

CALIPSO Clinical Performance Evaluation Form - Audiology

Revised 1Jan2020

Prevention, Screening and Identification		Score
1	Educates the public/those at risk and promotes hearing wellness across the life span (std II-B1, II-B2)	
	[?] Educates on prevention, potential causes, effects, and treatments of congenital and acquired auditory and vestibular disorders (std II-B1)	n/a
	[?] Establishes relationships with professionals and community groups to promote hearing wellness (std II-B2)	n/a
2	Participates in prevention/conservation programs (std II-B3, II-B4, II-B-7; std 3.1.3A-1, 3.1.3A-2, 3.1.3A-6, 3.1.3 A-9)	
	[?] Prevents the onset of loss of auditory system function, loss of vestibular system function, development of tinnitus, and development of communication disorders (std 3.1.3A-1)	n/a
	[?] Uses protocols to minimize the impact of hearing loss, tinnitus, loss of vestibular system function and development of communication disorders (std 3.1.3A-2)	n/a
	[?] Participates in programs designed to reduce the effects of noise exposure, tinnitus, and agents that are toxic to the auditory and vestibular systems (std II-B3; std 3.1.3A-6)	n/a
	[?] Uses instrumentation (i.e. sound-level meter, dosimeter, etc.) to determine ambient noise levels and provides strategies for reducing noise and reverberation time (std II-B4)	n/a
	[?] Selects and uses outcomes measures that are valid and reliable indicators of success of prevention programs (std 3.1.3A-9)	n/a
	[?] Participates in occupational hearing conservation programs (std II-B7)	n/a
3	Performs hearing screenings that are developmentally, culturally, linguistically and clinically appropriate across the life span (std II-B5, II-B6, II-B8, II-B9, II-B14; std 3.1.3A-3, 3.1.3A-5, 3.1.3A-7)	
	[?] Recognizes concerns of medical providers, individuals, caregivers, or other professionals regarding hearing and/or speech-language problems and/or identifies people at risk to determine a need for hearing screening (std II-B5)	n/a

	[?] Performs hearing screenings in accordance with established federal and state legislative and regulatory requirements (std II-B6)	n/a
	[?] Refers individuals who fail hearing screenings for appropriate audiologic/medical evaluation (std II-B9)	n/a
	[?] Assesses individuals who may be at risk for hearing impairment and activity limitation or participation restriction through screening measures (3.1.3A-3)	n/a
	[?] Uses screening tools for functional assessment (3.1.3A-5)	n/a
	[?] Applies psychometrics and principles of screening (3.1.3A-7)	n/a
	[?] Evaluates success by using performance measures (i.e., test sensitivity, specificity, and positive predictive value) (std II-B14)	n/a
4	Performs speech/language screenings and identifies individuals at risk, using clinically appropriate and culturally sensitive screening measures (std II-B10, II-B11, II-B12, II-B13, II-B14; std 3.1.3A-4, 3.1.3A-5, 3.1.3A-7)	
	[?] Identifies persons at risk for speech-language and/or cognitive disorders that may interfere with communication, health, education, and/or psychosocial function (std II-B10)	n/a
	[?] Screens for comprehension and language production (including cognitive and social aspects of communication), and speech production skills (e.g. articulation, fluency, resonance and voice characteristics) (std II-B11, II-B12)	n/a
	[?] Refers appropriately for failed speech/language screenings, which may include: Speech-Language Pathology consults, medical evaluation, and/or other services (std II-B13)	n/a
	[?] Uses screening tools for functional assessment (3.1.3A-5)	n/a
	[?] Applies psychometrics and principles of screening (3.1.3A-7)	n/a
	[?] Evaluates success by using performance measures (i.e., test sensitivity, specificity, and positive predictive value) (std II-B14)	n/a
Comments:		
Assessment		<u>Score</u>
1	Gathers/reviews/evaluates information from referral sources and obtains a case history and client/patient narrative to facilitate assessment, planning and identification of potential etiologic factors (std II-C1, II-C2, II-C3; std 3.1.4A-1, 3.1.4A-2)	
	[?] Obtains client/patient-reported and/or caregiver-reported measures to assess function (std II-C3)	n/a
2	Performs an otoscopic examination (std 3.1.4A-3)	
3	Removes cerumen, when appropriate (std 3.1.4A-4)	
4	Selects, performs and interprets a complete immittance test battery based on patient need and other findings (std II-C7)	

