CALIFORNIA STATE UNIVERSITY, SACRAMENTO
Communication Sciences and Disorders Department
Spring Semester, 2017

Course Title: Methods: Language Disorders III
Units: 1
Course: CSAD 242C
Class Number #32022
Day of the week: Thursday
Class Time: 10:00 a.m. to 10:50 a.m. (Time will vary). See calendar section, listed below
Building/Room: Shasta Hall #250, and additional locations (listed below)
Instructor: Renee Campbell Garner, M.S., CCC-SLP
Office: Shasta Hall # 255
Office Hours: Available with appointment

Contact Information: renee.garner@csus.edu

The information below is at the discretion of the individual course instructor and may be changed at any time with prior notice to students in the course.

COURSE DESCRIPTION:
Techniques, materials, information, and resources for assessing and treating acquired neurogenic disorders including swallowing and speech and language and cognitive disorders secondary to cerebral vascular accidents, traumatic brain injury, or other neurological disorders. Discussion of cases in the current caseload.

PREREQUISITES/COREQUISITE:
CSAD 218, CSAD 242B, CSAD 221 may be taken concurrently, instructor permission;
Corequisite: CSAD 243C

1. Place of Course in Program: The purpose of this graduate seminar is to introduce student clinicians to methods, materials, and procedures currently in use with adult clients who have sustained acquired neurogenic problems secondary to brain injury.
   Prerequisite courses: CSAD 218 and 221.

2. KASA: 2014 Standard V-B

3. Student Objectives: Upon completion of this Methods course, the student will be able to demonstrate knowledge and competencies in the following areas:

   A. The nature of speech, language, hearing and communication disorders and differences, as well as swallowing disorders, including their etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates.

   B. Prevention, assessment and intervention of cognitive aspects of communication, including attention, memory, sequencing, problem-solving, and executive functioning.

   C. Prevention, assessment and treatment of receptive and expressive language, including phonology, morphology, syntax, semantics and pragmatics, in speaking listening, reading, writing and manual modalities.

   D. Prevention, assessment and treatment of people with motor speech disorders, including oral-verbal apraxia and/or dysarthria.

   E. Evaluation:
      i. Screening/prevention;
ii. Obtaining a case history;
iii. Selecting and administering appropriate evaluation procedures;
iv. Adapting evaluation procedures to meet client needs;
v. Interpreting, integrating and synthesizing all information to develop diagnoses and make appropriate recommendations for intervention;
vi. Completing administrative and reporting functions necessary to support evaluation;
vii. Referring clients for appropriate services.

F. Intervention:
   i. Developing setting-appropriate intervention plans with measurable and achievable goals that meet clients' needs. Collaborating with clients and relevant others in the planning process;
   ii. Implementing intervention plans (involve clients and relevant others in the intervention process);
   iii. Selecting or developing and using appropriate materials and instrumentation for prevention and intervention;
   iv. Measuring and evaluating clients' performance and progress;
   v. Modifying intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients;
   vi. Completing administrative and reporting functions necessary to support intervention;
   vii. Identifying and referring clients for services as appropriate

G. Communicating effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the client/patient, family, caregivers, and relevant others.

H. Communicating and collaborating with other professionals with the plan of care and in case management.

I. Providing counseling regarding communication and swallowing disorders to clients, family, caregivers, and relevant others.

J. Adhering to the ASHA Code of Ethics and behaving professionally.

K. Integrating clinical goals and objectives with the client’s functional daily living.

L. Working with the client’s support person(s) in carryover assignments so as to train others in managing communication problems.

M. Facilitating discussions with other Language Disorders III clinicians through case presentations and readings.

METHODS OF PRESENTATION: Direct instruction, whole group face-to-face discussions, small group in-class activities, critical thinking activities, guest presentations, field trips, case study analysis (e.g., video and written vignettes), interprofessional education activities, and/or other class assignments/activities.

