



SPEECH-LANGUAGE PATHOLOGY ASSISTANT PROGRAM PRACTICUM PACKET

TABLE OF CONTENTS

Introduction Letter.....2

Coursework Outline.....3

Student Document Checklist.....4

Criminal History Check.....5

SLPA Practicum Standards.....6

Practicum Agreement(*).....8

Site Visit Explanation.....9

Site Visit Planning Sheet (*).....10

Duties and Responsibilities for the SLPA practicum student and supervisor.....11

Clinical Contact Competencies Checklist- OBSLPA (*).....separate pdf on website

OARs from the Oregon Board of Examiners for Speech Pathology, Audiology.....16

Clinical Interaction Log19

Sample Practicum Agreement.....20

Sample Practicum Agreement Addendum.....24

(*) Students need to submit these documents to the SLPA program by the posted deadlines.

Practicum Agreement/Addendums:

Included in this packet are sample versions of a master agreement for practicum student placement as well as a sample of the accompanying addendum used for individual students. These master document samples are included to be used as examples. The SLPA Program and Chemeketa Community College are responsible for setting up the Master Contract with the Practicum Site (not the student). These samples are only provided as an example if needed. Please have the SLPA program contact the Practicum Site to coordinate the contract.



The Speech Language Pathology Department at Chemeketa Community College would like to let you know how much we truly appreciate your willingness to work with one of our practicum students. Hopefully the enclosed practicum materials will be useful in answering any initial questions you may have.

The packet contains the following pieces of information. I've indicated which are applicable to the student only, and which are applicable to the practicum site. The student documents have been included for your reference.

Student Documents:

- a. Criminal History Check (if applicable)
- b. Letter of Intent for Practicum Placement
- c. SLPA Practicum Standards

Practicum Site:

- a. Practicum Agreement
- b. Duties and Responsibilities for SLPA practicum student and Supervisor
- c. Oregon Board of Examiners for SLP/ Aud- Scope of practice for SLPAs.
- d. Site Visit Appointment

I would be more than happy to follow up via phone, email or in person with anything further.

Ashley Northam, Coordinator, SLPA Program
Phone: (503) 589-7815
Email: anortham@chemeketa.edu

Thank you!

Ashley A. Northam, M.S. CCC-SLP

Speech-Language Pathologist
Coordinator, SLPA Program
Chemeketa Community College
Faculty



Coursework Outline

The student who is working with you should have completed the following coursework to be eligible for a practicum opportunity. This may be helpful in giving you a framework for what they have been exposed to in terms of coursework and experience.

SLP 180- Survey of Speech and Language Disorders
SLP 181- Phonetics for Language
SLP 182- Intervention Strategies for SLPAs
SLP 183- Introduction to Language Development
SLP 184- Language Therapy
SLP 185- Anatomy and Physiology of Speech and Hearing
SLP 186- Speech Intervention in Children, Adolescents and Adults
SLP 187- Clinical Documentation and Materials Management
SLP 188- Communication Disorders in Low Incidence Populations
SLP 189- SLPA Practicum I (in progress)
SLP 190- SLPA Practicum II (in progress)
ED 229- Learning and Development
ED 169- Overview of Students with Special Needs
ED 130- Classroom Management
ED 258- Multicultural Education

The SLPA program focuses on teaching about interaction and intervention. The program is a distance education model. However, each class involves several required observation, interaction, or case study assignments. As an example, students have had an opportunity to do an oral exam, attempt to elicit articulation targets, develop a language therapy session from a lesson plan, and gain an understanding of the components of an IEP. This focus is different from the undergraduate programs in Speech-Language Pathology, which tend to focus on diagnostics in preparation for working as a Speech-Language Pathologist instead of a focus on therapy techniques and intervention.

The practicum should be a learning opportunity for the student. The student should be required to be responsible for more tasks as the term progresses, depending on individual skills, abilities and SLP's guidance and recommendations.

It is helpful for students to get constructive feedback on what they are doing well, and areas for improvement. Please attempt to resolve any conflicts with the student first. If needed, please contact the SLPA program for assistance with a resolution.



SLPA Practicum

Student Document Checklist

Students are responsible to return the following documents to the SLPA Program Department via mail or fax:

- a. SLPA Practicum Standards Agreement
- b. SLPA Practicum Agreement (dates and times on site)

Please return these documents by the end of Week 2 of the term.