	[?] Tests to be considered include single probe tone tympanometry or multifrequency and multicomponent protocols, ipsilateral and contralateral acoustic reflex threshold measurements, acoustic reflex decay measurements, and Eustachian tube function (std II-C7)	n/a
5	Selects, performs, and interprets developmentally appropriate behavioral pure-tone air and bone tests, including extended frequency range when indicated (std II-C8)	
6	Selects, performs, and interprets developmentally appropriate behavioral speech audiometry procedures to determine speech awareness threshold (SAT), speech recognition threshold (SRT), and word recognition scores (WRSs); obtaining a performance intensity function with standardized speech materials, when indicated (std II-C9)	
7	Evaluates basic audiologic findings and client/patient needs to determine differential diagnosis and additional procedures to be performed (std II-C10)	
8	Selects, performs, and interprets tests for nonorganic hearing loss (std II-C13)	
9	Assesses tinnitus (std II-C5; std 3.1.4A-9, 3.1.6A-2, 3.1.6A-8)	
	[?] Characterizes tinnitus (3.1.4A-9)	n/a
	[?] Assesses the severity of tinnitus (std II-C5)	n/a
	[?] Assesses the impact of tinnitus on patients' activities of daily living and quality of life (std II-C5)	n/a
	[?] Performs assessment of devices used to manage tinnitus (std 3.1.6A-8)	n/a
10	Provides assessment of sound tolerance problems to determine the presence of hyperacusis (std II-C6)	
11	Selects, performs, and interprets otoacoustic emissions testing (std II-C12)	
12	Selects, performs, and interprets physiologic and electrophysiologic test procedures, including electrocochleography, auditory brainstem response with frequency-specific air and bone conduction threshold testing and click stimuli for neural diagnostic purposes (std II-C11)	
13	Selects, performs, and interprets vestibular testing, including for rehabilitation (std II-C14; std 3.1.4A-10, 3.1.6A-3)	
	[?] This includes electronystagmography (ENG)/videonystagmography (VNG), ocular vestibular-evoked myogenic potential (oVEMP), and cervical vestibular evoked myogenic potential (cVEMP) (std II-C14)	n/a
	[?] Determines the need for balance rehabilitation (std 3.1.4A-10)	n/a
14	Selects, performs, and interprets tests to evaluate central auditory processing disorder (std II-C15)	
15	Identifies, describes, and differentiates among disorders of the peripheral and central auditory systems and the vestibular system (std II-C4)	
16	Performs assessment for aural (re)habilitation, which may include hearing aid, assistive listening device, and sensory aid assessment (std 3.1.6A-1, 3.1.6A-7)	

17	Selects and uses outcomes measures that are valid and reliable indicators of success in 1) assessment protocols that are used, and 2) determining the impact of changes in structure and function of the auditory and vestibular systems (std 3.1.4A-20, 3.1.5A-5)	
18	Performs audiologic assessment using behavioral, physiological (e.g. immittance, wideband reflectance, evoked potentials), psychophysical, and self-assessment tools (std 3.1.4A-6)	
19	Administers clinically appropriate and culturally sensitive functional assessment tools across the lifespan and the continuum of care (std 3.1.5A-1, 3.1.5A-3, 3.1.5A-4)	
	[?] Administers clinically appropriate and culturally sensitive self-assessment measures of communication function across the lifespan and the continuum of care (std 3.1.5A-1)	n/a
	[?] Determines contextual factors that may facilitate or impede an individual's participation in everyday life (std 3.1.5A-4)	n/a
20	Administers clinically appropriate and culturally sensitive assessment measures (std 3.1.4A-5)	
21	Uses techniques that are representative of the challenges listeners may face in everyday communication situations (std 3.1.4A-7)	
22	Performs assessment to plan for rehabilitation (std 3.1.4A-8)	
23	Interprets results of the evaluation to establish type and severity of disorder (std 3.1.4A-12)	
24	Generates recommendations and referrals resulting from the evaluation process (std 3.1.4A-13)	
25	Assigns the correct Common Procedural Terminology (CPT) code(s) and the correct International Classification of Diseases (ICD) code(s) after assessment (std 3.1.4A-18)	

Comments:

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Audiologic (Re)habilitation		<u>Score</u>
1	Engages clients/patients, family members and other professionals in identification, assessment and treatment (std II-E1, II-E2, II-E3, II-E-4, II-E5; std 3.1.6A-11)	

