



University of
Pittsburgh

Department of Communication
Science and Disorders
School of Health and Rehabilitation Sciences

SLP PROGRAM HANDBOOK

Academic and Clinical Education Guide for
MA/MS Degree Students in Speech-Language Pathology

Department of Communication Science and Disorders
School of Health and Rehabilitation Sciences
University of Pittsburgh

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Table of Contents

Welcome!	7
Mission and Vision of the Department of Communication Science and Disorders	8
Goals of the Professional Degree Programs	8
Equity, Justice, and Inclusion (EJI) in Pitt CSD	8
General Information	10
Academic Integrity	10
Academic Probation and Dismissal Policy	10
Advising	10
Student Support Specialist	11
Annual Review	11
Appeals	11
Council on Academic Accreditation (CAA) – Student Appeals	11
Attendance	11
Awards	12
Certification	12
ASHA Certificate of Clinical Competence (CCC)	12
Disability Resources and Services and Accommodations	12
Email Communication	13
Financial Aid	13
Grading Policy	13
Graduation	14
Organizations Specific to Speech and Hearing	14
Prerequisite Courses	14
Registration and Tuition	14
Research Projects	14
Sexual Misconduct, Required Reporting, and Title IX	15
Social Media Policy	15
SLP Summative Assessment Project (SLP-SAP)	15
SHRS Impaired Student Policy	15
Substitution of Courses/Course Equivalency	16
Core Functions	16
Speech-Language Pathology Degree Programs	16

Overview	16
Non-Clinical Master's Degree	17
Statute of Limitations	17
Required Coursework	17
Clinical Practicum Credits.....	19
Introduction to Clinical Decision-Making (CSD 2064)	19
ProSeminar (CSD 2060).....	19
SLP Summative Assessment Project (SAP)	19
Master's Thesis Option.....	19
SLP Clinical Fellowship (CF) Requirement	19
Overview of Clinical Education.....	20
Philosophy of Clinical Education.....	20
Student Role in Clinical Education	20
Sequence of Clinical Education Experiences	21
Clinic 1 Practicum	21
Extended Clinic 1 Practicum.....	21
Clinic 2 Practicum	21
Interprofessional Education (IPE) Skills	22
Council for Clinical Certification (CFCC) Standards	22
Pennsylvania Educational Certification	23
Pennsylvania State Licensure	24
Communication Skills Requirements	24
Observation Requirements.....	24
Clinical Skills Labs.....	25
What Qualifies as Clinical Simulation	25
Simulation Clinical Hours.....	25
Clinical Requirements and Policies	26
Training Requirements	26
Clearance Requirements	26
Medical Clearances	27
Drug Screenings	27
Expiration Dates for Required Documentation	27
Professional Liability Insurance	28

Client Confidentiality & Communication Expectations	28
Artificial Intelligence	28
Social Media.....	28
Appearance Policy	28
Name/Identification Badge Policy	29
Clinic Practicum Attendance Policy	29
Clinic 2 Practicum: Personal/Sick Leave	29
Inclement Weather Policy	29
Health & Safety Procedures	30
Universal Precautions	30
Personal Protective Equipment (PPE)	30
Clinic Environment	30
Student Injuries	30
Student Clinical Materials	30
Student Clinical Laboratory Fee	30
Clinical Education Processes	30
Determination of Practicum Assignments	31
Selection and Approval of External Clinical Sites.....	32
Monitoring of External Clinical Sites	33
Monitoring Diversity of Clinical Experiences.....	33
Transportation.....	34
Enrollment in Clinical Practicum.....	34
Clinical Education and Supervision.....	34
Evaluation of Clinical Teaching	35
Clinical Grading Procedures	35
Student Appeal Rights for Clinical Decisions	37
Microsoft Teams/SharePoint	38
Canvas: Learning Management System Organization Cohort Site.....	38
Typhon: Clinic Administration and Tracking	38
Recording and Tracking Direct Contact Time	38
Optional Hours Pool	39
Typhon Targets by Practicum Level	40
EASI Survey System	41

Exxat: Compliance Documentation Tracking.....	41
Electronic Clinical Portfolio	41
Clinic 1 Practicum	42
Background and Purpose	42
Core Clinical Skills.....	42
Professional Skills	43
Diagnostic Skills	43
Treatment Skills.....	43
Defining Placement Expectations	43
Clinic 1 Learning Activities and Requirements.....	44
Required Learning Activities	44
Readiness for Clinic 2 Practicum	45
Section VI: Clinic 2 Practicum	47
Background and Purpose	47
Requirements for Enrollment in Clinic 2	47
Defining Placement Expectations	47
Student Responsibilities in Clinic 2	47
Clinic 2 Learning Activities and Requirements.....	48
Required Learning Activities	48
Healthcare Setting: Suggested Sequence of Clinical Experiences	48
School-Based Placement: Specific Requirements	49
Clinic 2 Grading	50
Appendix A: Professional Resources, Information, and Materials.....	51
Appendix B: Audrey Holland Endowed Student Research Award	53
Appendix C: Core Functions for the Speech-Language Pathology Program.....	54
Appendix D: Office of Institutional Engagement and Wellbeing – Disability Resources & Services	57
Appendix E: SLP Advising Model.....	56

Welcome!

This handbook is for students entering the Master of Arts (MA) and Master of Science (MS) in Communication Science and Disorders with a concentration in Speech-Language Pathology during the Fall Semester of 2026. It contains information about both the academic and clinical requirements of the program and is organized as follows:

- **Part 1 – Academic Program:** General information and policies (Section I) and degree program requirements (Section II).
- **Part 2 – Clinical Education Overview:** Philosophy, requirements, compliance documentation, and clinical procedures (Sections III–IV).
- **Part 3 – Clinic 1 Practicum:** Goals, student responsibilities, learning activities, and readiness criteria for initial clinical placements (Section V).
- **Part 4 – Clinic 2 Practicum:** Goals, student responsibilities, school and healthcare placement specifics, and advanced clinical requirements (Section VI).

Students are responsible for all of the information contained in this handbook. To confirm familiarity, students must complete the acknowledgment survey in Canvas within the first two weeks of their first semester.

Students should also become familiar with the following additional resources:

- SHRS Graduate & Professional Catalog
- SHRS Graduate Student Handbook (<https://www.shrs.pitt.edu/current-students/student-handbooks>)
- University Calendar and Schedule of Classes (<https://www.registrar.pitt.edu/calendars>)
- University Guidelines on Academic Integrity (<https://www.provost.pitt.edu/academic-integrity-guidelines>)
- ASHA Speech-Language Pathology Certification (<https://www.asha.org/certification/slpcertification/>)

Speech Language Pathology Master's Thesis Handbook (Canvas)

In addition to the MA/MS degrees, the Department of Communication Science and Disorders provides opportunities for students to meet requirements for:

- ASHA Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP)
- Pennsylvania Department of Education Certification: Speech-Language Impaired
- Pennsylvania State Licensure in Speech-Language Pathology

The Department of Communication Science and Disorders reserves the right to make changes to this document as necessary. Students with questions should consult their academic advisor.

PART 1: ACADEMIC PROGRAM

Mission and Vision of the Department of Communication Science and Disorders

Mission Statement

Our mission is to be a model program driving the generation, dissemination, and application of knowledge in the science and practice of audiology and speech-language pathology.

Vision Statement

We are a nationally and internationally recognized program in the training of audiologists, speech-language pathologists, and speech and hearing scientists, and we provide opportunities for trainees to become leaders in clinical service, education, research, and service to the professions.

Goals of the Professional Degree Programs

The CSD Department's objective is to help students acquire the knowledge and skills of their discipline through in-depth academic content, sequential structured clinical education experiences, and learning assignments. The goal is to prepare clinicians who demonstrate:

- The ability to analyze and synthesize information from a broad base of knowledge in communication science and disorders
- A problem-solving attitude of inquiry and decision-making using evidence-based practice
- Clinical skills in prevention, screening, evaluation, diagnosis, and treatment of patients with varied communication and swallowing disorders
- The ability to communicate effectively and professionally
- Self-evaluation skills resulting in active steps to develop and refine clinical skills and extend their personal knowledge base
- Ethical and responsible professional conduct
- Skills to work in interprofessional settings

Equity, Justice, and Inclusion (EJI) in Pitt CSD

Our EJI Mission

The Equity, Justice, and Inclusion (EJI) Working Group at the University of Pittsburgh Department of Communication Science and Disorders was established in May 2020. Members defined the following EJI mission for Pitt CSD:

To create and nurture a culture of equity, justice, and inclusion that will permeate every corner of our department. Our community will become known for our willingness and ability to:

- *Celebrate the diversity of communication that exists in the world, including and especially within groups of people with communication difficulties.*
- *Recognize and challenge mechanisms that impact equity, diversity, and inclusion in practice, policy, research, and education.*
- *Center and amplify the voices of disenfranchised and marginalized groups.*
- *Act as knowledgeable and strategic contributors for dismantling systems of oppression.*
- *Promote thoughtful reflection and inspection of both self and systems in their institution(s).*

This mission aligns with the University of Pittsburgh's commitment to protect against all forms of discrimination, harassment, or retaliation based on disability, race, color, religion, national origin,

ancestry, genetic information, marital status, familial status, sex, age, sexual orientation, veteran status, or gender identity or other factors.

Within Pitt CSD, students should expect to engage in discussions about how program content and the fields of speech-language pathology and audiology intersect with issues of EJI. Students are invited to raise questions and provide feedback relevant to EJI topics.

Co-Creating a Healthy Culture of EJI

Conversations about EJI will inevitably overlap with political and social issues and can feel challenging. In these moments, everyone involved will be asked to communicate as thoughtfully and respectfully as possible. We seek a culture of humility in which all stakeholders are committed to promoting EJI while being held accountable for words and deeds that may cause harm. We will try to "call people in" rather than "call people out" as much as possible.

Communicating Concerns in the Domain of EJI

Several avenues are available to students who have concerns:

- Address the issue directly with the relevant parties, in person or via email.
- Share observations with a CSD Student Representative for Equity, Justice, and Inclusion (SREJI) at PittCSD_SREJI@groups.pitt.edu.
- Communicate with Dr. Leah Helou, whose departmental role centers on supporting the EJI mission.
- Report bias incidents of harassment, discrimination, or sexual misconduct to the Office of Compliance, Investigations and Ethics (<https://www.compliance.pitt.edu/>).
- Contact the University Counseling Center (412-648-7930) for confidential support.

University-level supports: <https://www.studentaffairs.pitt.edu/inclusion-and-belonging>

SHRS Affinity Groups: <https://www.shrs.pitt.edu/student-activities/shrs-affinity-groups/>

Protecting the rights of all in the Pitt community.

The Civil Rights and Title IX team actively responds to reports of bias, ensures that policies and processes are followed, and provides critical education to reduce harmful incidents within our campus community. Bias incidents may include, but are not limited to, incidents of harassment, discrimination, and retaliation, as well as those related to sexual misconduct.

To report a bias incident, see: <https://www.wellbeing.pitt.edu/civil-rights-title-ix>

General Information

Academic Integrity

Students have the responsibility to be honest and to conduct themselves ethically while pursuing academic studies. It is every student's obligation to know and abide by the University of Pittsburgh's code for academic integrity (<https://www.provost.pitt.edu/academic-integrity-guidelines>).

CSD adds the following requirement: Students should not submit for credit any work previously or concurrently submitted for credit in another course without prior consent of the instructor. Students found in violation will be subject to disciplinary action in accordance with the SHRS Guidelines on Academic Integrity: Student and Faculty Obligations and Hearing Procedures.

Students are also expected to maintain the highest standards of clinical integrity throughout all practicum experiences. Violations of clinical conduct — including but not limited to dishonesty in documentation, falsification of clinical hours, breaches of patient confidentiality, and unethical professional behavior — are subject to the same disciplinary processes as academic integrity violations. For full policies and procedures regarding both academic and clinical conduct violations, refer to the SHRS Graduate Student Handbook.

Academic Probation and Dismissal Policy

Graduate students who have completed at least 9 credits and whose cumulative GPA falls below 3.000 will be placed on academic probation and will receive written notification. Students must meet with their advisor and/or program director.

To be removed from academic probation, students must achieve a cumulative GPA of 3.000 within the next two terms. Failure to do so may result in recommendation for dismissal by the Department Chair in collaboration with the Associate Dean of Graduate Studies.

Graduate students must have a 3.000 cumulative GPA to be eligible to graduate. Students on probation are not eligible to graduate, defend thesis projects, or take comprehensive examinations.

Advising

Students are co-advised by two primary academic advisors in the MA/MS SLP program, supported by clinical advising from the clinical education team. Academic advisors hold large group, small group, and individual advising sessions each semester and track all discussions in an electronic advising system.

When a student is identified as not meeting academic expectations — whether through academic coursework performance, clinical concerns, or advising review — the student's academic advisors and the Program Director work collaboratively with the student to develop a plan of support. This may include referral to tutoring or academic support services, modification of course load, or development of a formal academic support plan with defined objectives and a timeline for improvement. Academic concerns are documented in the electronic advising system and reviewed at each advising contact.

Students should contact their academic advisors at any time if they encounter problems or have questions about any aspect of the program.

Student Support Specialist

The Student Support Specialist provides referrals to on- and off-campus resources and helps students navigate personal difficulties. Their office also serves as a quiet space when a break or recharge is needed. They can be reached via email, Teams chat, or in departmental office.