- c. Site Visit Appointment

Please return this document by the end of Week 3 of the term.

**CRIMINAL HISTORY CHECK
SLP 189, 190**

**THIS IS NOT APPLICABLE TO ALL SITES. PLEASE CHECK WITH THE
DEPARTMENT ON SPECIFIC PROCEDURES FOR YOUR PRACTICUM SITE.**

As part of the requirements for this practicum course, every student must obtain an Oregon criminal history record check. To obtain this document, you will need to visit the Oregon State Police at the address below:

Oregon State Police
Identification Services Division
3772 Portland Road NE
Salem, OR 97303-2500
Phone: (503) 378-3070 ext. 236

Student fingerprinting services are scheduled as follows:

Monday - Friday 8:00 AM to 4:00 PM

Copy or your own Criminal History Check	\$33
Public Fingerprinting	\$20

The cost of the service is **\$53.00**, which includes both fingerprinting and the criminal records check. Checks should be made payable to the Oregon State Police.

You will be given a receipt for your payment. Please keep the receipt for verification. You may or may not be reimbursed by your practicum site, depending on prior arrangements. The criminal records check itself will take 14-20 days to complete. The results will be mailed to you. Please do not open the envelope when it arrives. Depending on the site procedures, you will carry it in yourself, or you will turn it in to me to carry it in.



Chemeketa Community College
SLPA Practicum Standards

Students who enroll in the SLP 189 and 190 practicum, agree to abide by the following guidelines:

Attendance:

(1) The student is expected to be at the school or practicum site on the days and times that are agreed upon between the SLP supervisor and the practicum student. The student is expected to be ready to fully participate in the days activities. The student will be flexible and willing to follow the SLP's lead and instructions.

(2) The student is expected to be on time, focused, and ready to participate in the tasks at hand. If the student is absent for some reason, the student will let the SLP supervisor know in a pre-agreed upon manner (email, phone call etc).

(3) The student is expected to follow the SLP supervisor's lead and direction. The student will only perform tasks under the supervision of the SLP supervisor. The student and SLP supervisor will abide by the scope of practice outlined in the Scope of Practice for certified SLPAs.

(4) Generally, the student will not correspond with parents, teachers. If the occasion arises, it is only under the supervision of the SLP.

Appearance:

(1) Please be aware that you are working closely with students and staff. Students are expected to be clean, free of strong scents or odors. Hairstyle and personal grooming should be appropriate for the setting. Strong scents via perfume, body odor, halitosis may be offensive to some children and adults, especially those with special needs. Please be sure to smell clean and have fresh breath.

(2) The student's dress should be appropriate to the setting. Please speak with the SLP supervisor about any dress codes specific to the school or practicum setting. However, please wear professional attire (no sweats, no ripped, torn, or soiled clothing). Please check with the SLP supervisor about the appropriateness of items such as jeans, shoes (no flip flops). In general your clothing should be clean and in good repair.

Remember, you are essentially on a job interview. Put you best foot forward and present yourself in the most professional manner possible in terms of appearance, communication, and willingness to learn.

I have read and understand the standards for SLPA practicum. I agree to abide by the standards set forth by the department. Any infraction thereof may result in dismissal.

Student Signature: _____

Date: _____



SLPA Practicum

Term: _____

SLP 189 and SLP 190

Practicum Agreement:

Student: _____

SLP Supervisor: _____

Site: _____

SLP Supervisor Contact:

Phone: _____

Email: _____

Dates and Times that the student will be working under the supervision of the SLP:

Days: _____

Times: _____

Student agrees to be present on the above mentioned days and times. SLP supervisor agrees to supervise student during these days and times.

Student Signature: _____

SLP Supervisor : _____

Date: _____



SLPA Practicum Site Visit Appointment

Site Visit:

If possible, I will be making a site visit towards the end of the term. Please outline times that would be appropriate. I would like to see the SLPA student performing therapy, interacting with students while on site if possible. The site visit is usually about 45 minutes. During this time, I'd like to observe the practicum student, and then briefly meet independently with the student and SLP Supervisor.

Over the course of the 2 terms of practicum, the SLPA Program Faculty will be making 1 face to face visit if feasible.

