to function as a speech pathologist in any clinical environment.

# Coursework for the MA-SLP Program

Prerequisite undergraduate coursework required for graduation with an MA degree can be viewed under the “Required Undergraduate Coursework” heading at <https://csd.uiowa.edu/graduate/ma-speech-pathology-audiology>.

The specific course requirements for the MA program can be found at [https://catalog.registrar.uiowa.edu/liberal-arts-sciences/communication-sciences-](https://catalog.registrar.uiowa.edu/liberal-arts-sciences/communication-sciences-disorders/speech-pathology-audiology-ma/#requirementstext) [disorders/speech-pathology-audiology-ma/#requirementstext](https://catalog.registrar.uiowa.edu/liberal-arts-sciences/communication-sciences-disorders/speech-pathology-audiology-ma/#requirementstext).

# Thesis Option

All MA students have an opportunity to pursue an independent research project as a part of their MA program. Students interested in completing a thesis should speak with their academic advisor about their interest. It is recommended that students speak with a number of faculty members about their research in order to identify a thesis mentor appropriate to their interests.

Students should begin their thesis by the beginning of the first spring semester. Thesis students will be required to take 4 credits of research (CSD:7590) over the course of their program, which will count as elective (menu) credits. Thus, thesis students will only be required to take a minimum of 8 (rather than 12) credits of other elective courses.

Clinic Placement and Progression for MA-SLP Students

Students will complete a survey prior to the beginning of the graduate program indicating their interest in specific clinical areas. The Director of Clinical Programs (DCP)-SLP will use this information to create a progression for students through the clinical program.

Typically, clinical assignments progress as follows:

* + Students will be assigned to one clinical educator in their first fall semester for 2 to 2.5 hours per week of clinical experiences.
	+ During the spring semester of the first year, students will be placed on two clinical teams for about 4-6 hours of clinical experiences.
	+ Students will again be assigned to two clinical educators in the summer, but will change teams.
	+ In the fall of their second year, students will be placed on one clinical team. During this time, students will have the option of completing mini-placements or other in-house clinic in areas of their interest.
	+ Students will complete their externships in their 2nd spring semester beforegraduation.

There may be options for extra clinical placements starting from the first spring semester, depending on availability and student interest. Based on insurance and CAA/CFCC regulations, sessions may be involved in face-to-face or online teletherapy services.

Assessment Procedures for MA-SLP Students

The American Speech Language and Hearing Association has established competencies students must master if they want to be eligible for clinical certification in Speech Pathology. These competencies are outlined on a Knowledge and Skills Acquisition (KASA) form. This form includes both didactic and clinical competencies that are required to be developed.

**Assessing didactic progress for MA-SLP students**

For academic coursework, instructors for each class will assign a letter grade to each student using a 4-point scale. Successful completion of the MA program requires that each student maintain a cumulative graduate GPA of 3.0 or higher. Students who earn a grade lower than a B- for any of the courses required for graduation must work with the course instructor to develop an individual intervention plan to ensure that the student masters the material required for clinical practice as outlined on the didactic portion of the KASA form. That plan may include retaking part or all of a course during another semester, and as a result may prolong the time required for completion of the degree. Successful completion of this

additional requirement will *not* result in a change in the grade earned by the student when they originally took the course.

Per Graduate College regulations, students who fall below the 3.0 GPA requirements will have one semester to raise their overall GPA above the minimum level. If they are not able to do so,

they will not be allowed to continue in the program. Earning a grade below a B- during two semesters will also result in dismissal from the MA program.

**Assessing clinical progress for MA-SLP students**

At the end of each semester the clinical educators will review each students’ progress toward attaining the skill set necessary to function as a competent speech language pathologist. For each clinical rotation (including rotations in the in-house training clinic and at clinical externship sites) a grade of either ‘satisfactory’ or ‘unsatisfactory’ will be assigned based on the progress the student has made toward meeting the competencies outlined on the clinical portion of the KASA (see Appendix B). Details relative to expectations for students including the process of evaluation, grading, and (if necessary) remediation for clinical skills necessary to function as a speech/language pathologist are described below.

Grading

Each student will receive “Satisfactory” or “Unsatisfactory” grades in all clinical practica, including in-house and external assignments.

General procedures performed by the clinical educators (to be completed in this order):

1. At the end of each semester, clinical educators will complete individual KASA forms for each student clinician on their team.
2. Clinical educators will meet with each of the student clinicians on their team to provide feedback on KASA competencies in their respective areas.
3. Clinical educators and the Director of Clinical Programs-Speech-Language Pathology (DCP-SLP) will meet to collectively determine a single final grade for each student clinician. (The final meeting is typically scheduled for Monday of Finals Week.) Supervisors of students in external placements will provide their feedback to the DCP-SLP prior to this meeting.
4. Letters from the DCP-SLP communicating each student clinician’s grade (e.g., S or U) will be distributed to each student clinician during Finals Week.

If a student clinician receives an Unsatisfactory evaluation, the student clinician will meet with the DCP-SLP no later than by 5:00 pm on Friday of Finals Week. The student’s academic advisor may be involved in this meeting as well.

As mentioned above, all clinical educators who have supervised a student in a given semester collectively determine one overall grade for that semester. Therefore, a student may receive an overall grade of Unsatisfactory for the semester, even if the student has received satisfactory performance feedback from some supervisors. Similarly, a student may receive an overall grade of Satisfactory for the semester, even if the student has received unsatisfactory performance feedback from some supervisors.

### *Satisfactory Grade*

This designation indicates that the student has demonstrated solidly competent performance appropriate for their academic background and clinical experience level as outlined on the Knowledge and Skills Acquisition (KASA) form.

* + The student clinician is able to function effectively, with some supervisory assistance, in planning, during the diagnostic and therapy settings, and in follow- through of clinical services.
	+ The student is effective in the application of background/academic knowledge to the clinical process.
	+ The student is familiar with the client’s history and/or current file and with diagnostic or therapeutic materials and procedures prior to each clinical session.
	+ Reports are timely and thorough and require only minor revisions. All paperwork is complete.
	+ The student demonstrates substantial growth and change toward independence.
	+ The student recognizes clinical strengths and areas where improvement is needed and can generate ideas of how to implement change.
	+ It is projected that the student clinician will continue to learn and refine clinical skills, with decreasing amounts of supervision. No KASA competencies are below the level expected for the student’s clinical experience.

### *Unsatisfactory Grade*

This designation indicates marginally competent performance or poorer based on academic background and clinical experience as outlined on the KASA form.