Allison Fritsch, MSW, MPH

Academic Success Initiatives Assistant Director

6261 5th and Halket

amf342@pitt.edu

412-648-7998

Book a meeting: [HERE](#)

Annual Review

CSD faculty and staff conduct a yearly review of all graduate students to verify progress toward the degree, identify students experiencing difficulty, and discuss supports for student success. The clinical education team also reviews student performance on an ongoing basis.

Appeals

If a student has a concern with a faculty or staff member or another student, they are encouraged to address it directly. If unresolved, the student should speak first with their academic advisor, then the program director, then the appropriate Vice-Chair (Academic Affairs or Clinical Education), then the Department Chair. Policies for further appeals are described in the SHRS Graduate Student Handbook.

Council on Academic Accreditation (CAA) – Student Appeals

The MA and clinical MS programs in Speech-Language Pathology are accredited by the CAA. Students, faculty, staff, and members of the public who believe a program is not in compliance with CAA standards may submit a complaint at <https://caa.asha.org/programs/complaints/> or contact:

Chair, Council on Academic Accreditation in Audiology and Speech-Language Pathology

ASHA | 2200 Research Blvd #310 | Rockville, MD 20850

Phone: 800-498-2071 | accreditation@asha.org

Students who have a concern about program policies, procedures, or practices that they wish to address internally — separate from the CAA complaint process — should follow the University of Pittsburgh and SHRS complaint and grievance procedures outlined in the SHRS Graduate Student Handbook. The program maintains records of all internal complaints filed by students in accordance with institutional policy. Students are encouraged to raise concerns through the advising chain (academic advisor → Program Director → Vice Chair → Department Chair) before initiating a formal complaint, when appropriate.

Attendance

Students are expected to attend all classroom, clinical, and advising obligations throughout their programs. If a student must miss a scheduled academic or clinical event, the student must notify

the course instructor, program and clinical director, and academic advisor via the online SLP Program Absence Form. Notifying faculty and staff does not automatically result in the absence being excused.

It is not permissible for students to miss clinic to prepare for assignments or projects in any other course at any time during their program. Students should also read and follow the attendance policy in Part 2 of this handbook for absences from clinical placements.

Awards

- **Emeritus Award:** Recognizes outstanding academic achievement. Faculty nominate second-year MA/MS SLP students annually. Up to two awards are provided per year.
- **Audrey Holland Endowed Award:** Supports undergraduate and graduate students to design and conduct research in CSD. Students conducting or planning research may self-nominate. See the appendices for detailed application procedures.

Certification

ASHA Certificate of Clinical Competence (CCC)

Students may choose to apply for the CCC after graduation, though they should learn about the application process and requirements before graduating. For information, see ASHA's Membership and Certification Handbook or <https://www.asha.org/certification/>.

Disability Resources and Services and Accommodations

The University of Pittsburgh is committed to inclusive and accessible education experiences for all students. If you have a disability for which you are, or may be, requesting an accommodation, you are encouraged to contact [Disability Resources and Services](#) (DRS), 140 William Pitt Union, (412) 648-7890, drsrecep@pitt.edu, as early as possible. DRS will engage in a review process to determine eligibility and reasonable accommodations. Accommodations are determined individually and are intended to eliminate institutional barriers for qualified individuals to have equal opportunities for participation. Accommodations do not remove or exclude requirements. They allow a student with a disability the same opportunity as their nondisabled peers to fully participate and benefit from the program.

When registered with DRS, students must complete the necessary steps on the [DRS Student Portal](#) to utilize your accommodations. A Disability Notification Letter must be requested and issued by DRS for each specific course in which accommodations are needed. If a Disability Notification Letter has not been requested and issued for a course including a clinical course, accommodations are not considered in place for that course. Accommodations are not retroactive and cannot be applied to past coursework or clinical experiences.

Clinical Accommodations

Accommodations apply to both academic coursework and clinical education experiences, and students must consider both contexts separately when working with DRS. Students often focus on academic accommodations — extended time on exams, note-taking support, and similar accommodations. Students are encouraged to think broadly about how their disability may affect clinical participation, including aspects that may not be immediately obvious — such as scheduling, transitions between tasks, processing time, and sensory or environmental factors specific to clinical settings.

The SLP graduate program includes clinical skills-based courses (CSD 2030 and CSD 2031) and clinical practicum placements (CSD 2065, 2066, 2067) that are highly experiential and designed to evaluate the demonstration of clinical skills. Accommodations that would fundamentally alter the skill or competency being assessed, or that impact the integrity of the assessment or the care being provided to clients, may not be appropriate. However, accommodations may apply to components of clinical skills where they do not alter the essential nature of the clinical experience — for example, extended time for a preparatory component before a clinical skills demonstration, or scheduling adjustments where doing so does not alter essential program requirements.

To request clinical accommodations, students must schedule an appointment with their DRS accessibility coordinator to discuss the need for accommodations in the clinical setting. Following that conversation, DRS will engage in an interactive process with the Director of Clinical Education to review the essential components of the clinical experience and determine what accommodations are reasonable. Clinical accommodations are always determined on a case-by-case basis through a collaborative process.

Student Documentation Systems

Students have the right to access their own academic and clinical records upon request. Clinical education records maintained in Typhon, Exxat, and Microsoft Teams/SharePoint are accessible to students throughout their enrollment and for five years post-graduation via Typhon. Academic records including advising documentation are maintained by the program in accordance with University of Pittsburgh and SHRS records retention policies and are available to current students, graduates, and students who attended but did not complete the program, consistent with those policies. Students who need access to their records should contact the Program Director, Director of Clinical Education, and their academic advisors.

Email Communication

All students are required to check their University of Pittsburgh email accounts regularly. Students are responsible for all requests, deadlines, and information sent to their Pitt email.

SLP students receive a weekly Newsletter: SLP Update each Friday containing information requiring action. It is your responsibility to review this communication each week.

Financial Aid

Departmental aid rewards academic merit. Students with the strongest academic credentials have the most opportunities for aid. The CSD Director of Student Financial Aid and Awards (Dr. Kendrea Garand) provides information about funding opportunities. The Pitt Office of Admissions and Financial Aid (412-624-7488; <https://financialaid.pitt.edu/>) provides information about student loans.

Grading Policy

The minimum required passing grade in any graduate course is a C. Any course in which a student receives a C- or lower will not count toward degree requirements. Students must repeat and achieve a higher grade in any required course where they receive a non-passing grade. Failure to receive an acceptable grade after the second opportunity to complete a required course may result in dismissal from the program.

It is possible for a student to achieve a non-passing grade even if the scoring of points indicates a higher grade. Such situations may occur when a student has excessive unexcused

absences, fails to complete assigned remediation, or does not complete all assignments. A passing grade is available only to students who have achieved the intended knowledge and skills.

Graduation

At the beginning of the term in which a student plans to graduate, the student must file an Application for Graduation online. Student must be considered an “active student” at time of graduation; they must have been registered for at least one credit at the University of Pittsburgh within the last three terms or sessions.

Reminders may not be issued; it is the student's responsibility to remember this requirement.

Before graduation, the following must be confirmed: completion of all academic degree requirements (Program Director), completion of the thesis if applicable (thesis advisor), and completion of all clinical requirements (Director of Clinical Education).

Organizations Specific to Speech and Hearing

- **NSSLHA:** The University of Pittsburgh Chapter of the National Student Speech, Language and Hearing Association is open to all CSD graduate and undergraduate students.
- **NBASLH:** The National Black Association of Speech-Language and Hearing affiliate chapter includes Carlow University, Duquesne University, and the University of Pittsburgh. Contact Dr. Nancy Gauvin (Nancy.Guavin@pitt.edu).
- **LGBTQ+ CSD Student Association:** Offers academic and professional support services including a mentorship program. <https://lgbtqcstdsa.org/>

Prerequisite Courses

Prior to enrolling in required graduate courses, students must complete prerequisite courses in biological sciences, physical sciences, social/behavioral sciences, and statistics (3 credits each, 12 total). Completion is verified at the initial advising meeting.

Registration and Tuition

The speech-language graduate program uses flat-rate tuition. Students may not register for more than 15 graduate credits in a term without written permission from the Dean, which is difficult to obtain.

The University of Pittsburgh uses an online registration system for course selection. Each semester, students will receive an email indicating when registration for the following term is available and which courses they should register for. The department will register students for the majority of their courses, but some variable scheduled courses (e.g., clinical courses), students must schedule on their own. Questions about registration should be directed to SHRS Student Services. More information about SHRS Student Services can be found in the SHRS Student Resources Hub (Pitt Passport required).

Research Projects

All graduate students are strongly encouraged to contact individual faculty members to learn about opportunities to participate in research projects within the department.

Sexual Misconduct, Required Reporting, and Title IX

University faculty and staff are required to report any instances of sexual misconduct to the University's Title IX office. See <https://www.wellbeing.pitt.edu/civil-rights-title-ix>.

If you are the victim of sexual misconduct: Title IX Office: 412-648-7860 | SHARE @ University Counseling Center: 412-648-7930 (business hours) or 412-648-7856 (after hours) | Pitt Police: 412-624-2121

Social Media Policy

Students are responsible for maintaining a professional social media presence related to SHRS education activities. Before posting, consider your audience, assume anything posted can be viewed publicly, and recognize that employers and clients often search social media.

Students must:

- Comply with HIPAA's social media rules
- Follow the social media policy of their practicum placement
- Not post or transmit any information or reference about work with clients/patients
- Not post clinical encounters, clinical experiences, or information pertaining to working with clients/patients

SLP Summative Assessment Project (SLP-SAP)

CSD graduate students seeking clinical degrees must pass a culminating experience through the SLP Summative Assessment Project. The SLP-SAP assesses students' ability to think critically, communicate in written and oral form, and demonstrate grasp of major academic and clinical content.

SLP students who complete a master's thesis are exempt from the SAP requirement and will be awarded a Master of Science degree.

SHRS Impaired Student Policy

The School of Health and Rehabilitation Sciences is committed to ensuring that all students are able to participate safely and professionally in academic, clinical, and research settings. When a student's physical or mental condition impairs their ability to participate and perform, the student may be temporarily removed from the applicable setting. The existence of a health or personal problem is not synonymous with impairment under this policy.

Impairment is defined as a physical or mental condition, substance abuse, chemical dependence, or any other circumstance that interferes with a student's ability to engage safely in patient care or clinical practice. Any student, faculty member, staff member, or clinical partner who has reasonable cause to suspect impairment may report concerns to the Program Director. Students who are concerned about their own functioning are encouraged to self-report to the Program Director to develop a plan for appropriate support and resources.

When impairment is identified, a structured process is initiated involving the student, faculty, and Program Director to review the concern, develop an individualized plan, and determine next steps. Confidentiality is maintained consistent with FERPA throughout the process. Students have the right to appeal decisions through the SHRS appeals process.

For full policy details including reporting procedures, the intervention process, leave of absence provisions, and re-entry requirements, refer to the SHRS Graduate Student Handbook.

Additional support resources are available through the University of Pittsburgh Care Resources and Division of Student Affairs: <https://www.studentaffairs.pitt.edu/care-and-resources/care-managers/care-resources>

Substitution of Courses/Course Equivalency

Students who believe they have fulfilled a graduate course requirement through a different course may request review by the current course instructor and Program Director. The Program Director has the sole authority to approve substitution. Approval does not reduce the number of required credits for the degree.

Core Functions

To acquire requisite knowledge and skills to practice as a speech-language pathologist, graduate students must be able to function in a broad variety of clinical situations and provide a wide spectrum of patient care. Students must possess certain skills and abilities to successfully complete both the academic and clinical components of the curriculum with or without reasonable accommodations for disabilities.

These skills and abilities are divided into five areas: communication, motor, sensory, intellectual-cognitive, interpersonal and cultural responsiveness. Students must be able to undertake all curricular requirements to the satisfaction of faculty to become competent and reliable practitioners. To this end, the Faculty of the Department of Communication Science & Disorders has established the non-academic criteria (Core Functions) that graduate students must possess to enroll in and to continue in academic courses and clinical placements required for the MA/MS SLP degree.

These Core Functions are shown as samples in Appendix B. All students must carefully review the specific core functions for their program and are encouraged to review these documents each semester while enrolled in the program (Speech-Language Pathology). All students' confirmations that they meet the core functions are kept electronically. See Appendix B for the full Core Functions statement.

Speech-Language Pathology Degree Programs

Overview

Graduate students in Speech-Language Pathology may pursue either the Master of Arts (MA) or Master of Science (MS). This section describes requirements for the SLP Master's programs only.

Master's Degrees in CSD with a Concentration in Speech-Language Pathology

Two options are available to students seeking a master's degree in Speech-Language Pathology:

- Students who wish to become licensed and certified Speech-Language Pathologists (SLPs) must successfully complete the coursework and clinical practicum requirements listed below, in addition to either the SLP Summative Assessment Project (SLP SAP) or a master's thesis (both described below). Those completing the SLP SAP will be awarded the Master of Arts degree; those completing a thesis will be awarded the Master of Science degree.
- Students interested in master's-level research preparation rather than clinical practice in Speech-Language Pathology are required to meet with their advisor to develop a plan that is approved within the department. Master's level research preparation requires that the

student complete all of the academic coursework listed below. In place of credits of clinical practicum, students in the “research track” may complete coursework in statistics or research design approved by their academic advisor, and a thesis.

Non-Clinical Master's Degree

Students who do not complete clinical training must complete a thesis and receive the MS degree. They will not be eligible for clinical licensure or certification. Students who complete both clinical requirements and a thesis receive the MS degree and are eligible for licensure and certification.