Distance Sites: Instead of meeting face to face, a phone conference will be arranged to discuss how the practicum student is doing and any suggestions or concerns. (please indicate a time to talk via phone- with the SLP Supervisor.)

*** Distance students will be required to send in an audio or video tape of their session with copies of supporting lesson materials used.**

In addition to site visits, students will also be submitting video/audio samples of therapy sessions at midterm and finals.

**SLPA Practicum
SITE VISIT**

*** Please indicate various time periods that would work for an observation.**

	Monday	Tuesday	Wednesday	Thursday	Friday
8:30-9					
9-9:30					
9:30-10					
10-10:30					
10:30-11					
11-11:30					
11:30-12					
12-12:30					
12:30-1					
1-1:30					
1:30-2					
2-2:30					
2:30-3					
3-3:30					

Site: _____

Address: _____

Site Phone: _____

Student: _____

SLP Supervisor: _____



Duties and Responsibilities for the SLPA practicum student and SLP Supervisor

Scope of Practice:

Below is a link to the supervision requirements and scope of practice for SLPAs taken from the Oregon Board of Examiners for Speech Pathology and Audiology website.

To Navigate from the main Board of Examiner's website:

<http://www.oregon.gov/BSPA/index.shtml>

Click on "Rules/Statutes"

Click on "Administrative Rules Chapter 335"

Scroll down to Division 95- this is the section pertaining to SLPAs.

I urge the student and the supervising SLP to review the statute for your own information.

SLP Supervisor:

(1) While in the practicum setting, the SLPA practicum student will fully abide by the SLPA scope of practice. However, they must be supervised 100% of the time.

(2) The SLP Supervisor will act as a "model" for the student to observe and gain a deeper understanding of the profession.

(3) The SLP Supervisor will give feedback to the student on their skills, and abilities while interacting with students.

(4) The SLP Supervisor will write up a statement upon practicum completion noting the total clinical observation hours accumulated, in what time period and then sign and date the statement. It is preferable that this is done on letterhead.

- (5) The SLP Supervisor will review the competency checklist at the end of the term with the practicum student and give feedback.
- (6) The SLP Supervisor will complete the Evaluation/Feedback form for the practicum student. Information will be shared with the student in the interest of making positive changes in skill sets and honing clinical skills.
- (7) The SLP Supervisor will demonstrate how to do a hearing screening. (Due to the distance education nature of this course, that is a task that we are not able to adequately assess).

Supervision: The practicum student needs to be supervised 100% of the time. Here are some examples for clarification- a student can be working independently with a group while the SLP is “within earshot” and basically available on site to assist if needed. The SLP does not have to be engaged in the same activity as the practicum student to be considered 100% supervised. The SLP could be nearby working with a group, processing paperwork, testing etc. The SLP and the practicum student need to be at the same site, but the student can be working independently of the SLP.

SLPA Student:

- (1) The practicum student will abide by the practicum standards set forth by the department. The student will complete the practicum agreement with the SLP Supervisor.
- (2) The practicum student will document clinical observation hours and get verification and signature from the supervising SLP.
- (3) The practicum student will participate in the online practicum course involving discussion, text reading, and personal goal setting for the term.

Activities Eligible for Clinical Interaction Hours:

- *Observation of SLP performing therapy- the practicum student may participate
- *Practicum student performing therapy –with the SLP within “earshot”
- *Consultation with students or classrooms, teachers.

- *Participation in continuing education activities
- *Consultation, lesson planning and chart review with the practicum student/SLP.
- *Review of notes and documentation
- *Observation of IEP meetings, etc.

Framework for working with an SLPA practicum student:

There are 10 weeks in each term of practicum. Our students come from diverse backgrounds. Some students have had prior experience and some have not. Please use your judgment in what you think the student can handle. Here is a list of what I would think you could expect the student to be doing over the course of the first term of practicum:

Week 1- let the student do observation, look at how groups are set up, how you run your practice. Involve them in the therapy group whenever possible. The student will hopefully be asking a lot of questions about certain cases, therapy techniques and intervention.

Week 2- Let the student take a more active role in therapy. Possibly select a group that they can work with following your lesson plan.

Week 3- The student should be taking a more active role at this point. I would expect them to be taking a larger part of the group supervision task. Some lesson planning (checking back with you of course) is possible at this point.