* + The student clinician demonstrates difficulty applying and executing the fundamentals of the clinical process in planning, during the diagnostic and therapy settings, and in follow-through of clinical services.
	+ The student does not independently apply background/academic knowledge to the clinical process.
	+ The student is not consistently familiar with the client’s history and/or current file and with diagnostic or therapeutic materials and procedures prior to each clinical session.
	+ Paperwork is not consistently timely and informative. Reports are not consistently timely and thorough and require substantial revisions in both professional language and content. Paperwork is not consistently complete.
	+ The student needs more than usual supervision and direction for academic background and clinical experience as outlined on the KASA form.
	+ The student may recognize only some of the areas in need of improvement. It is projected that the student clinician may continue to need more than the usual amount of supervision with similar clients.
	+ One or more KASA competencies are below level expected for the student’s clinical experience.

An ‘Unsatisfactory’ grade will result in the student being placed on clinical probation, and will likely result in an extension of the student’s program. A student who receives a grade of Unsatisfactory will not receive clinical clock hours, competencies or UI credit hours toward graduation and ASHA certification for that clinical assignment. Two overall ‘Unsatisfactory’ grades in a student’s program will result in dismissal from the Clinical Master’s program.

Exceptions may be made at the discretion of the DCP (SLP) in consultation with clinical educators, department chair, and/or student’s academic advisor.

An ‘Unsatisfactory’ grade in the semester prior to the student’s final (externship) semester may result in a decision to cancel or postpone the student’s externships. This decision will be made by the DCP-SLP, in consultation with the clinical educators.

If a student receives an ‘Unsatisfactory’ grade during their externship, the student will not receive clinical clock hours, or UI credit hours toward graduation and ASHA certification for that clinical assignment. Efforts to find other externships will be made, if warranted.

**Student support plans for MA-SLP students**

Clinical Action Plan (CAP)

If a student demonstrates specific areas of concern, a Clinical Action Plan (CAP) will be developed. The CAP can be put in place at any time during the semester following a discussion between the relevant clinical educator(s), DCP-SLP and the student. Determination of the need for a CAP will be made by the clinical educator supervising the student and the DCP-SLP. Other clinical faculty may be consulted. If a student demonstrates an area of weakness at the end of the semester, but receives an overall ‘Satisfactory’ grade, a CAP can be initiated for the following semester.

The CAP will identify areas of weakness and specific goals will be written by the DCP-SLP in collaboration with other clinical educators and the student. This document will be reviewed, discussed and signed by the student, supervising clinical educators, and DCP-SLP. A student signature indicates that the information was shared, the action plan was understood, and agreed upon. In addition, other clinical educators may assist the primary supervisors by providing additional supervision.

When possible, two clinical educators will supervise the student who has a CAP. If goals are not met and sufficient progress made toward competencies, the student will receive an ‘Unsatisfactory’ grade and be placed on clinical probation.

A CAP may be created during an externship by the supervising clinician, DCP-SLP, and the student. Similar procedures to those described above will be followed, when possible.

Clinical Probation

A student can be placed on clinical probation if they receive an ‘Unsatisfactory’ grade for clinical practicum in any semester of their program. Once a student has been placed on clinic probation:

* + The student will register for CSD:5301 Clinical Practicum and will carry a typical clinical caseload.
	+ Being placed on clinical probation will likely extend a student’s program by at least one semester.
	+ A clinical intervention plan (CIP) will be developed for the student in collaboration with the student, clinical educators, and the DCP-SLP.
	+ If a student achieves the goals on the CIP described below and receives a grade of “Satisfactory,” the student will be removed from clinical probation. If the student does not achieve the CIP goals and does not receive a grade of “Satisfactory”, the student will be dismissed from the MA-SLP program.
	+ If a student is placed on clinical probation a 2nd time during their graduate program they will be dismissed from the MA-SLP program.

Clinical Intervention Plan (CIP)

A Clinical Intervention Plan (CIP) will be created for a student if they have been placed on Clinical Probation OR if they have had multiple CAPs for the same area of concern. The CIP is similar to the CAP in that it will identify areas of weakness, and specific goals will be written by the DCP-SLP in collaboration with the student and clinical educators. Other clinical faculty members may assist the primary supervisors by providing additional supervision. Similar to the CAP, this document will be reviewed, discussed and signed by the student, supervising clinical educators, and DCP. A student signature indicates that the information was shared, the action plan was understood, and agreed upon.

Should a student not meet a KASA competency related to Ethics, a clinical intervention plan will be implemented to assist the student in meeting this competency. The plan may include the following strategies:

* + discussion of the problem, assessment of legal and ethical issues, determination of who is affected, identification of options, reflection (Hamill & Friedland, 2004);
	+ ethical bracketing (Kocet & Herlihy, 2014) to assist the student in self reflection;
	+ addressing value-based conflicts using the decision-making model (Kocet & Herlihy, 2014);
	+ guided clinical observations;
	+ paired intervention with clinical educator or another graduate student clinician. Withdrawal from Clinical Practicum

A student may withdraw from a clinical registration following a conversation with their clinical educator, DCP-SLP, and/or academic advisor. Doing so will extend the graduate program by at least one semester to demonstrate competencies and obtain hours as required for ASHA certification. If a student needs to withdraw from clinic registration more than once, this may result in dismissal from the MA-SLP program.

**Formative and summative assessment of MA-SLP students**

MA SLP students will complete a formative comprehensive assessment at the end of their first Spring and Summer semesters and a summative, comprehensive assessment at the end of the second Fall semester.

Graduation Procedures

To receive a degree in any given semester, the student must have filed an Application for Graduate College Degree form for that semester. If they also which to participate in commencement activities, they must register for commencement. The deadline dates for these applications are specified by the Registrar and typically occur early in the semester. *It is the responsibility of the student to see that these and other required procedures are completed at the appropriate times.*

**DOCTOR OF PHILOSOPHY (PHD) DEGREE PROGRAM**

Funding

Upon admission, PhD students are typically offered 4 years of assistantship funding. In exchange for the funding, students will receive teaching and/or research assignments on a semester-by-semester basis. Continued funding throughout these 4 years is dependent on satisfactory academic performance. Students on probation are not eligible for assistantship funding.

If funding is requested beyond four years, the student (with the help of their advisor) must indicate on their annual review report the rationale for continued funding. Such requests must be approved by the faculty as a whole, and will be based on an assessment of the adequacy of progress, as well as available funding. The faculty may specify other criteria which must be met in order for financial aid to be continued. These may include dates for completion of the doctoral comprehensive examination, the doctoral pre-dissertation project, and/or the dissertation prospectus. The student will be informed of such requirements.

Program Requirements

The PhD program provides for comprehensive training for the prospective scholar and researcher in speech, hearing, and language processes and their disorders. Although the program may include more intensive specialization in particular clinical problems in which the student may have special interest, the PhD is not designed as an advanced clinical degree.

**Course registration requirements**

### *Graduate College requirements (see* [*https://grad.uiowa.edu/academics/manual/academic-*](https://grad.uiowa.edu/academics/manual/academic-program/section-xii-doctors-degrees)[program/section-xii-doctors-degrees](https://grad.uiowa.edu/academics/manual/academic-program/section-xii-doctors-degrees))

All doctoral programs require a minimum of 72 semester hours of graduate coursework, of which at least 39 must be earned after admission, while registered in the UI Graduate College.