Statute of Limitations

All requirements for MA and MS degrees must be completed within four consecutive calendar years from initial registration for graduate study; all professional master's degrees within five years.

Required Coursework

The following is a sample schedule listing required courses for the clinical SLP master's degree. Students will receive their Plan of Study at the beginning of the program.

Course	Number	Credits
FALL YEAR 1		
Proseminar	CSD 2060	0
Intro to Clinical Decision-Making	CSD 2064	3
Clinic Practicum 1	CSD 2065	1
Clinical Skills Simulation Lab 1	CSD 2030	1
Speech Sound Production Disorders	CSD 2070	3
Child Language Disorders 1	CSD 2071	3
Dysphagia	CSD 2076	3
Pediatric Feeding and Swallowing	CSD 2079	1
FALL YEAR 1 TOTAL		15

Course	Number	Credits
SPRING YEAR 1		
Proseminar	CSD 2060	0
Motor Speech Disorders	CSD 2039	3
Clinic Practicum 1	CSD 2065	1
Clinical Skills Simulation Lab 2	CSD 2030	1
Stuttering	CSD 2072	3
Neurogenic Language & Cognitive Communication Disorders 1	CSD 2130	3
Professional Issues 1	CSD 2082	1
Child Language Disorders 2	CSD 2250	3
SPRING YEAR 1 TOTAL		15

Course	Number	Credits
SUMMER YEAR 1		
Clinic 1 Practicum (remediation if needed)	CSD 2065	1–2
Clinic 2 Practicum: Healthcare	CSD 2066	1–4

Autism	CSD 2028	1
Clinical Service Delivery	CSD 2735	1
Educational Service Delivery	CSD 2514	1
Professional Issues 2	CSD 2083	1
Integrated Cases 1**	CSD 2525	1
Summative Assessment Project**	CSD 2069	1
Research and Thesis Master's Degree (optional)	CSD 2000*	1
SUMMER YEAR 1 TOTAL (academic only, max)		6-8

Course	Number	Credits
FALL YEAR 2		
Clinic 2 Practicum: Healthcare	CSD 2066	1–4
Clinic 2 Practicum: Education	CSD 2067	1–4
Augmentative Communication	CSD 2077	3
Research Strategies & Tactics	CSD 2081	3
Neurogenic Language & Cognitive Communication Disorders 2	CSD 2230	3
Summative Assessment Project**	CSD 2069	1
Integrated Cases 1**	CSD 2525	1
Research and Thesis Master's Degree (optional)	CSD 2000*	1–3
FALL YEAR 2 TOTAL (academic only, max)		9–14

Course	Number	Credits
SPRING YEAR 2		
Clinic 2 Practicum: Healthcare	CSD 2066	1–4
Clinic 2 Practicum: Education	CSD 2067	1–4
Voice Disorders	CSD 2073	3
Aural Rehab Across the Lifespan	CSD 2121	3
Counseling for Communication Disorders	CSD 2162	2
Summative Assessment Project**	CSD 2069	1
Integrated Cases 1**	CSD 2525	1
Research and Thesis Master's Degree (optional)	CSD 2000*	1–3
SPRING YEAR 2 TOTAL (academic only, max)		8–12

*CSD 2000 is optional and may be taken instead of SLP-SAP CSD 2069.

**CSD 2069 and CSD 2525 will be taken only once in either fall, spring, or summer.

Students must complete a total of 60 graduate credits for the master's degree. Students typically take 62–63 credits to ensure requisite clinical hours are achieved.

Clinical Practicum Credits

Students seeking clinical certification must take at least 10 credits of clinic practicum (CSD 2065/2066/2067).

Introduction to Clinical Decision-Making (CSD 2064)

This course, taken in the first semester, is a prerequisite for all future clinical practicum experiences and future academic courses. Students must pass this course before enrolling in any future courses. Failure will result in a delay in a student's program.

ProSeminar (CSD 2060)

The ProSeminar exposes students to content, issues, and perspectives from CSD and related fields. SLP students register each fall and spring during the first year. Students must complete three ProSeminar activities per semester.

Qualifying presentations include Pitt SLP Speaker Series, colloquia, lectures, professional meetings, clinical forums, and relevant online lectures or videos. Students do not need prior approval for presentations related to the field in a meaningful way.

SLP Summative Assessment Project (SAP)

The SAP is a 1-credit course (CSD 2069) taken in one of the last three semesters of the program. It includes development of a presentation or written paper based on a clinically relevant treatment question, culminating in a faculty-evaluated presentation. **Students do NOT need to prepare in advance of the SAP course.** All work necessary for successful completion will be done within the term the student takes the course.

Master's Thesis Option

The master's thesis is an optional opportunity described further in the SLP Master's Thesis Handbook. Students completing a thesis receive the MS degree and are exempt from the SAP requirement.

SLP Clinical Fellowship (CF) Requirement

SLP master's degree students who have completed all academic and practicum requirements for the CCC may begin their Clinical Fellowship. The CSD Department does not manage CF positions. Students apply and interview on their own. Announcements for potential CF positions are sent to all graduating students.

PART 2: CLINICAL EDUCATION OVERVIEW

Introduction to Clinical Education

The CSD MA/MS-SLP program provides opportunities for students to meet clinical education requirements for:

- ASHA Clinical Certification (www.asha.org)
- Pennsylvania State Licensure (<https://www.pa.gov/agencies/dos/department-and-offices/bpoa/boards-commissions/speech-language-pathology-and-audiology>)
- Pennsylvania Department of Education Certification: Speech-Language Impaired (<https://www.education.pa.gov/Educators/Certification/Pages/default.aspx>)

Students should monitor their progress toward these requirements by periodically reviewing the above websites and consulting the Director of Clinical Education, Clinical Coordinators, Program Director, or Academic Advisors with questions.

All policies, guidelines, and forms in this handbook are subject to modification during enrollment. Students will be informed of any modifications.

Overview of Clinical Education

Philosophy of Clinical Education

Clinical education is a dynamic process in which students actively participate in learning to apply knowledge to clinical practice while working with patients who have varied communication disorders. The goal of clinical education is to develop reflective, ethical practitioners who integrate knowledge and evidence into clinical decision-making across the full scope of speech-language pathology practice. Graduates are prepared to communicate professionally, collaborate interprofessionally, and engage in lifelong self-directed learning to continuously strengthen their clinical competencies. The long-term goal is to give students a solid foundation to succeed in diverse and changing educational, healthcare, and rehabilitation environments.

Student Role in Clinical Education

Students are responsible for their own learning. Faculty, staff, and SLP clinical instructors help to facilitate clinical learning and completion of clinical education requirements.

Students must:

- Be active participants by taking initiative to gather and apply information
- Ask relevant questions of faculty, staff, and SLP clinical instructors to deepen understanding
- Independently transfer knowledge from courses to clinical practice
- Focus on understanding why and how clinical decisions are made
- Demonstrate how to communicate clinical reasoning to others in an accessible manner
- Refine self-evaluation skills to maintain accurate awareness of what they know and don't know and strategies for obtaining needed information

When students have difficulty, they should contact the Director of Clinical Education, Clinical Coordinators, Program Director, or Academic Advisors early. Early discussions help prevent later difficulties.

Person- and family-centered care is a foundational principle of the Pitt SLP program. SLP practitioners provide services to a wide population of individuals with diverse cultural and linguistic backgrounds, values, beliefs, and experiences. Effective clinical practice requires that students learn to respect and respond to those differences in planning, implementing, and evaluating clinical services. Students are expected to involve patients and families as active partners in clinical decision-making, communicate clearly about assessment findings and treatment options, and deliver services with empathy, respect, and sensitivity to each individual's goals and preferences. The tenets of person- and family-centered care are taught explicitly in academic coursework and are expected to be modeled and practiced throughout all clinical placements.

Sequence of Clinical Education Experiences

The sequence of clinical education experiences provides opportunities for students to develop beginning clinical skills in Clinic 1, refine and advance clinical skills in Clinic 2, and document entry-level clinical skills upon completing the graduate program.

Clinic 1 Practicum

During initial practicum experiences, students receive scaffolded clinical instruction with their assigned SLP Clinical Instructor (SLP CLINICAL INSTRUCTOR) at a community-based clinical practice setting. SLP CIs work closely with each student, providing direct instruction, modeling clinical behaviors, suggesting resources, and developing learning activities.

Students typically attend Clinic 1 one-half to a full day per week. Students complete two Clinic 1 Practicum placements in Year 1 — one in the fall and one in the spring. Clinic 1 focuses on the underlying structure of clinical processes involved in evaluation and treatment and the foundation for clinical decision-making.

Extended Clinic 1 Practicum

Occasionally a student does not meet requirements to transition from Clinic 1 to Clinic 2, or has remedial education needs. Those students may participate in an Extended Clinic 1 Practicum, typically in the summer. Extended Clinic 1 provides structured support similar to Clinic 1 while offering an interim level of clinical education. Students may complete one Extended Clinic 1 Practicum. After one Extended Clinic 1 Practicum, the student must transition to Clinic 2 or discontinue clinical practicum placements.

Clinic 2 Practicum

Once students have met Clinic 1 requirements, they may participate in Clinic 2 Practicum. Students complete two Clinic 2 Practicums: one in a healthcare setting (CSD 2066) and one in an educational setting (CSD 2067). Students typically attend three to four full days per week. Students can complete up to 3 Clinic 2 placements. After 3 placements, students must meet programmatic clinical education requirements for graduation or discontinue clinical practicum.

Across Clinic 1 and Clinic 2, comprehensive clinical education experiences include direct contact with individuals seeking services, consultation with patients, families, caregivers, and other professionals, recordkeeping and clinical documentation, and administrative duties relevant to professional service delivery in speech-language pathology. Students are expected to develop competency across all of these dimensions, not only in direct patient contact.

In addition to breadth across clinical tasks, students must also develop breadth across populations and settings. All students are expected to accrue a minimum of 50 direct contact hours across at least three different clinical practice settings. All students must complete at least one placement with a focus on a pediatric population and at least one placement with a focus on an adult population. These requirements are monitored by the Director of Clinical Education and Clinical Coordinators through Typhon case log data and individual clinical advising meetings. Placement decisions are made with these requirements in mind, and students should communicate any gaps in their clinical experience profile to their clinical advisor.

Interprofessional Education (IPE) Skills

The Pitt SLP program provides opportunities for students to develop and demonstrate interprofessional education (IPE) competencies. IPE occurs when students from two or more professions learn about, from, and with each other to enable effective collaboration and improve health outcomes. Consistent with ASHA standards for professional practice and CAA requirements, students develop IPE competencies through:

- Academic coursework — Professional Issues courses (CSD 2082, 2083) include dedicated modules on interprofessional collaboration, reimbursement, and coordinated care
- Clinical placements — students work alongside and consult with other healthcare and education professionals (physicians, occupational therapists, physical therapists, psychologists, teachers, special educators) in Clinic 1 and Clinic 2 settings
- LEND Program — students who participate in the Leadership Education in Neurodevelopmental Disorders (LEND) program engage in structured interprofessional team learning with trainees from medicine, nursing, psychology, social work, and other disciplines
- SHRS-wide IPE programming — SHRS offers interprofessional learning opportunities across its programs; students are required to participate in these experiences.

Contemporary professional issues relevant to clinical practice — including telepractice, technology literacy, and social determinants of health — are addressed through Professional Issues coursework (CSD 2082, 2083) and are integrated into clinical education experiences. Students are expected to recognize how social determinants of health, including factors such as economic stability, access to healthcare, education, and community context, may affect the individuals and families they serve and to consider these factors in clinical decision-making.

IPE competencies are assessed through the Formative Assessment form completed by Clinical Instructors, which includes items related to interprofessional collaboration and professional communication with other disciplines.

Council for Clinical Certification (CFCC) Standards

Students entering the program in Fall 2026 will complete their degree under the 2027 ASHA/CFCC Certification Standards, effective August 1, 2027. Copies of the current standards are available at <https://www.asha.org/certification/2027-slp-certification-standards/>.

Students should become familiar with these standards and review them periodically to monitor progress. Clinical education experiences must include persons across the lifespan, a range of communication disorders across the scope of practice, and a range of severity levels.

Under the 2027 standards, a minimum of 400 supervised clinical practicum clock hours are required, of which at least 250 must be graduate level, on-site, and in-person direct contact hours. The remaining 150 hours may be fulfilled through any combination of the optional activities listed below, up to the maximum allowed for each category.

Required	Amount
Minimum total supervised clinical practicum hours	400 hours
Minimum graduate level, on-site, in-person direct contact hours	250 hours

Optional Activities (maximum per category; up to 150 total across all categories)	Maximum Hours
Non-clinical care management (note writing, report writing, test scoring with interpretation, chart reviews, interprofessional care conferences, AAC device programming)	50 hours
Guided clinical observations	25 hours
Undergraduate supervised clinical practicum hours (CSD and/or SLPA program combined)	50 hours
Clinical simulation (CS)	75 hours
Telepractice	125 hours

Note on observation hours: Under the 2027 ASHA standards, guided clinical observation hours are counted as optional hours within the 400-hour total (maximum 25 hours) rather than as a separate minimum requirement. However, the Pitt SLP program requires students to complete a minimum of 15 hours of guided pre-program observation before beginning Clinic 1 Practicum as a program readiness requirement. See the Observation Requirements section for details.

