

Appendix 1

OBSERVATION GUIDELINES

Student observers are expected to demonstrate ethical and responsible behavior. Students observing at both on-campus and off-campus sites will comply with the following:

1. Be currently enrolled as a Communicative Disorders & Deaf Studies undergraduate or graduate student.
2. Read, sign and date the Health Insurance Portability and Accountability Act (HIPAA form). You should have received and signed the form in class if an observation was required by your professor. HIPAA forms must be signed and submitted to the clinic secretary.
3. Respect the client's right to confidentiality. Do not discuss any client with individuals outside the clinic. Do not discuss any client in public places. Do not reveal clients' names. Do not discuss any information you observe or hear with others, especially when you are observing (as family members are often sitting right next to you).
4. Professional dress is required in clinic. All student clinicians, as well as student observers, are expected to dress in a professional manner. Hair should be clean and combed, consisting of color that looks natural and professional. Clothes should be clean and pressed. Jeans, miniskirts, T-shirts, and midriff blouses are not considered professional attire. All tattoos must be covered and cannot be visible. You are not permitted to wear plugs or body-piercing jewelry on the eyebrow, tongue, nose, lip, etc. during observations, therapy sessions, on or off campus. If you have a question as to whether something is appropriate to wear, do not wear it.

Students observing at the CSUF Speech and Hearing Clinic must also comply with the following procedures:

1. Introduce yourself to the clinic supervisor and request permission to observe. Students observing in the Audiology Clinic must schedule observations in advance with the clinic office. Arriving late for a scheduled observation may result in your not being allowed to observe that session.
2. Turn off your cell phone, use appropriate professional behavior, and maintain confidentiality of all client information.
3. *Students are prohibited from looking through client files*, unless they have been directed by a faculty member, to locate specific information in order to complete a required classroom assignment.

4. Obtain a “student observer name badge” (*located near the client’s files*) and wear it for the entire duration that you are observing in the clinic. Return the badge to the location in which you found it prior to leaving the clinic area.
5. Completely fill out the *observation hours log sheet* (blank copies are available in the media center) each time you observe a clinic session, and obtain the supervisor’s signature and ASHA # once the session is completed. Supervisor signatures must be obtained at the time that the student completes his/her observation.
6. Speak quietly in the clinic area. The clinic rooms are ***not*** sound proof. Also, remember parents and other family members are often in the clinic area.
7. Use the headphones if they are available.
8. Observe the entire clinical session. Clinic schedules may be obtained from the clinic office. Students observing in Audiology must attend the entire session and must arrive prior to the beginning of the session.
9. Ask the clinical supervisor to initial your Observation Hours immediately after the session is complete. Do not come back later or the next day, as supervisors will not sign off on your hours for a previous day/session.

Students may obtain up to 10 of the 25 required observation hours at off-campus sites (i.e. schools, hospitals, etc.). Off-campus sites may have additional rules and procedures. It is the observer’s responsibility to know each site’s guidelines for observers. Observers must also obtain copies of the off-campus SLPs state license or CCCs in order to verify they are current. Observers must have the SLP they observed sign off their hours after each observation is complete.

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SUMMARY INFORMATION:

_____ Total Hours
_____ Total Number of Different Observation Sites
_____ Total Number of Different Supervisors

ACTIVITY CODE: Check either (SP) for Speech Pathology or (A) for Audiology for each Observation. Identify the specific type of Observation using one of the following:

SPEECH PATHOLOGY

- (A) Articulation
- (L) Language
- (AP) Aphasia
- (V) Voice
- (F) Fluency
- (D) Diagnostic
- (S) Screening

AUDIOLOGY

- (HA) Hearing Aid
- (AR) Aural Rehabilitation
- (ENG) Electronystagmography
- (BSER) Brainstem Evoked Response
- (CAT) Central Auditory Testing
- (SL) Site of Lesion Testing
- (S) Screening
- (O) Otolaryngological
- (IV) Initial Evaluation

CALIFORNIA STATE UNIVERSITY, FRESNO
DEPARTMENT OF COMMUNICATIVE DISORDERS AND DEAF STUDIES

STUDENT CLINICIAN AFFIDAVIT

Under mandate by the Federal Government, we are charged with enforcing the Family Educational Rights and Privacy Act of 1974 to protect the privacy of our students and clients. As a student of this department, you are responsible for maintaining the security and integrity of that information. You should be aware of the following considerations:

1. No information relating to the academic or demographic (name, address, sex, religion, age, etc) records of any clients, current or former, shall be divulged to any unauthorized party (as defined by existing department security guidelines) unless specifically approved by an Administrator or Clinic Director.
2. No changes or alterations shall be made to the academic or demographic records of any client, current or former, except as instructed by the Department Chair or Clinic Director.
3. No official campus or departmental stationary, forms, institutional seals or such other material as may be considered unique instruments of the university shall be used or provided to any unauthorized person unless approval is granted by the Administrator or Clinic Director.
4. No unauthorized person shall be invited or permitted into sensitive department storage and processing areas without prior authorization from the responsible Supervisor.
5. No student shall be permitted in the staff/faculty work area or mailroom.

Failure to comply with these standards will result in appropriate disciplinary action in accordance with campus, University and/or state regulation.

I HAVE READ AND UNDERSTAND THE ABOVE AS WELL AS THE OBSERVATION GUIDELINES, AS A STUDENT OF THE DEPARTMENT OF COMMUNICATIVE DISORDERS AND DEAF STUDIES, I AGREE TO CONFORM TO THESE REQUIREMENTS DURING THE FULL TERM OF MY STUDIES.

Student's Name (printed)

Student's Signature

Date

I HAVE DISCUSSED THE ABOVE INFORMATION WITH THE STUDENT.

Supervisor's Name (printed)

Supervisor's Signature

Date