<table>
<thead>
<tr>
<th>Learning Outcomes (listed above)</th>
<th>Assessment Measures (Tentative content arrangements)</th>
<th>Points Received (or average of points)</th>
</tr>
</thead>
<tbody>
<tr>
<td>A-M</td>
<td>Methods Class Participation</td>
<td>130</td>
</tr>
<tr>
<td>A-M</td>
<td>IPE Participation Events (n=2)</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>Case Presentation</td>
<td>60</td>
</tr>
<tr>
<td>A-M</td>
<td>Writing Assignments –reflection papers</td>
<td>140</td>
</tr>
<tr>
<td>A-M</td>
<td>Hard Copy Notebook</td>
<td>60</td>
</tr>
</tbody>
</table>
**COURSE MATERIALS:**

**Required Texts:**
None

**Recommended Texts:**
Students are encouraged to utilize books and resources located in the Clinic Work Room as well as the University library.

**Other Readings:**
Supplemental readings may be made available via email.

**Required Materials:**
- Paper, pens, pencils
- 3-ring binder, with dividers and/or flashdrive
- Download, print, and bring relevant documents from email and/or SacCT to class

**COURSE REQUIREMENTS:**
- Internet connection (DSL, LAN, or cable connection desirable)
- Access to internet/SacCT/Web site
- Access to a computer and printer

**Assessment Materials:** The Supply Room has numerous listings available for use during the semester. Some of those are listed below. We continually update the Supply Room holdings so this list is not complete. For a complete list of materials available through the CSUS SPA Supply Room, please visit the following CSUS webpage:
  [http://www.csus.edu/HHS/SPA/Current%20Students/Supply%20Room.html](http://www.csus.edu/HHS/SPA/Current%20Students/Supply%20Room.html)
In addition, the clinician is encouraged to create assessment materials that are relevant to the particular individual clients’ needs.

- Aphasia Diagnostic Profiles (ADP)
- ASHA Functional Assessment of Communication Skills (ASHA FACS)
- Apraxia Battery of Adults
- Assessment of Intelligibility of Dysarthric Speech
- Boston Diagnostic Aphasia Examination (BDAE)
- Boston Naming Test
- Boston Assessment of Severe Aphasia (BASA)
- Communicative Abilities in Daily Living (CADL)
- Clinical Management of Right Hemisphere Dysfunction
- Dworkin-Culatta Oral Mechanism Examination and Treatment System
- Discourse Comprehension Test
- Frenchay Dysarthria Assessment
- Dysarthria Profile
- Neurosensory Center Comprehensive Examination for Aphasia (NCCEA)
- Aphasia Language Performance Scales (ALPS)
- Repeatable Battery for the Assessment of Neurological Status (RBANS)
- Revised Token Test-Adults
- Reading Comprehension Battery for Aphasia
- Ross Information Processing Assessment-2nd edition (RIPA-2)
- Scales of Cognitive Ability in TBI (SCATBI)
- Screening Test for Developmental Apraxia of Speech
- The Western Aphasia Battery (WAB)
- Woodcock Language Proficiency Battery-R

**Therapy Materials:** Some of the materials (available for use with the adult client through the clinic Supply room) are listed below. Refer to your SPHP 221 and 218 notes
and texts. Please visit the library for other readings and materials. If you have difficulty finding appropriate materials, please talk with your clinical supervisor. Remember, adults like to bring in their own materials, too. Examples include materials related to their personal history, hobbies, newspapers and magazines, recipes, maps, medications, phone book use, and more. Throughout the semester, you will be working with other Language III clinicians and their clients. Card games, board games and barrier games, etc., are adaptable across many objectives.