Pennsylvania Educational Certification

Educational certification is required in Pennsylvania for professionals serving as SLPs in school settings. The CSD Department offers two options:

Instructional 1 (9265)	Educational Specialist (1883)
Instructional 1 Special Education: Speech/Language Impaired PK-12 (9265) • Passing score on SLP Exam (#5331) • Passing score on Content Knowledge (#5511) • CSD 2514: Educational Service Delivery • Academic prerequisites • School field experience with at least 1 child with an IFSP/IEP and completion of PDE Form 430 twice	Educational Specialist Certificate for School SLP PK-12 (1883) • Passing score on SLP Exam (#5331) • CSD 2514: Educational Service Delivery • Practicum experience with PreK-21 population from culturally/linguistically diverse background with a variety of communication disorders

All students complete a tracking form regardless of whether they plan to seek PA educational certification. This provides a mechanism for documenting the requirements when the student was in the program and whether each requirement was met. Those interested in practicing as an SLP in schools in another state should explore state education departments directly, as standards vary from state to state.

Pennsylvania State Licensure

To engage in clinical practice as a healthcare professional in Pennsylvania, graduates must obtain a valid Pennsylvania State License. Provisional Licensure is required before beginning first-year employment. Requirements are governed by the Pennsylvania Licensure Act 106 of 2014.

Communication Skills Requirements

When participating in Clinic 1 and Clinic 2, students must demonstrate communication skills sufficient for effective clinical and professional interactions. This includes:

- Comprehend English language expressed orally and in written form
- Demonstrate English writing that is grammatically correct and technically appropriate for clinical reports
- Demonstrate oral English speech and language production readily understandable by persons and families served in clinical settings
- Appropriately model articulation, voice, fluency, vocabulary, and grammar of the English language
- Demonstrate speech and language that is intelligible and comprehensible enough for administration of screening/assessment techniques and intervention strategies in a reliable and valid manner
- Demonstrate nonverbal communication skills appropriate to clinical and professional interactions, including the ability to use gestures, body language, and other nonverbal modalities in a manner consistent with culturally responsive professional practice

Communication concerns are brought to the Director of Clinical Education and Program Director who will identify additional resources for success (e.g., Pitt’s English Language Institute) aligned with the advising model of supports. However, these resources may extend a student’s program. Students who do not demonstrate communication skills sufficient for clinical encounters after Tier 3 program supports cannot participate in community based clinical placements.

The program's communication skills requirements are applied consistently across all students. Students who have questions about how these requirements interact with a documented disability or accommodation should contact the Office of Disability Resources and Services.

Observation Requirements

Before starting Clinic 1, SLP students must complete at least 15 hours of guided observation within the field of speech-language pathology. Previously completed observation hours with an ASHA-certified SLP can count toward this requirement. Documentation must be uploaded to Typhon. Students who have not met the minimum observation requirements prior to starting the program must meet with the Director of Clinical Education and Program Director to develop a plan, which could include an initial clinical experience focused on accrual of guided clinical observations.

Students often participate in guided observation experiences before participating in patient-contact time at the start of each new Clinic Practicum 1 and Clinic Practicum 2. Observations may occur at other times throughout clinical training activities.

Clinical Skills Labs

The Clinical Skills Lab (CSD 2030 + CSD 2031) are required components of the SLP graduate program taken in both the fall and spring semesters of Year 1, concurrent with Clinic 1 Practicum. Skill labs provide structured, supervised practice in clinical skills using standardized methods to further prepare students for community-based clinical placements.

Clinical skill experiences are designed to:

- Introduce and practice Core Clinical Skills in a controlled environment
- Build clinical reasoning and decision-making prior to and concurrent with Clinic 1 Practicum placements
- Provide exposure to clinical presentations and populations that may be difficult to encounter in early community-based placements
- Participate in structured simulation activities to demonstrate clinical skill development
- Allow students to practice, make mistakes, and receive immediate feedback without patient welfare concerns

What Qualifies as Clinical Simulation

Under 2027 ASHA/CFCC standards, an activity counts as clinical simulation (CS) only if it includes all five of the following required elements:

1. **Clearly stated student learning outcomes** — the purpose and expected outcomes of the simulation are defined in advance
2. **A pre-brief, introduction, or orientation** — students are prepared for the simulation through activities that set expectations and outline preparatory work before the simulation begins
3. **A hands-on simulation** — students actively engage with the simulation in a way that replaces real-world clinical experience, including immersion in the learning process and hands-on interaction with materials
4. **A debrief with the clinical educator** — structured reflection on the simulation experience occurs between the student and the faculty clinical educator after the simulation concludes. Note: debrief time does not count toward simulation clock hours
5. **An assessment** — verification that the student has met the stated learning outcomes

Only the time students spend in active engagement with the simulation itself counts toward clock hours. Debriefing, pre-brief activities, and preparatory work do not count toward the 75-hour optional maximum.

Simulation Clinical Hours

Simulation hours earned through Clinical Skills Labs count as clinical simulation (CS) hours toward the 400-hour supervised clinical practicum requirement under 2027 ASHA/CFCC standards. Simulation hours are optional hours within the overall 400-hour structure — they count toward the required total but are capped at 75 hours. Students should be aware that simulation hours draw from the same 150-hour optional pool as guided observations, non-clinical care management, undergraduate hours, and telepractice. Hours earned in CSD 2030 and CSD 2031 must be logged

using the simulation-specific log form and subsequently entered in Typhon. Simulation hours may not be entered as standard direct contact hours, and debriefing time does not count toward simulation clock hours.

Item	Details
Maximum simulation hours countable toward ASHA/CFCC requirements	75 hours
Course(s) in which simulation is completed	CSD 2030 + 2031: Clinical Skills Simulation Lab 1 and 2
When simulation hours are completed	Fall Year 1 and Spring Year 1
How hours are logged	Simulation Hours Log Form → uploaded to Typhon
Supervision	Faculty-supervised; simulation faculty hold CCC-SLP

Satisfactory completion of both CSD 2030 + CSD 2031 simulation labs is a requirement for readiness to transition to Clinic 2 Practicum. See Section V for full Clinic 2 readiness criteria.

Clinical Requirements and Policies

Training Requirements

Exxat is a secure, web-based compliance management platform used to store and track all required health, clearance, and training documentation. Students use Exxat to upload and maintain records such as background checks, immunizations, BLS certification, and training certificates throughout their graduate program.

HIPAA & Bloodborne Pathogens

Prior to participating in clinical education, students must complete UPMC HIPAA training and Bloodborne Pathogen training. After successful completion, students upload certificates to Exxat. Additional agency-specific training may be required by clinical sites.

Mandated Reporting: Child Abuse/Neglect

Pennsylvania law requires students and professionals who work with children ages 16 and younger to complete the PA Mandated Reporting training module (<https://www.reportabusepa.pitt.edu/>). Certificates must be uploaded to Exxat.

Basic Life Support (BLS) Training

All students must have valid American Heart Association (AHA) Basic Life Support certification on file. The course must include hands-on skill demonstration on a manikin. BLS certification is valid for 2 years. Certificates must be uploaded to Exxat.

Clearance Requirements

SHRS requires students in community-based clinical practice settings to meet all background checks and clearances required by the state and individual clinical sites:

- **Act 33/34:** Pennsylvania Child Abuse and Criminal History checks — required for anyone working with children or the elderly.

- **FBI Clearance:** Required for anyone working in school settings, childcare facilities, or with OCYF or OLL. Students should initially complete the DHS-FBI check. The FBI check can take 8–10 weeks to complete.

Clearances must be current within the last 3 years of the start date of a clinical placement. Changes in criminal history must be reported to the Director of Clinical Education immediately.

Clearance and compliance requirements may vary by placement site. Graduate students may be required to obtain updated clearances or other required documentation before the standard expiration date to maintain eligibility for placement.

The University does not guarantee a student's clinical education requirements can be met if their background check precludes them from participating in placements in required settings.

Medical Clearances

All students must have a medical examination by a physician including blood work and appropriate immunizations, using the CSD-SHRS Health Appraisal Form. Physical exams and TB Mantoux test series must be done annually. Health forms must be uploaded to Exxat.

Annual Flu Vaccination

All students are required to receive a flu shot annually. Documentation or attestation is required by October 15 each year the student is enrolled in clinical education.

COVID-19

Many SHRS clinical partners require proof of COVID-19 vaccination or exemption. Failure to comply may preclude a student from completing clinical requirements. Some clinical partners will not permit students to complete clinical rotations without proof of vaccination.

Drug Screenings

Some clinical sites require drug testing. Students should inquire directly with their clinical site. If a site requires drug screening, students initiate the process through Exxat by clicking the "Compliance" button and selecting "Get Started" under "Universal-Drug Screening."

Expiration Dates for Required Documentation

Documentation	Expiration
HIPAA, Bloodborne Pathogens & Mandated Reporter	2 years from date of completion
BLS Certification	2 years from date of completion
Act 33, Act 34 & FBI Clearance (Act 73)	3 years from date of clearance
Physical Exam and TB Test	1 year from date of signed form
Annual Flu Vaccination	Annually by October 15

Students may not attend Clinic 1 or Clinic 2 placements unless all health, clearance, and training documentation is current, approved, and accessible in Exxat. All current documentation must be uploaded to Exxat by 5:00 PM, two (2) business days prior to expiration. Business days are Monday–Friday, excluding university holidays.

Professional Liability Insurance

All student clinicians carry malpractice insurance through a blanket policy written for the University (Tri-Century Insurance Company, Policy #TRI 1843, limits \$1,000,000 per incident/\$3,000,000 aggregate). No direct fees are billed to students. If confirmation of insurance is needed, contact the Director of Clinical Education.

Client Confidentiality & Communication Expectations

NO DOCUMENT CONTAINING INFORMATION IDENTIFYING A PATIENT SHOULD EVER BE REMOVED FROM A CLINIC SITE. Violation of HIPAA constitutes grounds for removal from and discontinuation of a clinical placement.

Students should not discuss clients by name or with other identifying information in any public areas. In documents or presentations, client information must always be de-identified by removing or modifying at minimum: names, addresses/phone numbers, agency name, date of service, and any other information that could identify the patient.

Students should only use their University of Pittsburgh email for clinical education communications. Students are expected to respond to faculty/staff communications within 24–48 hours.

Artificial Intelligence

Some clinical education opportunities may involve use of generative AI tools. Students are expected to use AI tools responsibly by ensuring transparency. When AI-generated content is integrated into student writing, it should be cited just as content from any other source would be.

Social Media

Students should take caution in posting comments related to clinical education on social media. HIPAA guidelines must always be followed and patients should never be discussed. Students should follow the social media policy of each clinical site.

Appearance Policy

Students are expected to present a professional image when representing the Department of CSD, SHRS, and the University of Pittsburgh. Individual clinical facilities may have additional guidelines. Students should learn about dress code requirements before beginning a placement and follow the guidelines of each site.

When considering personal presentation, ask:

- Will my personal presentation support the perception of a clean and sanitary clinical environment?
- Will my clothing allow for safe and easy range of movement?
- Will my personal presentation support positive rapport with my clients/patients?
- Will anything on my person communicate disrespect for a historically marginalized population?
- Have I considered potential allergies or sensitivities (e.g., scented products)?

Students can purchase Pitt-branded scrubs through American Discount Uniform online at <https://americandiscountuniform.net> (GROUP SIGN-IN code: PITTSPEECH).

Name/Identification Badge Policy

Students are ALWAYS expected to wear an ID badge at clinical sites, worn chest high to be clearly readable. All students receive a CSD Department identification badge at the beginning of the program. Students should wear any agency badge provided at clinical sites in addition to or in place of their CSD badge as directed.

Clinic Practicum Attendance Policy

Students are expected to be in attendance for all courses and clinical placements. For any absence from a clinical placement, students must complete the online SLP Program Absence Form.

- **Scheduled absences:** Students must request approval from the Director of Clinical Education as soon as the absence is known, then complete the SLP Program Absence Form.
- **Unplanned absences:** Students must contact the Clinical Instructor and Director of Clinical Education prior to the beginning of the day and complete the SLP Program Absence Form upon returning.
- **4+ illness absences in a semester:** Signed medical documentation is required.
- **Form deadline:** The SLP Program Absence Form must be submitted within 3 days of the absence. Failure to submit can result in a non-satisfactory course grade.

Note: Clinical hours accrued during a failed clinic term cannot be counted toward requirements for graduation or certification.

Clinic 2 Practicum: Personal/Sick Leave

Students in Clinic 2 are provided personal/sick leave days that do not need to be made up, based on the number of days per week at placement:

Schedule	Personal/Sick Days Available
4 days/week	4 personal/sick days
3 days/week	3 personal/sick days
2 days/week	2 personal/sick days
1 day/week	1 personal/sick day

Students must clearly communicate with their Clinical Instructor when using a personal/sick day and must always complete the SLP Program Absence Form. Any absences above the allotted allowance must be made up.

Students completing Clinic 2 should carefully consider program and certification requirements in conjunction with the length of the term (12 weeks) when considering the use of personal/sick leave.

Clinic 2 students follow the clinical site's calendar, not the University of Pittsburgh calendar, for attendance — including holiday breaks.

Inclement Weather Policy

In situations of extreme inclement weather, students should communicate with their Clinical Instructor and site to determine whether clinical services are offered. If the University closes, students should follow the guidelines of their clinical site. Students should always use their own judgment regarding the safety of traveling in adverse conditions.

Health & Safety Procedures

Universal Precautions

Assume that blood and all body fluids from all clients are potentially infected. All clinics will have specific Universal Precaution guidelines. Students are responsible for familiarizing themselves with each site's policies at the beginning of each term.