The student is required to register each semester (except summer sessions) after passing the comprehensive examination until the degree is awarded. If a student fails to register, they may not be re-admitted to candidacy until they have submitted an application approved by their advisor, the Director of Graduate Studies, and the Dean of the Graduate College.

Registrations should accurately reflect the amount and type of work undertaken, the use of university facilities, and the amount of consultation with the faculty. When a student’s plan of study has been completed, the student may meet the continuing registration requirement by registering for (Doctoral Continuous Registration) for any semester in which the department and the student’s advisor determine that the student is neither making significant use of the University facilities (excepting library privileges) nor partaking in consultation with the faculty.

Course load

PhD students must maintain full time registration (a minimum of 9 SH each fall and spring semester) until they pass their comprehensive examination. After successfully completing their comprehensive examination, PhD students must register for a minimum of 3 SH each semester they are in residence, until they complete their degree. Students are not required to register in the summer or winter semesters, unless they plan to graduate in that semester. In the final semester, students may register for Doctoral Final Registration of 1 SH (see <https://grad.uiowa.edu/academics/manual/academic-program/section-xii-doctors-degrees>).

Maximum registration is 15 SH of graduate coursework (courses numbering 3000 or above) in fall and spring semesters. Students on 50% assistantships may not register for more than 12 semester hours (see [https://grad.uiowa.edu/academics/manual/academic-program/section-ii-](https://grad.uiowa.edu/academics/manual/academic-program/section-ii-registration) [registration](https://grad.uiowa.edu/academics/manual/academic-program/section-ii-registration)).

Graduate credit is not given for courses numbered below 3000 or for courses numbered 3000 and above if they are taken while not registered in the Graduate College.

Coursework

In their first two semesters of study (i.e. fall and spring), all PhD students are required to register for:

* + **CSD:5511 Introduction to Doctoral Research** (1 SH);
	+ **CSD:7590 Research** (1-9 SH). The intent of this registration is to ensure that each student receives early feedback regarding their research potential. Feedback from the instructor is required in at least the first two semesters, and is strongly encouragedafter

that. Students normally continue to sign up for research registration for subsequent sessions although there is no formal requirement that research hours must be taken every semester.

Most PhD students also register for the following course at least once during their program:

* + **CSD:5310 Scientific Writing** (2 SH). This course is designed to guide students through the writing of a grant proposal, paper, or presentation. The course is repeatable, but typically only offered every other year, so plan ahead!

The specific courses and research experiences that are included in the plan of study are chosen to meet the particular interests and background of the student. Students are encouraged to take courses relevant to their areas of interest outside the department, e.g., from Psychology and Brain Sciences, Neuroscience, Linguistics, or Education. Often, PhD students will take at least one ‘content’ course (to expand knowledge) and one ‘methods’ course (to build skills, e.g. statistics) each semester of their first two years, in addition to the research registrations. After the first two years (which typically culminates in the Comprehensive Examination), students typically register only for research.

**Special opportunities**

* + Cognitive Science of Language certificate (12 SH, see:<https://cogscilang.grad.uiowa.edu/>)
	+ Certificate in College Teaching (12 SH, see: [https://education.uiowa.edu/areas- study/continuing-education/certificates-and-endorsements/certificate-college-teaching](https://education.uiowa.edu/areas-study/continuing-education/certificates-and-endorsements/certificate-college-teaching))

Progress and Milestones

**Planning meeting**

Students are required to hold a planning meeting during the first or second semester after beginning full-time study toward the PhD. The committee should consist of five faculty members chosen by the student and approved by their advisor.

**PhD Comprehensive Examination**

Each student pursuing the doctoral degree must be evaluated by a comprehensive examination committee as specified below. This evaluation will constitute the comprehensive examination as specified in the *Manual of Rules and Regulations of the Graduate College* [(https://www.grad.uiowa.edu/manual-part-1-section-xii-doctors-degrees)](https://www.grad.uiowa.edu/manual-part-1-section-xii-doctors-degrees) and thus is subject to the general requirements specified for such examinations in that manual. Prior to completion of the comprehensive examination, the student, in consultation with his or her advisor, must file a Plan of Study and a Request for PhD Comprehensive Examination with the Graduate College.

Please contact the Graduate Program Coordinator for help with these requirements.

Students and advisors jointly choose the five faculty members constituting the comprehensive examination committee. The advisor serves as the chair of the committee. The student is responsible for asking faculty members if they are willing to serve on their committee. The membership of all committees must be approved by the Director of Graduate Studies.

Faculty with status as an adjunct or clinical faculty member in this department may serve on the comprehensive examination committee. However, the presence of more than one adjunct or clinical professor is not allowed. Special permission from the Graduate College is required for adjunct or clinical faculty to serve on committees, and the process must be initiated two weeks prior to the due date for the Request for Doctoral Comprehensive Examination.

The specific steps for the PhD comprehensive examination are as follows:

1. Comprehensive examinations will be taken after approximately two years of fulltime work in the doctoral program; however, it is recognized that the timing of the examinations may vary depending on the needs of individual students. The examination may vary as much as plus or minus a year from the two-year target.
2. When a student and their advisor decide that it is time to take the comprehensive examination, the student will meet with the committee and discuss general areas to be included in the examination.
3. The advisor will then convene a meeting of the committee without the student present to develop the set of questions. The questions are to be general to the extent that there is not a one-to-one match between any committee member andquestion.
4. The student is given two weeks to prepare written answers to the questions. The student is free to use all written resources, such as books or journal articles. The student may ask committee members for advice on references for particular topics but may not ask them (or anyone else) questions about the content or their opinions on the question topics.
5. The written responses are submitted to the advisor at least one week prior to the oral examination. The advisor ensures that copies of all questions and responses are distributed to each committee member.
6. An oral examination is held, with questioning based on the student’s written responses. The oral examination (but not the two-week writing period) must be held when classes are in session or during the final examination week.

Effects of a negative evaluation

An unsatisfactory report on the PhD comprehensive examination will normally terminate the student’s program at the end of the current session of registration. The student will not be permitted to enroll for subsequent sessions except under the following conditions:

1. If, prior to the beginning of registration for the next session in which the student wishes to enroll, the student declares to the Director of Graduate Studies in writing the intent to be re-examined, the student will be permitted to register until

completion of the second evaluation. The examining committee will specify a date by which the second evaluation must occur. In accordance with the regulations of the Graduate College, the re-examination may not occur sooner than four months after the first examination and only one re-examination is permitted.

1. An alternate program of study may be approved by the Director of Graduate Studies, which would permit the student to pursue study in a non-PhD program.