Week 4: The student should be doing some lesson planning, seeing some groups independently at this point.

Week 5: - Week 10- The student should gradually be taking on more responsibility in terms of materials development, data collection, lesson planning, and direct therapy.

Clarification: “**lesson planning**” in this context refers to selecting activities for therapy that coincide with the treatment plan/IEP/Lesson plan that has been developed by the SLP.

Coursework:

In addition to the time spent on site in practicum, students are required to complete coursework and online discussion as part of the practicum course. Here is an outline of lecture/discussion topics for the online course.

Students will be reading the following text:

Moore, S.M., Pearson, L. Competencies and Strategies for Speech-Language Pathology Assistants. Singular. Canada. 2003.

Lecture Outline:

Week 1: Introduction, Orientation, Safety Precautions

Week 2: Working with your SLP supervisor/mentor

Week 3: Communicating with Children and Families (when appropriate), Teams in special education, other professionals.

Week 4: Diverse Populations, Data Collection

Week 5: Professionalism, Ethics, Legislation

Week 6: Midterm Progress Report

Week 7: Screening and Assessment

Week 8: Intervention Models, therapy practices

Week 9: Final Summary/ Reflection

Week 10: Finals Week

Term Projects:

Week	Assignment/Topic
Week 1	Syllabus Statement
Week 2	Setting Goals for the term. Complete paperwork and submit to SLPA program.
Week 3	Discussion participation

Week 4	Discussion Participation Practicum Site Visit Scheduled
Week 5	Review legislation, Discussion participation
Week 6	Midterm Progress Report/ Video/Audio sample due
Week 7	Documentation Discussion
Week 8	Discussion Participation
Week 9	Intervention Examples and Discussion
Final	Final Report/ Video/Audio sample due

The SLP Supervisor is NOT responsible for any coursework oversight. This is purely for your information. However, SLP Supervisors will take a role in helping the student make goals, and progress towards those goals throughout the term.

Goals: Students are required to identify 1-2 goal areas that they need to improve upon, or areas to gain more information. For example, better knowledge or articulation therapy techniques, research on a specific population or syndrome, data keeping, increased confidence in running a therapy group etc.

Site Visit:

When possible, a site visit will be arranged by the SLPA Program. The visit usually takes place towards the end of the term (weeks 8-10). Visits usually last around 45 minutes. In that time, we'd like to see the practicum student working with students. We will also meet independently with the SLP supervisor and student to see how things are working out. Of course, if there are concerns, we'd want to hear about them prior to the visit.

The Oregon Board of Examiners for Speech Pathology and Audiology is the governing body that issues certification for SLPAs , as well as oversight for practicum standards and scope of practice.

335-095-0040

Requirements for the Supervising Speech-Language Pathologist

- (1) The supervising speech-language pathologist must have at least two years of full-time professional speech-language pathology experience.
- (2) The supervising speech-language pathologist may not supervise more than two full-time or three part-time speech-language pathology assistants.
- (3) The supervising speech-language pathologist must document and provide appropriate supervision of the assistant.

Stat. Auth.: ORS 681.360, ORS 681.375, ORS 681.420 & ORS 681.460

Stat. Implemented: ORS 681.360 & ORS 681.375

Hist.: SPA 1-2003, f. & cert. ef. 5-7-03

335-095-0055

Permission for Supervisors of Speech-language Pathology Assistants in Schools

A speech-language pathologist holding either a basic license in speech impaired or a standard teaching license in speech impaired or an initial or continuing teaching license in communication disorders issued by the Teacher Standards and Practices Commission, may supervise a speech-language pathology assistant working in a school if the following conditions are met:

- (1) The speech-language pathologist meets the requirements of OAR 335-095-0040.
- (2) The speech-language pathologist agrees to supervise according to OAR 335-095-0050(2).
- (3) The speech-language pathologist completes an application proscribed by the Board and pays the required application fee on an annual basis.

Stat. Auth.: ORS 681.230, 681.360, 681.375, 681.420 & 681.460

Stats. Implemented: ORS 681.360 & 681.375

Hist.: SPA 1-2005, f. & cert. ef. 9-13-05; SPA 3-2006, f. & cert. ef. 5-8-06

The following is scope of practice for an SLPA taken from the statute.