Routine Hand Washing

Wash hands with soap and hot water for at least 20 seconds before and after each client session, after sneezing/coughing, after using the toilet, before and during food preparation, and after touching common surfaces.

Personal Protective Equipment (PPE)

Use of PPE during clinical contact is based on risk assessment of potential exposure to blood, body fluids, or infectious agents. Follow your clinical site's guidelines regarding PPE.

Clinic Environment

Clinical workspaces should be clean and organized. Tabletops used by clients should be wiped with disinfectant after each session. Objects and toys should be disinfected after each use. Mouthed objects require immediate disinfection.

Student Injuries

If injured at a clinical setting, seek immediate medical attention as needed. Notify the Director of Clinical Education as soon as possible to provide relevant details for internal documentation and reporting. All injuries occurring within University educational activities must be reported to the Vice Chair for Clinical Education.

Student Clinical Materials

Students may check out clinical tools from the CSD Department office during designated hours. Items cannot leave the building without prior approval from the Director of Clinical Education. Students are responsible for items checked out and will be held responsible for damage or loss.

Student Clinical Laboratory Fee

Students are billed a clinical laboratory fee each term they are registered for a clinical education practicum course. Fees are used to replenish consumables and purchase clinical tools for graduate student training.

Clinical Education Processes

The University of Pittsburgh MA/MS SLP program places all students in community-based external clinical facilities. The program does not operate an internal university clinic. The following policies and procedures govern how students are selected and placed in external facilities.

Placement decisions are based on the processes described in the Determination of Practicum Assignments section, including student preferences submitted via Typhon, individual Clinical Education Plan review, clinical advising meetings each term, and the weighted placement factors outlined by the Director of Clinical Education. The sequence of clinical education experiences —

Clinic 1, Extended Clinic 1 if applicable, and Clinic 2 in both healthcare and education settings — is described in the Sequence of Clinical Education Experiences section above.

Determination of Practicum Assignments

The Director of Clinical Education and Clinical Coordinators work to ensure all graduate students receive a range of clinical education experiences to meet program, CAA, CFCC/ASHA, PA licensure, and PA education certification requirements. Students submit placement preferences and needs via Typhon and meet each term with the Director of Clinical Education or a Clinical Coordinator to develop a plan of possible Clinic 1 and Clinic 2 experiences. Guidance regarding optimal sites for an individual's needs and goals will be discussed, and students are supported to consider a broad range of factors including clinical practice settings, type of hours required, types of communication disorders, and career goals.

Each student has an individualized Clinical Education Plan maintained in a dedicated Microsoft Teams/SharePoint folder accessible to the student and the clinical education team. The Clinical Education Plan documents the student's clinical education history, tracks progress toward meeting program, ASHA/CFCC, and PA licensure and certification requirements, and serves as a planning tool for upcoming practicum assignments. Students and the Director of Clinical Education or Clinical Coordinators review and update the plan each term during clinical advising meetings.

Practicum assignments are made with consideration of the student's current knowledge base relative to the practice setting and population. Students are assigned to clinical experiences that are appropriately matched to their stage of academic and clinical development, consistent with 2027 ASHA/CFCC Standard V-C. The Director of Clinical Education and Clinical Coordinators use academic progress, clinical experience, and course enrollment/completion to inform placement decisions each term. Clinical practicum assignments are based on the following weighted factors:

- Students' accrual of clinical requirements
- Availability of clinical sites
- Student interest and preferences

Students may NOT make arrangements for personal clinical placements. Students who wish to suggest a potential clinical site not currently affiliated with the program should bring this to the attention of the Director of Clinical Education. The program will evaluate the site. Students may not contact potential sites directly without prior authorization from the Director of Clinical Education.

Coordination of affiliation agreements is managed by SHRS staff in conjunction with the Director/Coordinators. All clinical placements are governed by formal affiliation agreements between the University of Pittsburgh and each external clinical facility. These agreements are established and maintained by SHRS in conjunction with the Director of Clinical Education and Clinical Coordinators. Students may not begin a placement at any site that does not have a current, active affiliation agreement on file.

The Director of Clinical Education and Clinical Coordinators monitor the quality and educational content of all external clinical placements throughout each term through Formative Assessment reviews, ongoing communication with Clinical Instructors, and site visits, to verify that educational objectives are being met.

Selection and Approval of External Clinical Sites

Prior to placing a student at an external clinical facility, the Director of Clinical Education and Clinical Coordinators evaluate the site to determine whether it can provide an appropriate clinical education experience. This evaluation considers the following criteria:

Clinical Population and Setting

- The site serves a population consistent with program requirements for breadth of experience across the ASHA scope of practice/clinical areas, the lifespan, severity levels, and cultural and linguistic diversity
- The site's caseload supports the student's individualized Clinical Education Plan and current stage of academic and clinical development
- The setting type (healthcare or education) contributes to the student's required minimum of placements across at least 3 different community-based settings

Personnel

- The designated SLP Clinical Instructor (SLP CI) holds a current ASHA Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP)
- The SLP CI meets program experience requirements: minimum 9 months post-certification for healthcare settings; minimum 3 years post-CFY for educational settings per PDE requirements
- The SLP CI has completed a minimum of 2 hours of continuing education in clinical instruction or supervision post-certification
- The SLP CI is supported by their employment setting to serve in an instructional supervisory capacity

Affiliation Agreement

- A current, active affiliation agreement between the University of Pittsburgh SHRS and the external facility is on file or can be completed prior to the start of any placement

Site information and CI qualifications are documented and tracked using a variety of program tools, including Typhon case log data, the External Site Vetting Tracker, and other internal programs documents. The External Site Vetting Tracker is used to document and evaluate new clinical partner sites prior to placement confirmation. SLP-CI Qualifications including CI credentials, experience, and continuing education requirements are monitored for all new Clinical Instructors. Sites and CIs are reviewed on a regular basis and at minimum prior to start of each placement.

Student Role in Clinical Placement Selection

Clinical placement assignments are made by the Director of Clinical Education and Clinical Coordinators. Students do not independently arrange, solicit, or confirm their own clinical placements. All placements must be coordinated through the Director of Clinical Education and Clinical Coordinators and supported by a current affiliation agreement between the University of Pittsburgh SHRS and the external facility.

Students are active participants in the placement planning process. Each student maintains an individualized Clinical Education Plan developed in collaboration with the Director of Clinical Education. Through this plan and individual clinical advising meetings, students may communicate preferences related to setting type, geographic location, population, and area of clinical interest. These preferences are considered alongside program requirements, placement availability, the student's current knowledge base relative to the setting and population (per ASHA/CFCC Standard

V-C), and the student's stage of academic and clinical development. Final placement decisions rest with the Director of Clinical Education.

Students who wish to propose a specific external site not currently affiliated with the program should contact the Director of Clinical Education. The program will evaluate the site using established vetting criteria before any placement is confirmed. Students may not contact potential sites directly without prior authorization from the Director of Clinical Education.

Monitoring of External Clinical Sites

The Director of Clinical Education and Clinical Coordinators monitor the clinical experiences of all external clinical placements throughout each term to verify that educational objectives are being met as outline in course syllabi.

Monitoring activities include:

- Check-in communications to SLP Clinical Instructors each month to assess student progress and address any emerging concerns
- Check-in communications to SLP students each month to address any emerging concerns
- CI newsletters distributed at the beginning, middle, and end of each term providing program updates, expectations, and resources
- Review of midterm and end-of-term Formative Assessment scores in Typhon, including comparison to program norms to identify students whose performance warrants follow-up
- Review of student Typhon case logs at midterm and end of term to verify hours are accruing appropriately across required populations, settings, and scope of clinical areas
- Individual clinical advising meetings each term to review each student's Clinical Education Plan and address any gaps in breadth or progress
- Review of student Evaluation of Clinical Teaching data each term to monitor the quality of supervision across active placements
- Site visits conducted by the Director of Clinical Education or Clinical Coordinators as needed

When monitoring activities identify a concern — whether related to student performance, SLP Clinical Instructor skills, or site conditions — the Director of Clinical Education and Clinical Coordinators follow up directly with the SLP Clinical Instructor, the student, or both. Concerns that cannot be resolved informally are addressed through the Clinical Action Plan, Clinical Remediation/Support Plan, or appropriate alternatives as appropriate to the concern and situation.

Monitoring Diversity of Clinical Experiences

The Director of Clinical Education and Clinical Coordinators actively monitor the diversity of each student's clinical education experiences across the program. Using Typhon case log data, the program tracks each student's accumulation of clinical hours by:

- Client age range (infants, toddlers, children, adolescents, adults, geriatric)
- Communication disorder type across all 9 ASHA/CAA categories
- Cultural and linguistic background (race, primary language)
- Service type (assessment, treatment, prevention, screening)
- Setting type (healthcare, education, urban, rural)

This monitoring occurs through group and individual clinical advising meetings each term. When a student's profile shows gaps in required populations or disorder types, the Director of Clinical Education adjusts upcoming placement recommendations to address those needs. Students are encouraged to review their own Typhon Graphical Summary reports and discuss any concerns about breadth of experience with their clinical advisor. Clinical education plans are individually developed and tracked on each student's Clinical Education Plan as described above. Diversity monitoring is conducted in alignment with 2027 ASHA/CFCC requirements, which specify that clinical education experiences must include persons across the lifespan, a range of communication disorder types across the scope of practice, varied severity levels, and all service types including prevention, screening, evaluation, and treatment.

Transportation

Students are required to provide their own transportation to clinical practicum sites. When possible, placements for students relying solely on public transportation will be arranged at sites reachable by Pittsburgh Regional Transit (PRT). Students without access to a vehicle may be limited in the types and locations of available placements.

Enrollment in Clinical Practicum

Only graduate students in speech-language pathology are eligible to enroll in:

- **CSD 2065:** Clinic Practicum 1 – Foundations in Assessment and Treatment in Speech-Language Pathology
- **CSD 2066:** Clinic Practicum 2 – Speech-Language Pathology in Healthcare
- **CSD 2067:** Clinic Practicum 2 – Speech-Language Pathology in Education

Students register for CSD 2065 (Clinic 1, typically 1 credit per placement) and CSD 2066/2067 (Clinic 2, typically 4 credits representing a full-time placement of 3–4 days per week). Registration information is provided by the Director/Coordinator each term via Typhon.

It is the student's responsibility to ensure registration for the appropriate clinic course, section, and credits prior to the add/drop period. Registration errors can lead to incomplete or missing grades, resulting in possible graduation delay.

Clinical Education and Supervision

SLP Clinical Instructors (SLP CIs) are the licensed professionals responsible for the welfare of their patients and for guiding student learning in community-based clinical practice settings. To supervise graduate students for ASHA certification purposes, SLP Clinical Instructors must meet the following qualifications prior to and throughout the time they serve as a clinical educator:

- Hold a current ASHA Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP)
- Have completed a minimum of 9 months of full-time clinical experience — or its part-time equivalent — after earning the CCC-SLP
- Have completed a minimum of 2 hours of professional development in clinical instruction, supervision, and/or mentorship after being awarded ASHA certification and prior to supervising a student

In Clinic 1, an SLP Clinical Instructor is available close to 100% of the time. In Clinic 2, an assigned SLP Clinical Instructor must always be present in the building and must provide the level of supervision needed for the student's experience, knowledge, skills, and comfort level.

Supervision must not be less than 25% of the student's total contact with each client/patient and must be sufficient to ensure the welfare of the individual receiving services. The amount of supervision provided should be commensurate with the students' developing knowledge and skills — increasing student independence is an expected and intentional part of the clinical education progression.

Students should never provide services to clients if they are uncomfortable or feel unable to provide appropriate services. Students should discuss concerns immediately with their SLP clinical instructor and contact the Director of Clinical Education or a Clinical Coordinator.

Evaluation of Clinical Teaching

At the end of each semester, students anonymously complete the Evaluation of Clinical Teaching form via Typhon. This form must be submitted before the end-of-term meeting with the Clinical Instructor. The Evaluation of Clinical Teaching form is made available to the Clinical Instructor via Typhon 1–2 semesters after the term ends, after clinical grades have been assigned.

Clinical Grading Procedures

Student learning in the Pitt SLP program is assessed through a systematic combination of formative and summative measures administered across both academic and clinical components of the program. Formative assessment occurs continuously throughout the program — through academic coursework, clinical practica, advising reviews, and the annual faculty review process — and provides students with ongoing feedback to support skill development. Summative assessment occurs through the SLP Summative Assessment Project (or master's thesis), which evaluates students' ability to integrate and apply academic and clinical knowledge at the level expected for entry into professional practice. Together these measures ensure that each student's progress is monitored consistently and that concerns are identified and addressed in a timely manner. Clinical education is structured to ensure students acquire and demonstrate knowledge and skills across the full scope of speech-language pathology practice, consistent with 2027 ASHA/CFCC Certification Standards.

The purpose of clinical grading is to evaluate and document student progress toward attainment of Clinical Skills and Professional Responsibilities. Clinical grades provide formative measures of performance across the program. Student performance is evaluated formally (in writing with a face-to-face discussion) at midterm and end of term using the electronic Formative Assessment forms in Typhon. Students complete self-evaluations at the same time.

When scoring student performance, the following are considered:

- The quality of performing each relevant clinical skill
- The independence with which the skill is implemented as determined by the level of clinical instructor support provided
- The student's ability to recognize when a skill needs to be modified in real time in response to client needs

Skills not applicable to the student's experience at a clinical site are not scored. Only skills the student has had a chance to implement at least a few times across the last 2–4 weeks are scored. Students are also evaluated on Professional Expectations using a nominal scale: UNSATISFACTORY, NEEDS IMPROVEMENT (and/or inconsistent), or SATISFACTORY (and consistent). Professional expectations should be met consistently regardless of clinical experience level.