**Pre-Dissertation Project**

Each doctoral student must complete a pre-dissertation research project:

* + The project should be of limited scope and should be selected and developed with a faculty advisor.
	+ The project must be data-based, but the student can use existing data rather than generating new data.
	+ It is expected that students do the project as part of CSD:7590 Research registrations, not as a part of research assistant assignments.
	+ All students will be required to give a Proseminar presentation based on the predissertation project.
	+ The student must write a manuscript reporting the pre-dissertation project. The manuscript will be submitted to the faculty advisor of the research, usually as part of a CSD:7590 Research registration.
	+ The student must have completed the pre-dissertation project and passed the comprehensive examination before a PhD dissertation prospectus will be considered. The order of completion between the pre-dissertation project and comprehensive examination is not fixed.

**Dissertation**

Dissertation Committee

In developing the research project that is to constitute the doctoral dissertation, the student will select a faculty member or members to serve as the dissertation advisor(s). A dissertation prospectus committee is also selected by the student with the approval of the advisor and the Director of Graduate Studies, who has the prerogative of adding members to the committee. This committee consists of at least five faculty members (including the advisor who serves as chair).

Pre-Prospectus Meeting

After the initial planning of the research project has occurred, an optional pre-prospectus meeting of the student with the prospectus committee may be held. At this meeting, the student provides the committee with information about the background and rationale for the proposed project, an initial statement of the questions or hypotheses to be investigated, and the essential elements of the proposed research procedures. No written document need be provided to the committee prior to the meeting; however, it is helpful for a statement of the

problem and a general outline of the proposed procedures to be available to the committee members.

The purpose of this meeting is to acquaint the committee with the nature of the developing project and, more importantly, to hear their suggestions and comments about the further development of the project. The committee then decides whether or not to give approval for the student to develop a formal prospectus for the proposed project. The committee may request that additional pre-prospectus meetings be held before the project is fully developed. These meetings are designed primarily to ensure that the student is embarking on a project that the committee feels is appropriate for a doctoral dissertation and to provide a means for the committee members to help the student develop the project.

Prospectus Meeting

Each student is required to develop a written prospectus to be presented to the prospectus committee prior to beginning the actual research project. This document generally includes material which eventually will constitute the introduction and procedures sections of the dissertation. The committee meets with the student and must approve the prospectus before the student can proceed.

Final Examination

The program for the PhD culminates in a final public oral examination in defense of the dissertation. This examination usually occurs a few weeks prior to the thesis deposit deadline in a given semester. A Request for Final Examination must be filed approximately three weeks before the scheduled examination. If the originally filed Plan of Study requires modification, an Application for Change in Plan of Study must accompany the request.

See “Thesis and Dissertation” for preparation and formatting guidelines: [(](https://www.grad.uiowa.edu/theses-and-dissertations)[Formatting Your](https://grad.uiowa.edu/academics/thesis-and-dissertation/preparing-formatting) [Thesis | Graduate College - The University of Iowa (uiowa.edu)](https://grad.uiowa.edu/academics/thesis-and-dissertation/preparing-formatting)[)](https://www.grad.uiowa.edu/theses-and-dissertations).

The final examination committee consists of at least four members of the Graduate Faculty (see <https://grad.uiowa.edu/academics/manual/academic-program/section-xii-doctors-degrees>, section P). Ordinarily this committee will have the same members as the dissertation committee. This committee and its composition are subject to the approval of the Director of Graduate Studies (Chair) and the Dean of the Graduate College, both of whom have the prerogative of adding members to the committee.

The format for dissertation defenses will typically be as follows:

* + 20-30 minute presentation
	+ 10-20 minute period for questions from the public
	+ 60-75 minutes of in-depth questioning from the committee (the committee chair will, at his or her discretion, decide whether to allow additional questions from the public and if so, at what time during the 75-minute period)
	+ 15 minutes of final deliberations during which the student will be asked to leave the room

**Graduation Procedures**

PhD degrees will be awarded upon favorable recommendation of the final examination committee and completion of all requirements specified for the degree by the Graduate College. These include the filing of an application for the degree, completion (or modification) of the filed plan of study, and the final deposit of the dissertation and dissertation abstract in the Graduate College along with the appropriate certificates of committee approval.

**Annual review**

A student’s progress toward their degree objective will be continuously monitored. Formal review by the faculty as a whole will occur annually. The review will include student performance in (1) coursework, (2) teaching or research assistantships, and (3) research projects. Advisors provide their advisees a written summary of their PhD review. The summary needs to be signed by the student and a copy put in their student folder.

**APPENDICES**

Appendix A: Professional Standards

The Department of Communication Sciences and Disorders at the University of Iowa abides by the ASHA and AAA codes of ethics.

**American Academy of Audiology (AAA) Code of Ethics**

<https://www.audiology.org/publications-resources/document-library/code-ethics>(effective February 2018, revised October 2019)

**American Speech-Language-Hearing Association (ASHA) Code of Ethics**

<https://www.asha.org/Code-of-Ethics/>(effective March 1, 2016)

**Council for Clinical Certification in audiology and speech-Language pathology (CFCC)**

The CFCC is a semi-autonomous credentialing body of the American Speech-Language-Hearing Association (ASHA). The charges to the CFCC are:

* + to define the standards for clinical certification and to apply those standards in granting certification to individuals;
	+ to have final authority to withdraw certification in cases where certification has been granted on the basis of inaccurate information; and
	+ to administer the certification maintenance program.

For Audiology, see: <https://www.asha.org/certification/2020-audiology-certification-standards/> (effective January 1, 2020, revised January 2022)

For Speech-Language Pathology, see: [https://www.asha.org/Certification/2020-SLP-](https://www.asha.org/Certification/2020-SLP-Certification-Standards/) [Certification-Standards/](https://www.asha.org/Certification/2020-SLP-Certification-Standards/) (effective January 1, 2020; revised March 2022)

**Council on Academic Accreditation (CAA) Standards**

The CAA is a semi-autonomous body of ASHA, which establishes and enforces a set of standards for the voluntary accreditation of graduate education programs in audiology and in speech- language pathology, and reviews programs on a regular basis to ensure that standards are maintained. The CAA is recognized as an accrediting agency for audiology and speech-language pathology programs by the Council for Higher Education Accreditation and the Secretary of the

U.S. Department of Education.

See: <https://caa.asha.org/siteassets/files/accreditation-handbook.pdf>; <https://caa.asha.org/siteassets/files/accreditation-standards-for-graduate-programs.pdf>.

Appendix B: U of Iowa AuD Evaluation of Student by Clinical Instructor

**The University of Iowa Department of Communication Sciences and Disorders, Au.D. Program Student Evaluation Form**

**2017 ASHA CAA Standard 3.1A and 2020 ASHA CFCC Standard II**

*CFCC competencies are embedded within the CAA competences and are denoted in red.*

Use *Description of Student Clinical Competencies – 2017 ASHA CAA Standard and 2020 ASHA CFCC Standard II* as a reference when evaluating your student. If you have questions regarding the clinical skill requirements or how to evaluate your student, please contact the Director of Clinical Education in Audiology at The University of Iowa, Department of Communication Sciences and Disorders.