335-095-0060

Scope of Duties for the Speech-Language Pathology Assistant

(1) A speech-language pathology assistant may conduct the following tasks under supervision of the licensed Speech-Language Pathologist:

(a) Conduct speech and language screenings without interpretation, utilizing screening protocols specified by the supervising speech-language pathologist.

(b) Provide direct treatment assistance, excluding dysphasia (as opposed to feeding for nutritional purposes), to patients/clients identified by the supervising SLP by following written treatment plans or protocols developed by the supervising SLP.

(c) Document patient/client progress, without interpretation of findings, toward meeting established objectives as stated in the treatment plan, and report this information to the supervising speech-language pathologist.

(d) Assist the speech-language pathologist in collecting and tallying of data for assessment purposes, without interpretation.

(e) Act as second-language interpreters during assessments.

(f) Assist the speech-language pathologist with informal documentation during an intervention session (collecting and tallying data as directed by the speech-language pathologist), prepare materials, and assist with other clerical duties as specified by the supervising speech-language pathologist.

(g) Schedule activities and prepare charts, records, graphs, or other displays of data.

(h) Perform checks and maintenance of equipment.

(i) Participate with the speech-language pathologist in research projects, in-service training, and public relations programs.

(j) Sign and initial treatment notes for review and co-signature by the supervising speech-language pathologist.

(2) The speech-language pathology assistant may not perform the following tasks:

(a) May not conduct swallowing screening, assessment, and intervention protocols, including modified barium swallow studies.

- (b) May not administer standardized or non-standardized diagnostic tests, formal or informal evaluations, or interpret test results.
- (c) May not participate in parent conferences, case conferences, or any interdisciplinary team without the presence of the supervising speech-language pathologist.
- (d) May not write, develop, or modify a patient/client's treatment plan in any way.
- (e) May not provide intervention for patients/clients without following the treatment plan prepared by the supervising speech-language pathologist.
- (f) May not sign any formal documents (e.g. treatment plans, reimbursement forms, or reports.)
- (g) May not select patients/clients for services.
- (h) May not discharge patients/clients from services.
- (i) May not disclose clinical or confidential information either orally or in writing to anyone not designated by the speech-language pathologist.
- (j) May not make referral for additional service.
- (k) May not communicate with the patient/client, family, or others regarding any aspect of the patient/client status or service without the specific consent of the supervising speech-language pathologist.
- (l) May not represent him/herself as a speech-language pathologist.
- (m) May not write a formal screening, diagnostic, progress and/or discharge report.

Stat. Auth.: ORS 681.360, ORS 681.370, ORS 681.375, ORS 681.420 & ORS 681.460
Stat. Implemented: ORS 681.370 & ORS 681.375
Hist.: SPA 1-2003, f. & cert. ef. 5-7-03

SLPA Clinical Supervision Log

Student: _____

SLP Supervisor: _____

Site: _____

(*please make additional copies to document all hours collected)

Date	Activity- <u>direct</u> : tx group details, objective/lesson plan focus <u>indirect</u> : consultation, lesson planning, data review, treatment plan discussion, training, inservice)	Direct/ Indirect	Time	SLP Signature /Initials

Chemeketa Community College

SAMPLE
Practicum Agreement
Speech Language Pathology Assistant

This agreement made and entered into this _____ day of _____ 20____ is by and between

_____ hereinafter called Agency and Chemeketa Community College hereinafter called College.

1.0 RECITALS

The College has established a training program in Speech-Language Pathology Assisting that requires the facilities of clinics, hospitals, school sites (K-12), Education Service Districts (ESDs, birth-5 settings) for clinical practice.

The Agency has practicum facilities suitable for educational needs of the program. Parties agree mutual benefits will result from ensuring that students have opportunities for practicum education prior to entry employment as Speech-Language Pathology Assistant.

2.0 PURPOSE OF AGREEMENT

It is the intention of the parties by and through this agreement to prepare students assigned to the program established by this agreement for positions requiring entry level administrative and clinical skills. Students are expected to acquire the needed skills through participation with the parties of this agreement.

3.0 TERM OF AGREEMENT

The parties agree that the term of this agreement shall be as set forth in the Addendum to this document and made a part of this agreement by reference herein.