	[?] Elicits client/patient narratives and interprets reported measures to identify specific communication and adjustment difficulties (std II-E1)	n/a
	[?] Identifies and assesses concomitant cognitive/developmental concerns, sensory-perceptual and motor skills, and other health/medical conditions (std II-E2)	n/a
	[?] Assesses family members' perception of and reactions to communication difficulties (std II-E4)	n/a
	[?] Identifies the effects of hearing problems and subsequent communication difficulties on marital dyads, family dynamics, and other interpersonal communication functioning (std II-E5)	n/a
	[?] Responds empathically to clients'/patients' and their families' concerns regarding communication and adjustment difficulties to establish a trusting therapeutic relationship (std II-E3)	n/a
	[?] Engages in interprofessional practice/collaboration to provide comprehensive management/monitoring of all relevant issues and to maximize outcomes for individuals served (std II-E2; std 3.1.6A-11)	n/a
2	Develops and implements individualized intervention/treatment plans based on client/patient preferences, abilities, communication needs and problems, and related adjustment difficulties (std II-E6, II-E7; std 3.1.6A-4)	
	[?] Develops treatment plans based on appropriate data (std 3.1.6A-4)	n/a
	[?] Engages clients/patients and family members in shared decision making regarding treatment goals and options (std II-E6)	n/a
3	Assesses efficacy of interventions for auditory and balance disorders (std II-E28; std 3.1.6A-14)	
	[?] Ensures treatment benefit and satisfaction by monitoring progress and assessing treatment outcomes (std II-E28)	n/a
4	Recommends, dispenses, and services prosthetic and assistive devices (std 3.1.6A-9)	
5	Provides hearing aid, assistive listening device and sensory aid orientation (std 3.1.6A-10)	
6	Selects, fits and manages appropriate amplification devices and assistive technologies (std II-E8, II-E9, II-E10, II-E11, II-E12, II-E13)	
	[?] Defines appropriate electroacoustic characteristics of amplification fittings based on frequency-gain characteristics, maximum output sound-pressure level, and input-output characteristics (std II-E9)	n/a
	[?] Verifies that amplification devices meet quality control and American National Standards Institute (ANSI) standards (std II-E10)	n/a
	[?] Conducts real-ear measurements to (a) establish audibility, comfort, and tolerance of speech and sounds in the environment and (b) verify compression, directionality, and automatic noise management performance (std II-E11)	n/a
	[?] Incorporates sound field functional gain testing when fitting osseointegrated and other implantable devices (std II-E12)	n/a
	[?] Conducts individual and/or group hearing aid orientations to ensure that clients/patients can use, manage, and maintain their instruments appropriately (std II-E13)	n/a

7	Identifies and counsels individuals who are candidates for cochlear implantation and other implantable devices a (std II-E14, II-E15)	
	[?] Counsels cochlear implant candidates and their families regarding the benefits and limitations of cochlear implants to: (std II-E15)	n/a
	[?] - identify and resolve concerns and potential misconceptions (std II-E15)	n/a
	[?] - facilitate decision making regarding treatment options (std II-E15)	n/a
8	Provides programming and fitting adjustments, including postfitting counseling for cochlear implant clients/patients (std II-E16)	
9	Identifies, selects and fits electroacoustically appropriate hearing assistive technology systems (HATS) based on clients'/patients' communication, educational, vocational, and social needs when conventional amplification is not indicated or provides limited benefit (std II-E17, II-E18, II-E19, II-E20)	
	[?] Provides HATS in the work setting (public and private and in accordance with state and federal regulations) for those requiring necessary accommodations (std II-E18)	n/a
	[?] Ensures compatibility of HATS when used in conjunction with hearing aids, cochlear implants, or other devices and in different use environments (std II-E19)	n/a
	[?] Provides or refers for consulting services in the installation and operation of multi-user systems in a variety of environments (e.g., theaters, churches, schools) (std II-E20)	n/a
10	Provides auditory, visual, and auditory–visual communication training (e.g., speechreading, auditory training, listening skills) to enhance receptive communication (std II-E21)	
11	Manages/treats tinnitus appropriately and assesses efficacy of interventions (std II-E22, II-E23, II-E24, II-E25; std 3.1.6A-8, 3.1.6A-14)	
	[?] Performs assessment of devices used to manage tinnitus (std 3.1.6A-8)	n/a
	Counsels clients/patients regarding:	n/a
	- the audiologic significance of tinnitus (std II-E22)	n/a
	- the factors that cause or exacerbate tinnitus (std E-22)	n/a
	- resolution of misconceptions (std E-22)	n/a
	[?] - alleviation of anxiety related to tinnitus (std II-E22)	n/a
	[?] Counsels clients/patients to promote the effective use of ear-level sound generators and/or the identification and use of situationally appropriate environmental sounds to minimize their perception of tinnitus in pertinent situations (std II-E23)	n/a
	[?] Counsels clients/patients to facilitate identification and adoption of effective coping strategies to reduce tinnitus-induced stress, concentration difficulties, and sleep disturbances (std II-E24)	n/a