Student:

Clinical Instructor:

Clinical Site:

Date:

***Overall Student Performance:***

*Rate the student’s overall performance as satisfactory or unsatisfactory based on the descriptions below.*

Satisfactory – Student demonstrates expected skills in the area based on clinical experiences to date and is expected to be able to function as an effective, well-educated and competent clinician in this area when the student begins independent practice as a professional in the field.

Unsatisfactory – Student does not demonstrate expected skills in this area based on clinical experiences to date and is not expected to be able to function as an effective, well-educated and competent clinician in this area when the student begins independent practice as a professional in the field.

 Satisfactory Unsatisfactory

*Use the following rating scale to answer the questions below.*

1 = Strongly Disagree with the statement 2 = Disagree with the statement

3 = Neutral

4 = Agree with the statement

5 = Strongly Agree with the statement

 The student successfully met the expectations of the placement during this review interval.

 The student demonstrated the knowledge and skill base necessary to succeed in the placement during this review interval, or, in the case of the final review of a 4th year extern, to begin professional practice in the field.

 The student demonstrated the ability to quickly learn and apply new clinical skills related to the placement during this review interval, or, in the case of the final review of a 4th year extern, necessary to begin practice in the field.

 The student demonstrated appropriate professionalism during this review interval, or, in the case of the final review of a 4th year extern, to begin practice in the field.

*Please use the following rating scale to indicate how would you rank the student relative to others with the same similar experience.*

(1= Poor; 2 = Below Average; 3 = Average; 4=Strong; 5 = Outstanding)

 Knowledge Base

 Clinical skills

 Professionalism

*Comments regarding the student’s overall performance:*

*Comments including suggestions that we should consider to better prepare our students for a placement at your site:*

*To be completed by student:*

 My initials indicate that I acknowledge I was fully briefed regarding this review of my performance, was provided access to my clinical instructor’s feedback, and had my questions answered regarding the evaluation.

***Clinical Skill Competency Ratings:***

Please rate your student for clinical areas in which the student participated using the rating scale below. Leave areas that are not applicable blank.

**Competency Ratings:**

1. Competency absent - Student is unable to demonstrate skill. Modeling and repeated verbal/written instruction do not result in an improvement of the skill.
2. Competency emerging - Student is unable to demonstrate skill without modeling and direct verbal instruction from the clinical instructor. Student does not independently recognize strengths and weaknesses, but understands them if pointed out by clinical instructor. Modeling and direct verbal instruction result in an improvement of the skill.
3. Competency present - Student is able to demonstrate skill; however, skill needs further development. Clinical instructor monitoring is required except for routine cases. The clinical instructor is present most of the time to provide verbal guidance without modeling. Student independently recognizes strengths and weaknesses, but requires input from the clinical instructor to make appropriate clinical decisions. Modeling and verbal/written instruction result in generalization of the skill.
4. Competency developed – Student demonstrates skill consistently. Monitoring by the clinical instructor may be necessary sometimes, but only in difficult or uncommon cases. Student understands strengths and weaknesses to the extent that the student can use critical thinking to make appropriate clinical decisions and knows when to seek input from the clinical instructor.
5. Competency well developed – Student demonstrates skill consistently across patients and situations. Student uses critical thinking to make clinical decisions and can articulate them to the clinical instructor who is used as a consultant.

***PROFESSIONAL PRACTICE (Standard 3.1.1A)***

*The student demonstrated the following at the level indicated.*

 Accountability

 Integrity

 Concern for Individuals Served

 Cultural Competence (A8, A9, A11)

 Effective Communication Skills (A12)

 Clinical Reasoning

 Evidence-Based Practice (A13)

 Collaborative Practice

 Professional Duty A5, A6, A17)

***Comments regarding professionalism:***

***PREVENTION AND IDENTIFICATION (Standard 3.1.3A)***

*The student demonstrated the following skills at the level indicated.*

 Screen for the ***hearing loss*** and its impact (B5, B6, B8, B9)

 Screen for ***tinnitus*** and its impact

 Screen for ***speech/language disorders*** and/or their impact (B5, B10, B11, B12, B13)

 Screen for ***cognitive disorders*** and/or their impact (B10, B13)

 Screen for ***vestibular disorders*** and/or their impact

 Promote prevention of ***hearing loss*** and/or its impact (B1, B2, B3, B4)

 Promote prevention of ***tinnitus*** and/or its impact (B1, B3)

 Promote prevention of ***speech/language disorders*** and/or their impact

 Promote prevention of ***vestibular disorders*** and/or their impact (B1)

 Participate in an occupational hearing conservation program (B4, B7)

 Administer programs related to prevention and identification (B2, B4, B14)

***Comments regarding prevention and identification:***

***ASSESSMENT (Standards 3.1.4A 3.1.5A 3.1.6A)***

*The student demonstrated the following skills at the level indicated.*

**GENERAL**

*(to be completed for clinical experiences involving* ***all*** *types of assessment)*

 Evaluate information from appropriate sources, obtain a case history and patient narrative (C1, C2, C3)

 Administer appropriate assessment measures

 Determine contextual factors that may facilitate or impede an individual's participation in everyday life

 Document evaluation procedures and results appropriately

 Interpret results appropriately (C4, C10)

 Generate appropriate recommendations and referrals

 Provide counseling to facilitate understanding of the disorder

 Maintain records in a manner consistent with legal and professional standard;

 Effectively communicate results and recommendations orally and in writing

 Assign the correct Common Procedural Terminology (CPT) code(s) and the correct International Classification of Diseases (ICD) code(s)

**HEARING**

*(to be completed for clinical experiences involving assessment of hearing)*

 Perform an otoscopic examination

 Cerumen management

**Behavioral/Psychophysical Measures**

 Puretone air and bone conduction (C8)

 Masking

 Conditioned play audiometry

 VRA

 Speech audiometry (C9)

 Tests for nonorganic hearing loss (C13)

 Assessment of tolerance to determine presence of hyperacusis (C6)

 Central auditory processing testing (C15)

 Assessment of challenges listeners face in real world

 Self-assessment measures of communication

 Scales of communication function for communication partners

**Immittance** (C7)

 Tympanometry

 Acoustic reflex thresholds and decay

 Eustachian tube function

**Physiological and Electrophysiological Measures** (C11)

 Otoacoustic emissions (C12)

 Electrocochleography

 Auditory brainstem response for frequency specific air and bone conduction thresholds

 Auditory brainstem response for neural diagnostic purposes with click stimuli

**TINNITUS**

*(to be completed for clinical experiences involving assessment of tinnitus)*

 Perform assessment to characterize tinnitus, including severity (C5)