4.0 CONSIDERATION

In consideration of the mutual benefits and obligations contained in this agreement the parties agree that:

4.1 UNDER THE TERMS OF THIS AGREEMENT, THE COLLEGE AGREES TO:

- a. assume full responsibility for offering an approved educational program.
- b. assume responsibility for planning the schedule of student assignments with the approval of the Agency, including the dates, number of students and the type of experience.
- c. require students to review the Agency’s Bloodborne Pathogen Exposure Control Plan prior to their assignment, and to use its protocols during their clinical rotation at the Agency.

- d. advise students to report any accidental (occupational) exposures immediately to their supervisor.
- e. provide students and instructors with training about hazardous chemicals in the workplace and about the disposal of regulated wastes, and provide follow-up evaluation and care as needed for exposures to hazardous chemicals and/or wastes.
- f. provide sustained general supervision and counseling for all students and the overall coordination of training activities.
- g. provide and plan for initial orientation and subsequent opportunities for participating College faculty and Agency personnel to discuss and evaluate the practicum students.
- h. ensure that students assigned to the Agency meet both College and Agency standards of health and have the academic ability to profit from the experience
- i. assume responsibility for all student records.
- j. assure that the established course outline is followed.
- k. respect the confidential nature of patients and Agency records.
- l. provide Workers' Compensation Insurance coverage for registered students "on-site."
- m. maintain current level of Liability Insurance on registered students.
- n. indemnify, defend and hold harmless Agency, its officers, directors, employees and members of its Medical Staff who participate in the clinical education program offered through College at Agency from and against all claims, damages, losses and liabilities arising from the acts or omissions of College or College's faculty or students with respect to the clinical education program offered at Agency.
- o. provide students and instructors with information and/or training about federal HIPAA regulations and any and all applicable ORS or OAR which implement HIPAA regulations.
- p. require students and faculty to review the institutions HIPAA guidelines prior to their assignment and to use its protocols during their clinical rotation at the health facility.

4.2 UNDER THE TERMS OF THIS AGREEMENT THE AGENCY AGREES TO:

- a. provide practicum facilities, supervision, and guided work experience.
- b. provide the minimum clock hours per term of practicum experience required by the program.
- c. maintain approved standards of health care practice.
- d. make available the necessary equipment and supplies for student experience, including the personal protective clothing, gloves, masks, equipment, etc., that are needed to protect against exposure to bloodborne pathogens.
- e. assume responsibility for the testing of a source person in case of an occurrence in the Agency of an exposure incident for bloodborne pathogens for either students or faculty. The Agency shall inform the exposed person of testing results.

- f. advise the college about any site-specific training needs for students and instructors related to protection from bloodborne pathogens and from hazardous chemicals and wastes.
- g. assist with evaluation of student performance.
- h. not reimburse any student for services provided under this agreement.

5.0 AMENDMENTS

The terms of this agreement shall not be waived, altered, modified, changed, supplemented, or amended in any manner whatsoever except by written instrument signed by the parties.

6.0 TERMINATION

This contract may be terminated by mutual consent of both parties, or by either party, upon written notice and delivered by first class mail or in person. Any such termination of this contract shall be without prejudice to any obligations or liabilities of either party accrued prior to such termination. Termination date shall not be planned to occur within the period of a scheduled practicum.

7.0 NONDISCRIMINATION

The Parties agree to comply with all applicable requirements of Federal and State civil rights and rehabilitation statutes, rules, and regulations in the performance of this agreement.

8.0 MERGER CLAUSE

Parties agree this agreement including the Practicum Agreement Addendum constitutes the entire agreement between the parties. No waiver, consent, modification, or change of the terms of this agreement shall bind either party unless in writing and signed by both parties.

9.0 NOTICES

All notices and other communication hereunder shall be in writing and deemed to be given if delivered or mailed by first class mail to the addresses shown herein for each of the parties.

Agency reserves the right to terminate the continuation of any student who is deemed by Agency not to have adequate qualifications to continue the Program or is not conforming with applicable policies, procedures or directions from Agency personnel involved in their clinical training experience. College and its students shall conform to all applicable Agency policies and procedures in connection with the clinical education program offered by Agency.