Grade Conversion

The Formative Assessment form in Typhon calculates the student's mean score across all rated items and yields a percentage score. The Director of Clinical Education converts this percentage score into a course grade using normative data from past student clinicians, which allows comparison to peers at the same level.

SLP clinical instructors do not have access to the grade conversion scale. This is intentional — it allows you to focus entirely on accurately describing the student's skill level using the scoring system, without needing to consider how the score translates to a grade. Clinic grades are Satisfactory (S) or Unsatisfactory (U). If you have concerns about a student's performance, contact the Director of Clinical Education as early in the term as possible.

Student Supports

Clinical Action Plans

The Pitt SLP program uses two distinct structured processes to address concerns that arise during clinical education: the Clinical Action Plan (CAP) and the Clinic Remediation Plan (CRP). A CAP is a problem-solving tool initiated when a concern cannot be resolved through direct conversation between the student and clinical instructor; it is designed to address the concern within the current term and does not directly determine the student's grade. A CRP is a formal remediation plan developed when a student has not performed satisfactorily in a practicum course; it extends beyond a single placement and directly affects grading. The two plans may occur independently or sequentially. In most cases, clinical practicum experiences are positive for the site, the clinical instructor, and the student. Occasionally, a problem arises related to student performance (diagnostic skills, treatment skills, communication skills, self-evaluation skills), professional behaviors, rate of progress, or the instructional relationship.

Contact the Director of Clinical Education immediately when any concern arises — even minor ones. Early support and mediation from the Director of Clinical Education can improve the situation before it becomes more serious.

The following procedures should be implemented as soon as a problem is perceived:

Step 1: Student and clinical instructor discuss the concern directly.

- Define the concern in behavioral terms and provide examples
- Identify how the concern impacts the practicum experience, patient services, and both parties
- Discuss learning/teaching style considerations that may be relevant

Step 2: If the concern is not resolved after Step 1, develop a Clinical Action Plan. The Director of Clinical Education will meet with you and the student and serve as facilitator.

The Clinical Action Plan includes:

- Identification of current strengths of the student clinician
- Identification and description of the problem
- Definition of strengths and areas to improve in the instructional relationship
- SMART objectives with a timeline for completion
- Strategies for both clinical instructor and student to achieve the objectives
- How progress will be measured
- Plan for a follow-up meeting

Failure to meet Clinical Action Plan objectives may result in: co-supervision by an additional clinical instructor; a repeated/extended placement; removal from the placement (with substitution, incomplete grade, or unsatisfactory grade); or development and implementation of a Clinic Remediation Plan (CRP).

If the issue is not resolved through the Clinical Action Plan process, the student may bring the matter to the Vice Chair of Clinical Education of the Department of Communication Science and Disorders.

Clinic Remediation Plan (CRP)

When a student does not perform satisfactorily in Clinic 1 or Clinic 2, the Director of Clinical Education develops a Clinic Remediation Plan (CRP) in collaboration with the student. You may be asked to contribute to and/or review the plan.

The Clinic Remediation Plan (CRP) describes areas in need of improvement, specific objectives the student must meet, and mechanisms to assist the student. You will be kept informed of the student's progress. The student is encouraged to share the plan with you so that you can help develop learning experiences aligned with the plan's objectives.

A student's grade during a Clinic Remediation Plan (CRP) is determined as follows:

- If the student does not meet the criterion level outlined in the Clinic Remediation Plan (CRP), the student receives an unsatisfactory grade regardless of Formative Assessment performance
- If the student meets the criterion level, the grade is determined by Formative Assessment score and course requirements

Across a student's graduate program, no more than 2 Clinic Remediation Plans (CRPs) are permitted. Failure to meet requirements after 2 attempts is grounds for dismissal from clinical education.

Student Appeal Rights for Clinical Decisions

Students have the right to appeal decisions related to clinical grading, placement removal, or clinical dismissal. Clinical decisions and academic decisions follow separate but parallel appeal processes.

For clinical grading concerns: Students who have a concern about a Formative Assessment score or a Satisfactory/Unsatisfactory grade should first discuss the concern directly with the Director of Clinical Education. If unresolved, the student may request a meeting with the Vice Chair of Clinical Education. Further appeals follow SHRS Graduate Student Handbook procedures.

For placement removal or Clinical Action Plan decisions: Students who believe a removal from placement or Clinical Action Plan outcome is unwarranted should contact the Director of Clinical Education in writing within five (5) business days of the decision. The Director of Clinical Education will schedule a meeting with the student within five (5) business days. If the concern remains unresolved, the student may appeal to the Vice Chair of Clinical Education and then to the Department Chair.

For clinical dismissal (two U grades): Students facing dismissal from clinical education following two Unsatisfactory grades may appeal to the Vice Chair of Clinical Education in writing within ten (10) business days. Appeals must include written documentation of grounds for reconsideration. The Vice Chair will convene a review panel including the Program Director and at least one additional faculty member.

At every stage, students may be accompanied by a representative from the University community (not legal counsel). All appeal decisions are documented in the student's advising file. For full institutional appeal procedures, see the SHRS Graduate Student Handbook.

Microsoft Teams/SharePoint

A shared folder is created for each student in Microsoft Teams/SharePoint to house electronic versions of clinical education documentation. This folder is accessible to only the student and the Director of Clinical Education, Clinical Coordinators, CSD Student Data Manager, and Clinical Education Administrator.

Canvas: Learning Management System Organization Cohort Site

The Pitt SLP program uses Canvas as the central hub for academic and clinical education resources. At program entry, students are added to a dedicated cohort Canvas site that serves as the primary location for program communication and resources throughout the graduate program. The site includes program handbooks, policies and procedures, required forms, clinical education resources, advising materials, program announcements, professional development resources, and graduation and licensure information. Course assignments and clinical education requirements are also housed and submitted through Canvas. Students should check Canvas regularly alongside their Pitt email, as time-sensitive updates and communications are posted throughout the academic year.

Typhon: Clinic Administration and Tracking

The CSD Department uses the Typhon Group web-based system for clinic administration and tracking. Students pay a one-time fee at the start of the graduate program for access during the program and for five years post-graduation.

Contact Information

Typhon serves as the primary database of contact information for current students and alumni. Students must keep contact information current at all times by navigating to Your Account > Modify Account Information. An alternate email address is required for post-graduation communications.

Recording and Tracking Direct Contact Time

The ASHA certification 2027 standards require a total of **400 supervised clock hours**. The structure includes a required core of **250 graduate-level, on-site, in-person direct care hours** plus up to **150 additional hours** that may come from a range of activities.

Students are required to record in-person direct contact time daily on the CSD Case Hours Log form. The SLP Clinical Instructor must confirm all recorded contact time. Case log forms must be maintained and retained for verification of hours.

Direct contact time includes face-to-face interaction for screening, assessment, treatment, or conveying clinical information, and time programming AAC or assistive devices for a specific client with the client present. Direct contact time does not include planning, analyzing session data, or documentation activities.

When recording contact time, the following rules apply:

- Only the actual time spent in the session may be counted toward clinical hours. Time cannot be rounded up to the nearest 15-minute interval.
- Up to two graduate student clinicians may actively participate in the same clinical session simultaneously, and both students may count the full session for clock hours.
- Contact time must be recorded on the day of the session and confirmed by the SLP Clinical Instructor.

Students enter all case log data into Typhon within 7 days of the date of service. Data not entered within 7 days cannot be added and will not count toward clinical requirements. For each case log entry, students record: Client ID (initials), Course and Term, Site and Instructor, ICD-10 Codes, total time with client and time with instructor, Client Background, Setting of Service, contact time by relevant categories, and at least 3 relevant clinical skills. Directions on how to log and enter hours in Typhon are in the Canvas cohort site.

Optional Hours Pool

Non-clinical care management hours, guided observation hours, simulation hours, undergraduate practicum hours, and telepractice hours all draw from the same 150-hour optional pool. The combined total across all optional categories may not exceed 150 hours toward the 400-hour requirement. The 150 hours may be fulfilled through any combination of the following approved optional activities.

- Non-Clinical Care Management = 50 hours (maximum)
- Guided Clinical Observations = 25 hours (maximum)
- Undergraduate Supervised Clinical Practicum = 50 hours (maximum)
- Clinical Simulation = 75 hours (maximum)
- Telepractice = 125 hours (maximum)

Students should monitor their optional hours pool regularly using Typhon reports and discuss any questions about hour allocation with the Director of Clinical Education.

Guided Observation Hours

Guided observation hours are earned by observing a CCC-SLP or other appropriately credentialed professional providing direct clinical services, followed by a structured debrief. The debrief must occur simultaneously during the observation or immediately after — debriefs conducted later do

not count toward observation hours. Observation of video recordings of previously conducted clinical sessions is permitted when accompanied by a guided debrief.

Guided observation hours are logged in Typhon separately from direct contact hours. Directions on how to log and enter hours in Typhon are in the Canvas cohort site.

Simulation Hours

Simulation hours are earned through the Clinical Skills Lab courses CSD 2030 (fall, Year 1) and CSD 2031 (spring, Year 1). Simulation hours are logged on a separate Simulation Hours Log Form and entered in Typhon. These hours may not be entered as direct contact hours. Directions on how to log and enter hours are provided in the CSD 2030 and 2031 courses.

Telepractice Hours

Telepractice hours are earned through direct clinical services delivered to a client via synchronous telehealth technology. To count, the session must involve real-time interaction with the client and the SLP Clinical Instructor must be available either virtually or in-person during the session.

Telepractice hours are logged using the same case log process as in-person direct contact hours, with the setting documented as telepractice in Typhon.

Undergraduate Practicum Hours

Students who completed on-site, in-person direct contact hours as part of an undergraduate CSD or SLPA program may apply up to 50 of those hours toward the total hour requirement.

Undergraduate hours must have been completed under the supervision of a CCC-SLP and documented by the undergraduate program. To have undergraduate hours verified and entered, students must submit documentation to the Director of Clinical Education at the start of the graduate program. Hours not submitted and verified at program entry may not be added retroactively.

Non-Clinical Care Management Hours

Under the 2027 ASHA/CFCC standards, certain activities performed without the client or care partner present may count as non-clinical care management hours, up to a maximum of 50 hours. These activities must be directly associated with clinical services the student has provided and are counted. Countable activities include:

- Note writing and progress report writing
- Test scoring with interpretation
- Chart reviews
- Interprofessional care conferences
- Programming of AAC devices for a specific client when the client is not present

Non-clinical care management hours are logged separately from direct contact hours in Typhon using the designated non-clinical care management log category. These hours may not be entered as direct contact hours. Directions on how to log and enter hours in Typhon are in the Canvas cohort site.

Typhon Targets by Practicum Level

The following targets are program guidelines to help students monitor their progress toward the 400-hour total requirement:

- **Clinic 1 Practicum:** Focus on learning and acquiring Beginning Clinical Skills and Core Clinical Skills while accumulating approximately 25 hours per term (program guideline; not an ASHA per-term minimum).
- **Clinic 2 Practicum:** Frequently monitor contact time, aiming to accrue approximately 150–200 hours per placement while developing and refining clinical skills.

EASI Survey System

The EASI section of Typhon is used for providing Clinic 1 and Clinic 2 placement information, completing required self-evaluations two times per term (midterm and end of term), and evaluating Clinical Instructors via the Evaluation of Clinical Teaching form. Students access all EASI forms through My Evaluations & Surveys on their Typhon home page.

Exxat: Compliance Documentation Tracking

The CSD Department uses Exxat Approve for clinic administration compliance tracking. Students pay an annual fee. Login: <https://steps.exxat.com/account/login>

Exxat stores and monitors: health forms, TB tests, flu shot verification, background clearances, training certificates (HIPAA, Bloodborne Pathogens, COVID-19), BLS certification, and more.

Students will not be permitted to participate in clinical practicums when compliance documentation is not current and complete. Expired documentation results in unexcused absences and may affect grades and program length.

Electronic Clinical Portfolio

Students develop an electronic clinical portfolio providing formative evidence of clinical skill development and acquisition across the program.

- Students create 1 artifact in each Clinic 1 Practicum and 3 artifacts in each Clinic 2 Practicum
- Artifacts should demonstrate significant areas of growth/accomplishment for the term
- All files must be in PDF format
- All portfolio items must be de-identified (client, clinical instructor, facility/logos, site)

Example portfolio content includes de-identified diagnostic reports, self-rating summaries of diagnostic tools, sample progress notes/reports, sample lesson plans, sample data collection forms, and IEP/ER goal samples. Portfolio items are reviewed when uploaded to Canvas at the end of each term and when cumulatively compiled prior to graduation.

PART 3: CLINIC 1 PRACTICUM

Clinic 1 Practicum

Background and Purpose

Clinic 1 Practicum are initial clinical experiences. The goal is to facilitate understanding of the structure of clinical processes and to promote the development of clinical decision-making skills. SLP CIs help students begin to understand the processes involved in providing screening, prevention, assessment, and intervention services while developing *Beginning Clinical Skills* and *Core Clinical Skills*.

Clinic 1 placements include opportunities for screening, evaluation, treatment, and management of varied communication/swallowing disorders across the lifespan in a variety of clinical practice settings. Direct supervision is available close to 100% of the time.