	[?] Monitors and assesses the use of ear-level and/or environmental sound generators and the use of adaptive coping strategies to ensure treatment benefit and successful outcome(s) (std II-E25)	n/a
12	Provides canalith repositioning for patients diagnosed with benign paroxysmal positional vertigo (BPPV) (std II-E26)	
13	Provides intervention for central and peripheral vestibular deficits (std II-E27)	
14	Selects and uses outcomes measures that are valid and reliable indicators of success in determining the impact of the interventions used to minimize the effects of changes in structure and function of the auditory and vestibular systems (std 3.1.6A-19)	
Comments:		

Pediatric Audiology (Re)habilitation		<u>Score</u>
1	Selects appropriate amplification devices/HATS and instructs regarding use, care and maintenance in children (std II-F5, II-F6)	
	[?] Selects age/developmentally appropriate amplification devices and HATS to minimize auditory deprivation and maximize auditory stimulation (std II-F5)	n/a
	[?] Instructs parents and/or child(ren) regarding the daily use, care, and maintenance of amplification devices and HATS (std II-F6)	n/a
2	Counsels, educates and supports children and their parents/caregivers regarding hearing impairment (std II-F1, II-F2, II-F3, II-F4, II-F7, II-F11)	
	[?] Counsels/educates parents:	n/a
	[?] - to facilitate acceptance of and adjustment to a child's diagnosis (std II-F1)	n/a
	[?] - to resolve their concerns and facilitate their decision making regarding early intervention, amplification, education, and related intervention options (std II-F2)	n/a
	[?] - regarding the potential effects of hearing impairment on speech-language, cognitive, and social-emotional development and functioning (std II-F3)	n/a
	[?] - regarding optional and optimal modes of communication; educational laws and rights, including 504s, individualized education programs (IEPs), individual family service plans (IFSPs), individual health plans; and so forth (std II-F4)	n/a

	[?] - by planning/implementing parent education/support programs regarding the management of hearing impairment and subsequent communication and adjustment difficulties (std II-F7)	n/a
	[?] Counsels the child with hearing impairment regarding peer pressure, stigma, and other issues related to psychosocial adjustment, behavioral coping strategies, and self-advocacy skills (std II-F11)	n/a
3	Provides intervention to ensure that speech and language development is age and developmentally appropriate (std II-F8)	
4	Evaluates acoustics of classroom settings and provides recommendations for modifications in children (std II-F12)	
5	Administers self-assessment, parental, and educational assessments to monitor treatment benefits and outcomes in children (std II-F9)	
6	Provides ongoing support for children by participating in IEP or IFSP processes (std II-F10)	
7	Provides interprofessional consultation and/or team management with speech-language pathologists, educators, and other related professionals regarding children served (std II-F13)	
Comments:		

Counseling		<u>Score</u>
1	Provides counseling based on client/patient/family needs (std II-D1, II-D2, II-D9; std 3.1.1A-14, 3.1.6A-5)	
	[?] Identifies counseling needs of individuals with hearing impairment based on their narratives and results of client/patient and/or caregiver responses to questionnaires and validation measures (std II-D1)	n/a
	[?] Provides counseling in a culturally sensitive manner to facilitate the understanding of the hearing loss, tinnitus, or balance disorder of the individual being served (std 3.1.1A-14)	n/a
	[?] Provides counseling (individual, family, group) as needed based on client/patient and clinical population needs (std II-D2)	n/a
	[?] Counsels individuals served, families, and other appropriate individuals regarding prognosis and treatment options (std 3.1.6A-5)	n/a
	[?] Monitors and evaluates client/patient progress and modifies counseling goals and approaches, as needed (std II-D9)	n/a
2	Facilitates effective communication and coping skills for patients, while addressing implications of hearing impairment and enhancing well-being and quality of life (std II-D5, II-D6)	
	[?] Addresses the specific interpersonal, psychosocial, educational, and vocational implications of hearing impairment for the client/patient, family members, and/or caregivers to enhance their well-being and quality of life (std II-D5)	n/a