 Assess the impact of tinnitus on patient’s activities of daily living and quality of life (C5)

**VESTIBULAR**

*(to be completed for clinical experiences involving assessment of vestibular disorders)*

 Perform balance system assessment and determine the need for balance rehabilitation (C14)

 Electronystagmography ENG)/Videonystagmography (VNG)

 Ocular vestibular-evoked myogenic potential (oVEMO)

 Cervical vestibular evoked myogenic potential (cVEMP)

***Comments regarding assessment:***

***INTERVENTION (Standard 3.1.6A)***

*The student demonstrated the following skills at the level indicated.*

**GENERAL**

*(to be completed for clinical experiences involving* ***all*** *types of intervention)*

 Develop and implement appropriate, individualized treatment plans (E1, E2, E6, E7)

 Counsel individuals served, families, and other appropriate individuals regarding treatment options/prognosis (D1, D2, D3, D4, D5, D6, D7, D8, D9)

 Assess efficacy of interventions, monitor and summarize treatment progress and outcomes (E28)

 Communicate results, recommendations, and progress in a culturally sensitive and age- appropriate manner (E3)

 Document treatment procedures/results and maintain records in a manner consistent with legal/professional standards

 Serve as an advocate for individuals served, their families, and other appropriate individuals

**HEARING**

*(to be completed for clinical experiences involving intervention for hearing disorders)*

 Conduct audiologic (re)habilitation to maximize outcomes

 Provide communication training (e.g., speechreading, auditory training, communication strategies) to enhance receptive communication (E21)

 Provide assessment of communication partners’ (family members, coworkers, others) perception of/reactions to communication difficulties and effects on relationships. (E4, E5)

 Identify effects of hearing problems and subsequent communication difficulties on interpersonal communication including impact on marital dyads, family dynamics, work relationships, etc. (E5)

 Cerumen management

**HEARING AIDS**

*(to be completed for clinical experiences involving intervention using hearing aids)*

 Perform hearing aid/assistive listening device/sensory aid assessment, selection and fitting (E8)

 Define appropriate device parameters for the user (E9)

 Verify that amplification devices are functioning appropriately (E10)

 Conduct real-ear measurements and use patient input to set devices accurately (E11)

 Incorporate soundfield functional gain testing when fitting osseointegrated and other implantable devices (E12)

 Conduct individual and/or group hearing aid, assistive listening device, and sensory aid orientations (E13)

 Use validation measures and patient input to ensure benefit is obtained

**HEARING ASSISTIVE TECHNOLOGY**

*(to be completed for clinical experiences involving intervention using hearing assistive technology)*

 Identify the need for/fit appropriate hearing assistive technology systems (HATS) (E17)

 Provide HATS for those requiring access in public, private and work settings (E18)

 Ensure compatibility of HATS in real world environments and when used in conjunction with hearing aids, cochlear implants, or other devices (E19)

 Provide services/make appropriate referral for use/installation of multi-user HATS (e.g., systems in theaters, churches, schools) (E20)

**COCHLEAR IMPLANTS**

*(to be completed for clinical experiences involving intervention using cochlear implants)*

 Identify individuals who are candidates for cochlear implantation and other implantable devices (E14)

 Counsel cochlear implant candidates and their families regarding the benefits/limitations of cochlear implants (E15)

 Provide programming, fitting adjustments, and post-fitting counseling for cochlear implant patients (E16)

**PEDIATRICS**

*(to be completed for clinical experiences involving pediatric patients)*

**(Re)habilitation**

 Select age/developmentally appropriate amplification devices and HATS (F5)

 Provide intervention to ensure age/developmentally appropriate speech and language development (F8)

 Administer self-assessment, parental, and educational assessments to monitor treatment benefit and outcome (F9)

**Counseling and Education**

 Counsel parents to facilitate their acceptance of and adjustment to a child’s diagnosis of hearing impairment (F1)

 Counsel parents to resolve their concerns and facilitate their decision making regarding early intervention, amplification, education, and related intervention options for children with hearing impairment (F2)

 Educate parents regarding the potential effects of hearing impairment on speech-language, cognitive and social-emotional development and functioning (F3)

 Educate parents regarding communication mode options, educational laws and rights (F4)

 Instruct parents/children regarding the daily use, care, and maintenance of amplification devices and HATS (F6)

 Plan and implement parent education/support programs (F7)

 Counsel pediatric patients with hearing impairments (F11)

**Educational support**

 Provide ongoing support for children by participating in IEP or IFSP processes (F10)

 Evaluate acoustics of classroom settings and provide recommendations for modifications(B4, F12)

 Provide interprofessional consultation and/or team management (F13)

**TINNITUS**

*(to be completed for clinical experiences involving intervention for tinnitus)*

 Perform assessment of devices used to manage tinnitus

 Counsel patients regarding the audiologic significance of tinnitus and factors that cause or exacerbate tinnitus (E22)

 Counsel patients to promote the effective use of ear-level sound generators/environmental sounds to manage tinnitus(E23)

 Counsel patients to facilitate identification and adoption of effective coping strategies (E24)

 Monitor/assess the use of ear-level and/or environmental sound generators and the use of adaptive coping strategies (E25)

**VESTIBULAR**

*(to be completed for clinical experiences involving intervention for vestibular disorders)*

 Provide canalith repositioning for patients diagnosed with benign paroxysmal positional vertigo (BPPV) (E26)

 Provide intervention for central and peripheral vestibular deficits (E27)

***Comments regarding treatment:***

Appendix C: KASA MA-SLP Competencies at the University of Iowa

**THE UNIVERSITY OF IOWA**

**DEPARTMENT OF COMMUNICATION SCIENCES & DISORDERS**

|  |  |  |
| --- | --- | --- |
| **Student’s Name:**  | **Semester/Year:**  | **Date:**  |
| **Student’s ID #:**  | **Supervisor:**  | **Practicum:**  |

|  |
| --- |
| **KASA - Standard V-B The applicant for certification must complete a program of study that includes supervised clinical experiences sufficient in breadth and depth to achieve the following skills outcomes (in addition to clinical experiences, skills****may be demonstrated through successful performance on academic course work and examinations, independent projects, simulated patients, or other appropriate alternative methods):** |
|  | **Fall1** | **Spring1** | **Summer1** | **Fall2** | **Spring2****(Out- placement)** | **Average** |
| **1. EVALUATION** |
| 1a. Conducts screening and prevention procedures (including prevention activities). |  |  |  |  |  |  |
| 1b. Collects case history information and integrates information from clients/ patients, family, caregivers,teachers, relevant others, and other professionals. |  |  |  |  |  |
| 1c. Selects appropriate evaluation procedures, such asbehavioral observations, non-standardized and standardized tests, and instrumental procedures. |  |  |  |  |  |
| * Administers appropriate evaluation procedures, such as behavioral observations, non-standardized