Because Clinic 1 Practicum begins in the first semester of the graduate program, students are often encountering clinical populations and disorder types concurrently with — rather than after — the academic coursework that covers those areas. SLP Clinical Instructors play a critical role in bridging this gap. In addition to providing direct clinical instruction and modeling, CIs are expected to identify and share resources that will help students build the foundational knowledge needed to participate effectively in their placement. This may include recommending readings, providing background on the caseload, orienting students to relevant clinical tools and assessment instruments, or connecting students with supplemental learning materials available at the site. Students are encouraged to communicate openly with their clinical instructor about areas where they need additional background, and to bring questions and resources from their coursework into clinical conversations.

Beginning Clinical Skills

Beginning Clinical Skills are the initial skills students work to develop in Clinic 1. These skills provide a foundation for building advanced clinical skills required for professional practice. Beginning Clinical Skills are identified by an asterisk (*) on the Formative Assessment of Clinical Competency in Typhon.

Because Clinic 1 experiences include varied types of settings and communication disorders, students may work on different sets of Beginning Clinical Skills in each placement. Clinical Instructors focus on the Beginning Clinical Skills applicable to their setting.

Core Clinical Skills

Core Clinical Skills focus on skills a student must demonstrate capability or mastery of. SLP students are required to demonstrate skill on each item at a score of 3 or better on at least two separate occasions, as measured by the CSD Scoring System.

A student's level in implementing a Core Clinical Skill is an event measurement documented at the time of demonstration. The student prearranges the demonstration, asks the clinical instructor to score their performance, and ensures the clinical instructor provides their signature on the Core Clinical Skills form on the day of demonstration.

It is the student's responsibility to ensure that all Core Clinical Skills have been achieved twice before Clinic 2 Practicum begins.

SLP Core Clinical Skills

Professional Skills

- Greet and introduce self to patients, caregiver/family, and/or professionals
- Demonstrate communication appropriate to the patient's and/or caregiver/family's age, cognitive status, and level of understanding.
- Engage in interprofessional communication with a team member (e.g., explaining relevant information, collaborating on a task, or discussing a client's/patient's care).
- Demonstrate awareness of limitations in experience and knowledge and ask for help when appropriate.

-

Diagnostic Skills

- Review a case and summarize relevant information.
- Identify areas within the Scope of Practice that require more data and explain the rationale.
- Conduct a comprehensive interview with a patient and/or family/caregiver.
- Perform an oral-facial examination, identify structural and functional findings, and relate observations to clinical impressions.
- Administer a standardized test and/or authentic assessment method following standardized procedures and score results.
- Make a behavioral observation within the Scope of Practice and explain how it relates to clinical impressions.
- Make a recommendation for clinical management and explain the rationale.

Treatment Skills

- Write a behavioral objective for a treatment target and create an associated prompt hierarchy.
- Identify a treatment approach or strategy to support a treatment target and explain the rationale.
- Plan and implement a treatment activity, adjusting in response to client performance.
- Record and interpret data accurately for a treatment target.
- Communicate session results and progress updates to a client and/or care partner/family using clear, accessible language.
- Write a complete and accurate treatment note.

Defining Placement Expectations

Each student is required to contact their SLP clinical instructor (CI) before the start of their practicum assignment. At the initial Placement Meeting, students and SLP CIs should:

- Share professional and clinical backgrounds with each other
- Review clinical opportunities that can be provided at the site
- Develop a plan for initial weeks of training (observation time, beginning patient contact, progression of experiences)
- Discuss caseload expectations and supplemental assignments

- Complete the Placement Expectations Worksheet to define clear expectations for both parties
- Verify phone numbers and contact information and establish an emergency communication plan
- Clarify the schedule, including expected arrival/departure times
- Review the clinical education calendar and holiday schedule
- Review facility requirements and orientation procedures

Clinic 1 Learning Activities and Requirements

Required Learning Activities

All students must complete the following activities in each Clinic 1 Practicum:

1. Written Clinical Documentation Activities (minimum 6 to 8 per term)

Students complete at least 6 to 8 written documentation activities per term, which may include multiple drafts of a single document or components of one document over time. When possible, students should practice various documentation types (SOAP notes, progress reports, consultation reports, diagnostic reports).

Diagnostic Writing	Treatment/Intervention Writing
A. History	A. Updated case history including history of prior treatment
B. Client report of symptoms and communication problems	B. Brief description of current communication behaviors
C. Clinical/informal assessment data gathered	C. Quantitative measures of performance during/over treatment period
D. Formal/instrumental assessment data gathered	D. Impressions based on data gathered and analyzed
E. Diagnostic impressions, diagnosis, prognosis	E. Recommendations and/or referrals for further treatment
F. Recommendations	

2. Reflective Journals (minimum 6 to 8 per term)

Students complete at least 6 to 8 reflective journal entries per term (with half before midterm and half after midterm). Journals may be electronic or hard copy. CIs review each submitted entry.

The following framework (adapted from the IDA Institute) is provided to guide reflections:

Step	Reflection Prompt
1.	What happened in the session? Key aspects of the session (purpose, what you did)
2.	Describe at least two aspects that went well in terms of what you (the student) did
3.	Why did those aspects go so well? What did you do/say that resulted in positive outcomes?
4.	How did you feel, and why did you act as you did?
5–7.	Repeat steps 2–4 considering at least two aspects that went less well
8.	What can you do differently next time?

3. Self-Evaluations (minimum 2 per term — Midterm and End of Term)

Students complete written self-evaluations using the Formative Assessment form via Typhon. Students should provide the clinical instructor with their self-evaluation before receiving clinical instructor feedback, to support more accurate self-evaluation skill development.

4. Hours Logs

Students record contact time on the Case Log form daily and enter all data in Typhon within 7 days of the date of service. SLP CIs confirm contact time. See Section IV for full documentation requirements.

5. Learning Activities

Students complete assignments outside of clinic to enhance learning — locating and reading journal articles, developing session plans, analyzing session data, learning clinical materials/instruments, creating clinical materials, or drafting written documentation.

6. Clinical Portfolio Artifact (1 per Clinic 1 term)

By the end of each Clinic 1 term, students select or develop one artifact that conveys information about their major accomplishments for the term. All portfolio items must be de-identified and submitted in PDF format.

Readiness for Clinic 2 Practicum

Prior to enrollment in Clinic 2, students must demonstrate readiness by meeting the following requirements:

- Accrue 50 hours of direct contact time across CSD 2065
- Receive a Satisfactory grade across two CSD 2065 Clinic 1 Practicums
- Receive a Satisfactory grade across two CSD 2030/2031 Clinical Skill Simulation Labs
- Receive a passing grade in all academic coursework completed
- Perform at an emerging to proficient level (score ≥ 3) on most Beginning Clinical Skills at end of each Clinic 1 Practicum
- Demonstrate most Core Clinical Skills at an emerging to proficient level (score ≥ 3 on 2 instances)
- Demonstrate a professional level of oral and written English communication
- Receive a recommendation from the SLP clinical instructor on the Readiness for Clinic 2 form
- Feel prepared to participate without extensive clinical instruction (>90% supervision)

The following table summarizes behaviors associated with Clinic 1 behaviors vs. readiness for Clinic 2:

Behaviors Associated with Readiness for Clinic 2
• Shows initiative in clinical planning and decisions • Provides rationale for clinical ideas based on experience and coursework • Self-evaluation skills are strong; does not overestimate or underestimate ability • Can identify strengths and areas to improve independently • Communication skills are strong; appears comfortable talking to patients and families • Meets clinical responsibilities without reminders • Brings in content from courses to share or ask about

Behaviors Associated with Clinic 1
• Needs additional instruction or resources to support learning • Follows directions but does not show independent thinking consistently • Relies on direct instructions and/or modeling most of the time • Only occasionally gives own ideas/suggestions regarding clinical cases • Waits to be told what to do with patients most of the time • Appears timid or unconfident talking with patients or families • Does not take initiative in clinical responsibilities • Demonstrates slower rate of skill acquisition than peers • Only occasionally applies content from coursework to clinical cases

Note: The behaviors above are examples. A student does not need to exhibit all behaviors within a category.

PART 4: CLINIC 2 PRACTICUM

Section VI: Clinic 2 Practicum

Background and Purpose

Clinic 2 Practicum is designed to facilitate application of principles and procedures gained through academic coursework and previous clinical practicums. Students develop the clinical problem-solving skills required for prevention, screening, assessment, and intervention across the full scope of speech-language pathology practice, working toward entry-level independence as a practitioner.

Clinic 2 provides students with opportunities to deepen comprehension of professional standards and expectations, integrate coursework with clinical experience, and build clinical reasoning and decision-making skills. Students gain coaching and evaluative feedback to develop proficiency and autonomy in service delivery, experience varied settings and professional practice philosophies, and interact with professionals in related disciplines to provide person- and family-centered clinical management. Clinic 2 also provides the primary opportunity for students to meet clinical education requirements of the SLP program, CFCC, and PA licensure and educational certification.

Requirements for Enrollment in Clinic 2

See the Readiness for Clinic 2 section in Part 3 of this handbook for the complete list of requirements. Students must meet all readiness criteria and receive a recommendation from their Clinic 1 clinical instructor before transitioning.

Defining Placement Expectations

Students contact their clinical instructor before the start of the Clinic 2 placement to confirm schedules and arrange to meet on the first day. At the Placement Orientation Meeting, students and CIs should share professional and clinical backgrounds with each other and review clinical training opportunities available at the site. Caseload expectations, supplemental assignments, scheduling, and the clinic calendar should all be discussed. Students and CIs complete the Clinic 2 Placement Expectations Worksheet together to define clear expectations for both parties, verify contact information, establish an emergency communication plan, and discuss facility orientation requirements. The meeting should conclude with a plan and timeline for the placement including observation time, beginning patient contact, and progression of experiences.

Student Responsibilities in Clinic 2

Clinic 2 students are expected to approach their placement with a higher level of initiative and independence than in Clinic 1. Before beginning the placement, students should contact their SLP clinical instructor to confirm the placement and share an updated resume, and ensure all health, safety, and clearance requirements are current. Students should register for the appropriate clinical course and number of credits for the days per week assigned and be familiar with CFCC/ASHA guidelines and the ASHA Code of Ethics. Any ethical concerns should be discussed immediately with the Director of Clinical Education.

Throughout the placement, students are responsible for completing clinical documentation and case management activities in a timely manner, documenting contact time daily and entering case logs in Typhon within 7 days, and monitoring progress toward meeting clinical education

requirements. Students should explain their learning preferences and areas for clinical development to their clinical instructor, ensure midterm and end-of-term conferences are scheduled and held within the appropriate timeframe, and maintain open communication with the clinical instructor and the Director/Clinical Coordinators throughout the term.

Students should adhere to all policies in this handbook as well as the policies of the Clinic 2 site, establish respectful and professional relationships with the clinical instructor, staff, patients, and family members, and meet and exceed the professional standards of the facility.

Remember: Your SLP clinical instructor's first and foremost responsibility is to the facility and the patients they serve. Always maintain awareness of your student status and demonstrate behavior appropriate to that role.

Clinic 2 Learning Activities and Requirements

Required Learning Activities

All students must complete the following activities in each Clinic 2 Practicum:

1. Reflective Journals (2 per term)

Students complete a midterm and end of term journal.

2. Self-Evaluations (minimum 2 per term — Midterm and End of Term)

Students complete written self-evaluations using the Formative Assessment form via Typhon. Students should provide the clinical instructor with their self-evaluation before receiving clinical instructor feedback, to support more accurate self-evaluation skill development.

3. Hours Logs

Students record contact time on the Case Log form daily and enter all data in Typhon within 7 days of the date of service. SLP CIs confirm contact time. See Section IV for full documentation requirements.

4. Clinical Portfolio Artifact (3 per Clinic 2 term)

By the end of each Clinic 2 term, students select or develop 3 artifacts that convey information about their major accomplishments for the term. All portfolio items must be de-identified and submitted in PDF format.

5. Site Projects

Students complete a project to contribute to their clinic placement. The project should be site specific and support both student learning and site needs. A copy of the project and video explaining the project will be turned into Canvas.

Healthcare Setting: Suggested Sequence of Clinical Experiences

The following table provides a general guideline for the progression of student responsibilities in healthcare Clinic 2 placements. Students and CIs should adapt this sequence to the specific setting and the student's individual performance level.

Phase	Student Responsibilities
Prior to Start / Weeks 1–2	Complete orientation; meet site personnel. Observe clinical instructor provide services. Become acquainted with site resources and record-keeping methods. Confer with clinical instructor to develop training objectives.
Weeks 3–4	Continue observations as assigned. Plan and implement sessions for 20–35% of caseload with clinical instructor assistance. Work with clinical instructor on documentation for specific cases.
Weeks 5–6	Plan and implement sessions for 30–60% of caseload with reduced clinical instructor assistance. Complete associated documentation. Participate in non-clinical responsibilities.
Weeks 7–8	Plan and implement sessions for 60–80% of caseload with minimal clinical instructor assistance. Participate in professional topics relevant to site. Complete midterm evaluation.
Weeks 9–10	Plan and implement sessions for 80%+ of caseload. Complete documentation. Discuss professional topics. Develop plan for remainder of placement.
Final Weeks	Plan and implement most of caseload with minimal clinical instructor assistance. Complete non-clinical responsibilities independently. Complete end-of-term evaluations.