3	Facilitates and enhances clients'/patients' and their families' understanding of, acceptance of, and adjustment to auditory and vestibular disorders, technologies and/or devices (std II-D3, II-D4)	
	[?] This may include hearing aids, hearing assistive technologies, and osseointegrated and other implantable devices (std II-D4)	n/a
4	Promotes clients'/patients' self-efficacy beliefs and promotes self-management of communication and related adjustment problems (std II-D-7)	
5	Enhances' adherence to treatment plans and optimizes treatment outcomes (std II-D8)	
Comments:		

Communication		<u>Score</u>
1	Uses effective communication skills to ensure the highest quality of care is delivered in a culturally competent manner (std 3.1.1A-Effective Communication Skills-a/b)	
	[?] Uses all forms of expressive communication, including written, spoken and nonverbal communication (std 3.1.1A-Effective Communication Skills-a)	n/a
	[?] Communicates with individuals served, family members, caregivers, communities, interprofessional team colleagues and/or other professionals and any others involved in the interaction (std 3.1.1A-Effective Communication Skills-b)	n/a
	[?] Communicates in a responsive and responsible manner that supports a team approach to maximize care outcomes (std 3.1.1A-Effective Communication Skills-b)	n/a
2	Documents evaluation procedures and results, maintaining records consistent with legal and professional standards (std 3.1.4A-11, 3.1.6A-15)	
3	Documents treatment procedures and results, maintaining records consistent with legal and professional standards (std 3.1.6A-16, 3.1.6A-17)	
4	Communicates results, recommendations, and progress orally and in writing in a culturally sensitive and age-appropriate manner to the individual being served and other appropriate individual(s) (std 3.1.4A-16, 3.1.6A-13, 3.1.6A-18)	
	[?] Monitors and summarizes treatment progress and outcomes (std 3.1.6A-13)	n/a

Comments:

Professional Practice		<u>Score</u>
1	Practices following the professional code of ethics / scope of practice documents and adheres to federal, state, and institutional regulations and policies (std 3.1.1A-Accountability-a/b, 3.1.1A-Integrity-a/b, 3.1.1A-Professional Duty-e)	
	[?] Understands and practices the principles of universal precautions to prevent the spread of infectious and contagious diseases (std 3.1.1A-Professional Duty-e)	n/a
	[?] Uses the highest level of clinical integrity with each individual served, family members, caregivers, other service providers, students, other consumers, and payers (std 3.1.1A Integrity-a)	n/a
	[?] Understands and uses best professional practices as they relate to maintenance of confidentiality for all individuals in accordance with requirements of the Health Insurance Portability and Accountability Act (HIPAA) and the Family Educational Rights and Privacy Act (FERPA) (std 3.1.1A Integrity-b)	n/a
2	Uses self-reflection/self-assessment to understand the effects of his or her actions/improve effectiveness and make changes accordingly in the delivery of clinical services (std 3.1.1A-Accountability-e, 3.1.1A Professional Duty-a)	
3	Facilitates and advocates for access to services (std 3.1.1A-Accountability-f, 3.1.1A-Professional Duty-b, 3.1.6A-12)	
	[?] Understands the healthcare and education landscapes and how to facilitate access to services (std 3.1.1A Accountability-f)	n/a
	[?] Understands the roles and importance of professional organizations in advocating for the rights of access to comprehensive audiologic services (std 3.1.1A-Professional Duty-b)	n/a
	[?] Serves as an advocate for individuals served, their families, and other appropriate individuals (std 3.1.6A-12)	n/a
4	Uses sound clinical reasoning in all aspects of care (std 3.1.1A-Clinical Reasoning-a/b/c)	
	[?] Uses valid scientific and clinical evidence in decision making regarding assessment and intervention (std 3.1.1A-Clinical Reasoning-a)	n/a