and standardized tests, and instrumental procedures. |  |  |  |  |  |
| 1d. Adapt evaluation procedures to meet the needs of individuals receiving services. |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1e. Interprets, integrates, and synthesizes all information to develop diagnoses and make appropriaterecommendations for intervention. |  |  |  |  |  |  |
| 1f. Completes administrative and reporting functionsnecessary to support evaluation. |  |  |  |  |  |
| 1g. Refers clients/patients for appropriate services. |  |  |  |  |  |
| 3c. Provides counseling regarding communication and swallowing disorders to clients/patients, family,caregivers, and relevant others |  |  |  |  |  |  |
| **2. INTERVENTION** |  |  |  |  |  |  |
| 2a. Develops setting-appropriate intervention plans with measurable and achievable goals that meetclients’/patients’ needs. Collaborates with clients/ patients and relevant others in the planning process. |  |  |  |  |  |  |
| * Displays knowledge base obtained from coursework
 |  |  |  |  |  |
| 2b. Implements intervention plans (involve clients/patients and relevant others in the intervention process.) |  |  |  |  |  |
| * Implements multiple therapy objectives as needed.
 |  |  |  |  |  |
| 2c. Selects or develops and uses appropriate materials and instrumentation for prevention and intervention. |  |  |  |  |  |
| 2d. Measures and evaluates clients’/patients’ performance and progress. |  |  |  |  |  |
| 2e. Modifies intervention plans, strategies, materials, orinstrumentation as appropriate to meet the needs of the clients/patients. |  |  |  |  |  |
| * Provides appropriate instructions.
 |  |  |  |  |  |
| * Provides appropriate models.
 |  |  |  |  |  |
| * Provides appropriate stimuli.
 |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| * Provides appropriate feedback.
 |  |  |  |  |  |  |
| * Provides appropriate reinforcement.
 |  |  |  |  |  |
| 2f. Completes administrative and reporting functionsnecessary to support intervention. |  |  |  |  |  |
| 2g. Identifies and refers clients/patients for services as appropriate. |  |  |  |  |  |
| 3c. Provides counseling regarding communication andswallowing disorders to clients/patients, family, caregivers, and relevant others |  |  |  |  |  |  |
| **3. INTERACTION AND PERSONAL QUALITIES** |
| Interactions with Clients |
| 3a. Communicates effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the client/patient, family, caregivers, and relevant others. Interacts respectfully regarding differences including gender,race, ethnicity, sexual orientation, age, national origin and disability. |  |  |  |  |  |  |
| 3b. Manages the care of individuals receiving services toensure an interprofessional, team-based collaborative practice. |  |  |  |  |  |
| 3d. Appropriately interprets and expresses verbal and nonverbal messages. |  |  |  |  |  |
| * Demonstrates interest in the client’s progress.
 |  |  |  |  |  |
| * Demonstrates interest in the client’s well-being.
 |  |  |  |  |  |
| * Maintains a professional relationship with the client and/or client’s family or caregivers.
 |  |  |  |  |  |
| Job-Related Professional Skills |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 3e. Adheres to the ASHA Code of Ethics and behaves professionally |  |  |  |  |  |  |
| * Works respectfully with Clinic office staff
 |  |  |  |  |  |
| * Dresses professionally.
 |  |  |  |  |  |
| * Follows Universal precautions
 |  |  |  |  |  |
| Meetings with Clinical Educator |
| * Review of new or updated client information (e.g. files, updated testing, progress towards goals) before meetings with the Clinical Educator; demonstrates

familiarity with the case. |  |  |  |  |  |  |
| * Timeliness and active engagement (e.g. asking questions and sharing ideas) during weekly 1:1 or

group meetings with the Clinical Educator. |  |  |  |  |  |
| * Increased independence in exploring and seeking resources for assessment and intervention.
 |  |  |  |  |  |
| * Responsive to Clinical Educator feedback.
 |  |  |  |  |  |
| * Maintains a professional relationship with Clinical Educator
 |  |  |  |  |  |
| Written Communication |
| * Timeliness of lesson plans, soaps and final reports
 |  |  |  |  |  |  |
| * Completeness and professionality of lesson plans and SOAPs
 |  |  |  |  |  |
| * Completeness and professionality of final reports
 |  |  |  |  |  |
| * Timeliness and completeness of suggested changes or edits to written documentation, including EPIC,

given by the Clinical Educator. |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| * Timeliness in responding to emails, EPIC messages, and other communication sent by Clinical Educator.
 |  |  |  |  |  |  |
| * Manages billing accurately on EPIC
 |  |  |  |  |  |
| Self-Evaluation |
| * Readily participates in self-reflection activities.
 |  |  |  |  |  |  |
| * Answers the question: “What went well?”
 |  |  |  |  |  |
| * Answers the question “What needs to change?”
 |  |  |  |  |  |
| * Answers the question “What’s my plan to make changes?”
 |  |  |  |  |  |
| * As training progresses, the student’s evaluations are more independent and accurate.
 |  |  |  |  |  |
| Collaboration |
| * Independently collaborates with other professionals in case management. Shares work equally among

partner student clinicians. |  |  |  |  |  |  |
| * When working as part of a group, actively participates in group meetings (e.g. offering ideas or

potential solutions). |  |  |  |  |  |
| * When working as part of a group, shows respect to fellow group members during interactions.
 |  |  |  |  |  |
| * Maintains a professional relationship with staff and team members.
 |  |  |  |  |  |

|  |
| --- |
| **PROGRESSION OF SKILLS CODES** |
| N/O = no opportunity |
| 0 - Absent - Student does not have knowledge; student does not demonstrate skill, student does not recognize strengths and weaknesses, requires maximum level of supervision - modeling and repeated direction does not improve skills. |
| 1 - Taught/Marginal - Student does not have knowledge, student demonstrates minimal skills, student does not recognize strengths and weaknesses, student requires maximum level of supervision - modeling and repeated direction results in some change. |
| 2 - Emerging - Student is beginning to demonstrate skill, student does not recognize strengths and weaknesses but can identify both if pointed out by clinical educator after the session, requires maximum supervision, modeling and directions result in somegeneralization of skills. |
| 3 - Developing - Student demonstrates skill approximately half of the time, student recognizes clinical strengths and weaknessesafter the session and with the clinical educator's help can generate ideas for change, supervision is provided most of the time, usually directions without modeling. |
| 4 - Refining - Student demonstrates independence but supervision needed at times, direction alone required to make changes,student recognizes clinical strengths and weaknesses during the session although cannot always make online changes, requires intermittent supervision in accordance with ASHA guidelines. |
| 5 - Independent - Student is functioning essentially as the responsible professional and displays competency, student clearly recognizes clinical strengths, student engages clinical educator when s/he has questions, take initiative for most aspects of thecase, requires minimal level of supervision in accordance with ASHA guidelines. |
| 6 - Outstanding - Student functions essentially as the responsible professional and displays superior competence in providing therapy and taking initiative for all aspects of the case, student clearly recognizes strengths and weaknesses, can usually criticallythink through challenging aspects, would be able to perform at high levels without supervision, although receives minimal level of supervision in accordance with ASHA guidelines. |