School-Based Placement: Specific Requirements

During Clinic 2 in educational settings, students develop clinical skills across the full range of school-based SLP responsibilities. This includes implementing varied service delivery formats — individual and group treatment, pull-out and in-classroom services, consultative approaches, and collaborative team-based service delivery — while adhering to school, district, state, and federal guidelines. Students should be actively supported in learning the individualized education planning process, including opportunities to observe, contribute to, and when possible, participate in meetings. School-based placements offer a distinctive professional context, and CIs are encouraged to help students understand not just the clinical skills involved but the broader educational framework within which school-based SLPs practice.

In addition to the general sequence of clinical experiences, school-based students have the following specific requirements:

- **PDE Form 430:** Completed in conjunction with the clinical instructor twice during the placement — at midterm and end of term — and submitted to the CSD Program.
- **Site visit:** Participation in a site visit with the clinical instructor and a CSD Department representative to demonstrate alignment of academic and clinical content.
- **Weekly cohort meeting:** Participation in a weekly meeting with peers also completing school-based placements and a CSD representative to meet PDE standards.

Phase	Student Responsibilities
Prior to Start / Weeks 1–2	Complete orientation. Meet principal, administrative staff, teachers, and support staff. Observe clinical instructor provide services. Complete observation form. Become acquainted with site resources and record-keeping. Review IEPs of students on caseload.
Weeks 3–4	Plan sessions for 20–35% of caseload. Assist with remaining caseload. Work with clinical instructor on documentation. Identify at least one case for IEP participation. Complete midterm self-evaluation.
Weeks 5–6	Plan sessions for 30–60% of caseload. Discuss use of Standards Aligned Systems and PA Educational Standards in the SLP caseload. Develop new data collection systems.
Weeks 7–8	Plan sessions for 60–80% of caseload. Confer on collaborative service delivery and carryover strategies. Assess newly referred children. Prepare for and complete midterm evaluation.
Weeks 9–10	Plan sessions for 85–100% of caseload. Review IEP goal progress. Attend IEP meetings and participate as possible. Write IEPs and evaluation reports for targeted children.
Weeks 11–14	Plan and implement sessions for 100% of caseload. Complete all daily duties independently. Confer with professional staff as needed.
Weeks 15–16	Complete end-of-term evaluations. Complete self-evaluation. Make up any missed sessions.

Clinic 2 Grading

See the Clinical Grading Procedures Section in Part 2 of this handbook for the complete grading policy. Students may complete up to three Clinic 2 placements; after three placements, the student must meet all programmatic requirements for graduation or discontinue clinical practicum.

APPENDICES

Appendix A: Professional Resources, Information, and Materials

Appendix B: Audrey Holland Endowed Student Research Award

Appendix C: Core Functions for the SLP program

Appendix D: Office of Institutional Engagement and Wellbeing – Disability Resources & Services

Appendix E: Student Advising Model

Appendix A: Professional Resources, Information, and Materials

1. [2027 Standards and Implementation Procedures for the Certificate of Clinical Competence in Speech-Language Pathology](#)
2. [Scope of Practice in Speech-Language Pathology](#)
3. [Code of Ethics – ASHA \(https://www.asha.org/Code-of-Ethics/\)](https://www.asha.org/Code-of-Ethics/)

Appendix B: Audrey Holland Endowed Student Research Award

The Audrey Holland Endowed Award supports undergraduate and graduate students to design and conduct research in the Department of Communication Science and Disorders. Awardees may use funds for research supplies and equipment, participant payments, statistical support, travel to present research findings, and other related items. The award amount is announced annually. Awardees are honored at the University Honors Convocation.

Eligibility

- All CSD undergraduate or graduate students conducting research are eligible
- Research must be IRB/IACUC approved, in preparation for submission, or exempt from IRB/IACUC regulations
- The student must have a faculty mentor actively involved in the research
- Applications must be received by the assigned due date

Application Procedures

Complete the application template as a single Word or PDF document including:

- Application cover sheet, project title, and faculty mentor signature
- Project narrative (5 pages or less, omit your name in narrative)
- Project budget
- Student applicant's NIH biosketch (fellowship format)

Submit electronically to the CSD Director of Student Financial Aid and Awards (kgarand@pitt.edu) with "Audrey Holland Award" in the subject line before noon on the due date.

Selection

A faculty committee of the five degree program directors scores submissions using NIH F31 criteria (scoring 1–9, with 1 being exceptional). Each committee member generates one score for applicant merit and one for project merit. The application with the best (numerically lowest) combined score receives the award.

Please email Dr. Kendrea Garand for further information including the application form kgarand@pitt.edu.

Appendix C: Core Functions for the Speech-Language Pathology Program

Core Functions for the SLP Masters and AuD Programs

This document identifies the core functions that individuals are expected to employ in didactic and clinical experiences to acquire the knowledge and demonstrate the competencies that will lead to graduation and entry into professional practice. The term “core functions” refers to behavioral or cognitive functions that an individual must be able to perform with or without accommodations to practice as a speech-language pathologist or audiologist in a broad variety of clinical situations.

The CSD Department uses this guiding document in the following ways:

- *informing individuals* about the core functions associated with the professions of audiology and speech-language pathology
- *empowering students* to make informed choices regarding their pursuit of professions in audiology and speech-language pathology
- *initiating discussions* with students regarding student success
- assisting students in *identifying and advocating* for appropriate resources and accommodations, which can be accessed via the Disability Resources and Services Office.
 - The degree to which accommodations are determined is under the governance of the Americans with Disabilities Act, Section 504 of the Rehabilitation Act of 1973. It is the responsibility of the Disability Resources and Services Office and the individual to work together to identify possible services and accommodations.
- *advancing* the professions of audiology and speech-language pathology through the lens of justice, diversity, equity, and inclusion.

Communication

Statements in this section acknowledge that audiologists and speech-language pathologists must communicate in a way that is understood by their clients/patients and others. It is recognized that linguistic, paralinguistic, stylistic, and pragmatic variations are part of every culture, and accent, dialects, idiolects, and communication styles can differ from general American English expectations.

- Employ oral, written, auditory, and non-verbal communication at a level sufficient to meet academic and clinical competencies.
 - Example: Appropriately model communication for clients/patients.
- Adapt communication style to effectively interact with colleagues, clients, patients, caregivers, and invested parties of diverse backgrounds in various modes such as in person, over the phone, and in electronic format.

Communication may occur in different modalities depending on the joint needs of involved parties and may be supported through various accommodations as deemed reasonable and appropriate to client/patient needs. Some examples of these accommodations include augmentative and alternative communication (AAC) devices, written displays, voice amplification, attendant-supported communication, oral translators, assistive listening devices, sign interpreters, and other non-verbal communication modes.

Motor

Statements in this section acknowledge that clinical practice by audiologists and speech-language pathologists involves a variety of tasks that require manipulation of items and environments.

- Engage in physical activities at a level required to accurately implement classroom and clinical responsibilities (e.g., manipulating testing and therapeutic equipment and technology, client/patient equipment, and practice management technology) while retaining the integrity of the process.
- Respond in a manner that ensures the safety of clients and others.

It is recognized that this may be accomplished through a variety of means, including, but not limited to, independent motor movement, assistive technology, attendant support, or other accommodations/modifications as deemed reasonable to offer and appropriate to client/patient needs.

Sensory

Statements in this section acknowledge that audiologists and speech-language pathologists use auditory, visual, tactile, and olfactory information to guide clinical practice.

- Access sensory information to differentiate functional and disordered auditory, oral, written, and visual communication.
- Access sensory information to correctly differentiate anatomical structures and diagnostic imaging findings.
- Access sensory information to correctly differentiate and discriminate text, numbers, tables, and graphs associated with diagnostic instruments and tests.

It is recognized that such information may be accessed through a variety of means, including direct sensory perception and /or adaptive strategies. Some examples of these strategies include visual translation displays, text readers, assistive listening devices, and perceptual descriptions by clinical assistants.

Intellectual/Cognitive

Statements in this section acknowledge that audiologists and speech-language pathologists must engage in critical thinking, reasoning, and comprehension and retention of information required in clinical practice.

- Retain, analyze, synthesize, evaluate, and apply auditory, written, and oral information at a level sufficient to meet curricular and clinical competencies.
- Employ informed critical thinking and ethical reasoning to formulate a differential diagnosis and create, implement, and adjust evaluation and treatment plans as appropriate for the client/patient's needs.
- Engage in ongoing self-reflection and evaluation of one's existing knowledge and skills.
- Critically examine and apply evidence-based judgment in keeping with best practices for client/patient care.

It is recognized that such skills may be fostered through a variety of means, including assistive technology and /or accommodations/modifications as deemed reasonable and appropriate to client/patient needs.

Interpersonal

Statements in this section acknowledge that audiologists and speech-language pathologists must interact with a diverse community of individuals in a manner that is safe, ethical, and supportive.

- Display compassion, respect, and concern for others during all academic and clinical interactions.
- Adhere to all aspects of relevant professional codes of ethics, privacy, and information management policies.

- Take personal responsibility for maintaining physical and mental health at a level that ensures safe, respectful, and successful participation in didactic and clinical activities.
- Demonstrate awareness of personal and professional abilities through self-reflective practices to facilitate growth in didactic and clinical competencies.

It is recognized that personal interaction styles may vary by individuals and cultures and that good clinical practice honors such diversity while meeting this obligation.

Cultural Responsiveness

Statements in this section acknowledge that audiologists and speech-language pathologists have an obligation to practice in a manner responsive to individuals from different cultures, linguistic communities, social identities, beliefs, values, and worldviews.

- Engage in ongoing learning about cultures and belief systems different from one's own and the impacts of these on healthcare and educational disparities to foster effective provision of services.
- Demonstrate the application of culturally responsive evidence-based decisions to guide clinical practice.

This includes people representing a variety of abilities, ages, cultures, dialects, disabilities, ethnicities, genders, gender identities or expressions, languages, national/regional origins, races, religions, sexes, sexual orientations, socioeconomic statuses, and lived experiences.

Students will be asked to sign the following core functions statement.

Core Functions Statement

I have read the document: Core Functions for the SLP Masters and AuD Programs. I understand that if I feel that I need accommodations to meet the core functions, it is my responsibility to initiate contact with the University of Pittsburgh Disability Resources and Services Office (412-648-7890) for an assessment of my eligibility for and the reasonableness of accommodations.

If I am unable to meet the Core Functions with or without reasonable accommodation now or in the future, I understand that I may not be able to continue advancing in academic and/or clinical components of the program.

Appendix D: Office of Institutional Engagement and Wellbeing – Disability Resources & Services

Website: <https://www.wellbeing.pitt.edu/disability-access/disability-resources-services>

Email: drsrecep@pitt.edu | Phone: 412-648-7890

The University of Pittsburgh prohibits discrimination or harassment based on disability, race, color, religion, national origin, ancestry, sex, age, marital status, familial status, sexual orientation, gender identity and expression, or veteran status.

For information on equal opportunity and affirmative action: <https://www.wellbeing.pitt.edu/civil-rights-title-ix>

Vanessa Love Director, Civil Rights and Title IX 31st Floor, Cathedral of Learning vcl17@pitt.edu 412-648-7860 Handles inquiries regarding discrimination based on sex, sexual orientation, gender, and gender identity/expression.	Leigh Culley Director, Disability Resources and Services 140 William Pitt Union lculley@pitt.edu 412-648-7890 Handles inquiries regarding discrimination based on disability, race, color, religion, national origin, ancestry, marital status, age, and veteran status.
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Appendix E: SLP Advising Model

Tier 1	Mechanism to move from Tier 1 to Tier 2 →	Tier 2	Mechanism to move from Tier 2 to Tier 3 →	Tier 3
Description: - Interventions that support all students and that are built into a student's educational program Current Practices: - Group advising sessions - Individual clinical advising sessions - Cohort hub in Canvas - Handbooks - Newsletter reminders Documented by: - Group and individual advising on Pathways in advising appt summary - Canvas - Newsletters	Faculty reports: - Failing a single assignment - Short-term attendance issues - Engagement concerns - Clinical education concerns about professional behaviors, readiness or rate of clinical skill development, or other areas of concern, which impact the clinical setting. ** Faculty should submit concerns via note in pathways and email to advisor. Student reports: - Patterns of concern that limit ability to participate in classes or clinic short term or for a single assignment ** Students should submit concerns via Qualtrics in newsletter. Documented by: - Pathways as a "note" - Clinical education communication log	Description: - Supports for students who show one-time difficulties and require short terms supports Current Practices: - All of Tier 1 practices - Remediation of assignments - Meetings with Allison to provide referrals or resources - Scheduled e-mail check-ins - More frequent individual advising appts - Create and implement a <i>Clinical Action Plan</i> Documented by: - Pathways as "note" OR as an advising appt summary - Clinical education communication log <i>Clinical Action Plan</i> document	Faculty report: - Failing a class - Unsatisfactory (U) grade in clinical education course. ** Faculty should submit concerns via Pathways and email to advisor. Student report: - Patterns of concerns that limit ability to participate in classes or program from a big picture lens. ** Students should submit concerns via Qualtrics in newsletter. Documented by: - Pathways as a "note" - Clinical education communication log	Description: - Supports students who demonstrate patterns of difficulties and require continued and consistent supports Current Practices: - Extended program sequence for classes or clinic. - Remediation of assignments - G/I grades (as appropriate) - Consistent weekly advising appts - Create and implement a <i>Clinical Support Plan</i> - At this stage, students can expect that their program will extend by at least one semester. Documented by: - Pathways as "note" OR as an advising appt summary - Clinical education communication log <i>Clinical Support Plan</i> document