	[?] Applies current knowledge, theory, and sound professional judgement in approaches to assessment, intervention and management of individuals served (std 3.1.1A-Clinical Reasoning-b)	n/a
	[?] Uses clinical judgement and self-reflection to enhance clinical reasoning (std 3.1.1A-Clinical Reasoning-c)	n/a
5	Makes clinical decisions based on evidence-based practice (std 3.1.1A-Evidence-Based Practice-a/b, 3.1.3A-8, 3.1.4A-19, 3.1.6A-15)	
	[?] Applies the principles of evidence-based practice in identification, prevention and assessment (std 3.1.3A-8, 3.1.4A-19)	n/a
	[?] Accesses sources of information to support clinical decisions regarding assessment, intervention and management (std 3.1.1A-Evidence-Based Practice-a)	n/a
	[?] Critically evaluates information sources and applies that information to appropriate populations (std 3.1.1A-Evidence-Based Practice-b)	n/a
6	Delivers the highest quality of effective care with cultural competence (std 3.1.1A-Cultural Competence-a/b/c/d/e, 3.1.6A-6)	
	[?] Regarding the delivery of effective care, understands the:	n/a
	[?] - impact of his or her own set of cultural and linguistic variables (std 3.1.1A-Cultural Competence-a)	n/a
	[?] - impact of the cultural and linguistic variables of the individuals served (std 3.1.1A-Cultural Competence-b)	n/a
	[?] - interaction of cultural and linguistic variables between the caregivers and the individual served (std 3.1.1A-Cultural Competence-c)	n/a
	[?] - characteristics of the individuals served (e.g. age, demographics, cultural and linguistic diversity, educational history and status, medical history and status, cognitive status, physical and sensory abilities) and how they relate to clinical services (std 3.1.1A-Cultural Competence-d)	n/a
	[?] Cultural and linguistic variables include, but are not limited to variables such as age, ethnicity, linguistic background, national origin, race, religion, gender, and sexual orientation (std 3.1.1A-Cultural Competence-a/b)	n/a
	[?] Understands the role of manual and other communication systems and the use of sign and spoken interpreters/transliterators and assistive technology to deliver the highest quality care (std 3.1.1A-Cultural Competence-e)	n/a
	[?] Develops culturally sensitive and age-appropriate management strategies (std 3.1.6A-6)	n/a
7	Understands collaborative practice (std 3.1.1A-Accountability-g, 3.1.1A-Professional Duty-d/f, 3.1.1A-Collaborative Practice, a/b, 3.1.4A-17)	
	[?] Engages in interprofessional practice to facilitate optimal assessment of the individual being served (std 3.1.4A-17)	n/a

	[?] Understands the roles and importance of interdisciplinary/interprofessional assessment and intervention and interacts and coordinates care effectively with other disciplines and community resources (std 3.1.1A-Professional Duty-d)	n/a
	[?] Applies values and principles of interprofessional team dynamics (std 3.1.1A-Collaborative Practice-a)	n/a
	[?] Performs effectively in different interprofessional team roles to plan and deliver care that: (std 3.1.1A-Collaborative Practice-b)	n/a
	[?] - Centers on the individual served (std 3.1.1A-Collaborative Practice-b)	n/a
	[?] - Delivers care that is safe, timely, efficient, effective and equitable (std 3.1.1A-Collaborative Practice-b)	n/a
	[?] - Maintains a climate of mutual respect and shared values (std 3.1.1A-Accountability-g)	n/a
	[?] - Understands and uses the knowledge of one's own role and the roles of other professionals to appropriately assess and address the needs of the individuals and populations served (std 3.1.1A-Professional Duty-f)	n/a
8	Shows concern for individuals served (std 3.1.1A-Concern for Individuals Served-a/b)	
	[?] Shows evidence of care, compassion, and appropriate empathy during interactions with each individual served, family members, caregivers, and any others involved in care (std 3.1.1A-Concern for Individuals Served-a)	n/a
	[?] Encourages active involvement of the individual in his or her own care (std 3.1.1A-Concern for Individuals Served-b)	n/a
9	Understands fiduciary responsibility for individuals served, models of delivery and the role of clinical teaching/supervision (std 3.1.1A-Accountability-c/d, 3.1.1A-Professional Duty-c)	
	[?] Models of delivery of audiologic services may include hospital, private practice, education, etc. (std 3.1.1A-Accountability-d)	n/a
	[?] Understands the role of clinical teaching and clinical modeling, as well as supervision of students and other support personnel (std 3.1.1A-Professional Duty-c)	n/a
Comments:		

	Met/Not Met	<u>Score</u>
	Displays organization and preparedness for all clinical sessions	
	Assumes a professional level of responsibility and initiative in completing all requirements	
	Demonstrates openness and responsiveness to clinical supervision and suggestions	
	Personal appearance is professional and in accordance with the policy for the clinical setting	

Comments:

Comment Boxes		
1	Areas identified as strengths during this placement:	
2	Recommended goals/areas for improvement:	
3	Recommendations for improvement:	















