|  |
| --- |
| **MINIMUM REQUIREMENTS BY SEMESTER** |
|  | **1st Semester Fall** | **2nd Semester Spring** | **3rd Semester Summer** | **4th Semester Fall** | **5th Semester****Spring (Outplacement)** |
| Evaluation | 2 | 3 | 3.5 | 4.5 | 5 |
| Intervention | 3 | 3.5 | 4 | 4.5 | 5 |
| Interactions with clients | 3 .5 | 4 | 5 | 5 | 5 |
| Job-related professional skills | 3 | 4 | 5 | 5 | 5 |
| Meetings with clinical educator | 3 | 4 | 4.5 | 5 | 5 |
| Written communication | 3 | 4 | 4.5 | 5 | 5 |
| Self-evaluation | 3 | 4 | 4 | 5 | 5 |
| Collaboration | 4 | 4 | 4.5 | 5 | 5 |
| **Minimum expected average** | **3** | **3.8** | **4.3** | **4.8** | **5** |

If student has not met the minimum required competency in any area, does s/he require anaction plan? Yes No

|  |
| --- |
| **Additional Supervisor Comments** |
| **Student Comments** |
| I certify the above record of supervised practicum is correct and the amount of supervision meets ASHA guidelines.Mid-semester Signature: Date: Final Signature: Date: Printed Name: ASHA CCC#:  | I certify that the above record of supervised practicum is correct.Mid- semester Signature: Date: Final Signature: Date: Printed Name:  |

Appendix D School Speech Language Pathologist Licensure Preparation

**School Speech Language Pathologist**

**Licensure Preparation / Added Endorsement Program K-12**

Student Name: UID:

This program of the University of Iowa College of Education is approved by the state of Iowa as preparation for the Initial Professional Service License (or for added endorsement to an educator license) for endorsement number 237, B-21 Speech Language Pathologist, intended for students and graduates of the Master of Arts (M.A.) degree program with major in Speech Pathology and Audiology of the Department of Communication Sciences and Disorders, or an equivalent program. The holder of this endorsement is authorized to serve as a speech-language pathologist to pupils from birth to age 21.

The program is offered in partnership with the Department of Communication Sciences and Disorders of the College of Liberal Arts and Sciences.

**Requirements**

* + Master’s degree in speech pathology; and professional

education course requirements to total a minimum of 20 semester hours and to include all of the following: curriculum, foundations, educational measurements, educational psychology, special education, child development, human relations, individuals with disabilities, and gifted and talented.

**Professional Education Course Requirements**

Complete the following courses for 23 semester hours.

**Curriculum**

Complete one of the following four courses or an approved substitute.

|  |  |  |  |
| --- | --- | --- | --- |
| Course | Course Title | Credit | Session/Substitute |
| ASLE:3905 | Teaching Deaf & Hard of Hearing Students | 3 s.h. |  |
| EDTL:4066 | Curriculum Concepts in Gifted Education | 3 s.h. |  |
| EDTL:4171 | Diversity and Exceptionalities in Literacy Instruction | 3 s.h. |  |
| EDTL:4980 | Special Education Literacy | 3 s.h. |  |
|  |  |  |  |

**Human Relations**

Complete one of the following two courses or an approved substitute.

|  |  |  |  |
| --- | --- | --- | --- |
| Course | Course Title | Credit | Session/Substitute |
| EPLS:4180 | Human Relations for the Classroom Teacher | 3 s.h. |  |
| RCE:5250 | Multiculturalism for the Helping Professions |  |  |
|  |  |  |  |

**Foundations, Individuals with Disabilities, Gifted and Talented**

Complete the following course or an approved substitute.

|  |  |  |  |
| --- | --- | --- | --- |
| Course | Course Title | Credit | Session/Substitute |
| EDTL:4900 | Foundations of Special Education | 3 s.h. |  |
|  |  |  |  |

**Special Education**

* Complete one of the following two options.

Option 1: Complete the following course or an approved substitute.

|  |  |  |  |
| --- | --- | --- | --- |
| Course | Course Title | Credit | Session/Substitute |
| CSD:5258 | Multilingualism and Culturally Responsive Practice in CSD | 3 s.h. |  |
|  |  |  |  |

Option 2: Complete two of the following three courses or approved substitutes.

|  |  |  |  |
| --- | --- | --- | --- |
| Course | Course Title | Credit | Session/Substitute |
| CSD:5234 | Acquired Cognitive-Communication Disorders | 2 s.h. |  |
| CSD:5260 | Augmentative and Alternative Communications | 2 s.h. |  |
| PEDS:7255 | Autism Spectrum Disorders | 2 s.h. |  |
|  |  |  |  |
|  |  |  |  |

Complete all of the following courses or approved substitutes.

|  |  |  |  |
| --- | --- | --- | --- |
| Course | Course Title | Credit | Session/Substitute |
| CSD:5104 | Language Disorders: School-Aged Children (Standards: Educational Measurements) | 3 s.h. |  |
| CSD:5135 | Foundations of Clinical Practice I (Standards: Educational Psychology) | 2 s.h. |  |
| CSD:5136 | Foundations of Clinical Practice II (Standards: Foundations) | 1 s.h. |  |

**Child Development**

Complete one of the following two courses or an approved substitute.

|  |  |  |  |
| --- | --- | --- | --- |
| Course | Course Title | Credit | Session/Substitute |
| PSQF:4106 | Child Development | 3 s.h. |  |
| PSY:2401 | Introduction to Developmental Science | 3 s.h. |  |

**Outplacement**

Complete the following course or an approved substitute.

|  |  |  |  |
| --- | --- | --- | --- |
| Course | Course Title | Credit | Session/Substitute |
| CSD:5304 | Speech Pathology Outplacement: School | 2 s.h. |  |

**Field Experience**

Please provide placement details for CSD:5304 Speech Pathology Outplacement: School.

Clock Hours/Dates

Site

**Additional Information**

This Program Guide is for planning and documentation of program completion. State requirements for licensure and endorsements are subject to change without notice; check with your advisor or the Office of Education Services for updated requirements. Course transfer and substitution may require syllabi or other documentation in addition to transcript. Revised 07/15/2022 KD/BJ version 4.2.

For additional information, admissions procedures, or advising referral, please contact Office of Student Services, College of Education, N201 Lindquist Center, Iowa City, IA 52242, 319-335- 5359, FAX: 319-335-5364, ask-education@uiowa.edu, https://education.uiowa.edu/