SIGNATURES

FOR THE AGENCY:

FOR THE COLLEGE:

Chemeketa Community College

4000 Lancaster Drive NE

PO Box 14007

Salem OR 97309-7070

Phone: 399-5114

FOR THE AGENCY:

Signature

Name

Title

FOR THE COLLEGE:

Signature

Name (typed)

Director

Title

Chemeketa Community College
 4000 Lancaster Drive NE
 PO Box 14007
 Salem, OR 97309-7070
 SAMPLE SAMPLE SAMPLE SAMPLE SAMPLE SAMPLE SAMPLE
PRACTICUM AGREEMENT ADDENDUM

AGENCY:

PRACTICUM PROGRAM:

Name

Address

City, Zip

Telephone No.

Authorized Signature

Date

**Speech Language Pathology
Assistant**

Program Title

Student's Name Telephone No. / Emergency No.

Student's Signature

Student's Social Security Number

Date

The above named agency will serve as a practicum site, in accordance with the Practicum Agreement already established. The agency will provide equal opportunities for a supervised and guided practicum experience in the clinical and administrative areas of the facility. The facility understands that direct student supervision is required for the collection of clinical interaction hours as outlined in the practicum packet. The direct SLP supervisor must be on-site and within sight and/or sound of the practicum student to comply with Oregon Board of Examiners for Speech Pathology and Audiology OARs for collection of clinical interaction hours.

The above named student will begin the : _____ for _____ hours
Month/Day/Year

for _____ weeks, ending _____
Month/Day/Year

The site supervisor will be _____, _____,
Name Title

Telephone Number

The college instructor for this practicum site will be Ashley Northam, M.S. CCC-SLP
503-589-7815 or 503-399-5048
Office Telephone Number Alternate Telephone Number

Return this completed form to Ashley Northam, 1/263, Speech Language Pathology Assistant Program at the address above or via fax (503) 589-7897.

The above student cannot begin clinical practice without completion and return of this form.
Thank You



Letter of Intent for Practicum Placement

Students must complete a Letter of Intent for Practicum Placement 2 terms prior to beginning the first term of practicum (SLP 189: SLPA Practicum I). In addition, all other associated requirements must be met prior to beginning practicum. Please see practicum packet for more information.

Student Name: _____ **K#** _____

Date: _____ **Phone:** _____

Email: _____

Please indicate when you intend to begin your first term of practicum:

_____ **Fall** _____ **Winter** _____ **Spring** **YEAR:** _____

Please answer the following questions:

1. Are you currently working in an educational setting? If so, will this setting support placing you with an SLP for completing practicum?

Please list SLP contact information here:

SLP Name: _____

District/ESD: _____ **Phone:** _____

Email: _____

Please list any additional contacts with this agency:

2. Please list the work or volunteer experience in an educational setting that you've completed or engaged in up to this point:

3. Please list the completion dates for the required SLPA program coursework. ***For courses in progress or to be completed prior to practicum, please indicate the projected term of completion.*

<u>Term/Year Completed</u>	<u>Course Number and Title</u>
_____	SLP 180: Survey of Speech and Language Disorders
_____	SLP 181: Phonetics for Language
_____	SLP 182: Intervention Strategies for SLPAs
_____	SLP 183: Introduction to Language Development
_____	SLP 184: Language Therapy
_____	SLP 185: Anatomy of Speech and Hearing
_____	SLP 186: Speech Intervention...
_____	SLP 187: Clinical Documentation and Materials Mgmt.
_____	SLP 188: Communication Disorders in Low Incidence...
_____	ED 229: Learning and Development
_____	ED 130: Classroom Management
_____	ED 169: Overview of Students with Special Needs
_____	ED 258: Multicultural Education

4. Were all of the above courses completed with a grade of “C” or higher? Yes No
 If “No”, please list coursework with grades below a “C”:

By signing below, I assert that I have reviewed the Practicum Standards and Procedures Packet. The SLPA Program at Chemeketa Community College will assist me in securing a practicum placement. However, I realize that I must interview for a practicum placement and be granted a placement to complete practicum hours by a qualifying institution or agency. The SLPA program at Chemeketa Community College does not guarantee practicum placement. Students must complete associated requirements prior to being placed at a practicum site.

 Student Signature _____
Date

Please return this form to the SLPA Program at Chemeketa Community College.

**Chemeketa Community College
 Attn: SLPA Program, Ashley Northam, Coordinator 1/263
 4000 Lancaster Dr NE
 Salem, OR 97309**

Fax: (503) 589-7897, Attn: Ashley Northam, SLPA Program