Color Library: Sports & Leisure
Color Cards: Sequencing
Helm Elicited Language Program for Syntax Stimulation (HELPSS)
Melodic Intonation Therapy
What’s In a Square
Apraxia Program Resource (Garcia)
Attention Process Training (Sohlberg & Mateer)
Visiting Nurses Association (VNA) Binder
Dysarthria Rehabilitation (Tonkovich, Latham, Rannbow)
Easy Does it For Apraxia and Motor Planning (Strode & Chamberlain)
Easy Does it For Apraxia Preschool (Strode & Chamberlain)
LARK (Language Activity Resource Kit)
Oral-Motor Activities for School-Age Children (MacKee)
Oral-Motor Activities for Young Children (MacKee)
Sourcebook for Aphasia (Brubaker)
Speech/Language Rehabilitation (Keith)
Results for Adults: Cognition (Baker and Johnson)
The Phonemic Speech Workbook for DysarthriaTherapy (Smith)
WALC: Attention, Concentration, Memory
Workbook for Reasoning Skills (Brubaker)
Workbook for the Verbally Apraxic Adult (Richards, Fallon)
Working with Aphasic Clients (Francis & Robinson)
Working with Apraxic Clients: A Practical Guide (Huskins)
Working with Dysarthric Clients: A Practical Guide (Robertson, Thomson)

**EXPECTATIONS:**

Students are expected to attend class regularly and to be prepared to participate in weekly class discussions and activities. Assignments must be turned in or taken on the scheduled dates and times. Special circumstances will be allowed for rescheduling or make-ups given the following: (a) a compelling and/or documented medical issue and (b) instructor approval. If you are absent from class, you are responsible for all material covered.

Cell phones are to be turned off throughout the class period. Electronic devices will be used to access email and/or posted SacCT resources or documents. Checking other non-course online activities are not acceptable.
Students are expected to conduct themselves in a manner that demonstrates respect for others, democratic values, understanding of an appropriate social contract, and respect for diversity. Academic dishonesty of any kind will not be tolerated and will be dealt with under established University policy.

Students who have trouble keeping up with the assignments or other aspects of the course, should communicate these challenges to the instructor as soon as possible. Building rapport and effective relationships are key to becoming an effective
professional. Be proactive and inform the instructor when any difficulties arise during the semester so possible solutions can be identified.

The syllabus, outlines of class topics, and other info will be emailed and/or posted on SacCT in Course Content. Outlines and other posted information will be removed no earlier than 2 weeks after original posting, but will not remain available on-line indefinitely. Read and/or copy the material when it is posted.

**GRADED COURSE ACTIVITIES:**
According to the Department of Speech-Language Pathology and Audiology Graduate Admissions Policy, Procedures and Practices (http://www.csus.edu/HHS/SPA/accreditation/accreditation%20docs/GGraduate%20admissions%20Policy,procedures%20and%20practices.pdf), students failing to maintain a GPA of 3.00 are automatically placed on academic probation. In addition, any course grade below a “B-” must be repeated. Therefore, students should track their progress towards meeting each learning outcome by listing their grades on the table listed above over the course of the semester. The instructor will use a variety of activities and strategies to ensure maximizing students’ opportunities to learn and to integrate information presented in this course. Assessment data from these activities will be used to evaluate students’ mastery of each learning outcome and the assignment of an earned grade.

All assignments must be completed and turned in during class, on time, and in the correct form. Late assignments, those in an incorrect form, or e-mailed assignments will receive no credit accepted without a serious and compelling reason and/or doctor’s note and instructor approval. Late or missing assignments will negatively affect the student’s grade.

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### METHODS OF EVALUATION:

<table>
<thead>
<tr>
<th>ASSIGNMENT</th>
<th>POINT VALUE</th>
<th>DATE SCHEDULED</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CLASS PARTICIPATION</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Format: Student will attend and participate in scheduled weekly class meetings including small/whole group discussions, active learning activities, and/or other in-class assignments. Including 1 IPE Event</td>
<td>150</td>
<td>15 class meetings</td>
</tr>
<tr>
<td>Points: 10 points per week</td>
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<td></td>
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<tr>
<td><strong>CASE PRESENTATION</strong></td>
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<tr>
<td>Format: During the semester, each student will present: <strong>one</strong> (1) case presentation including relevant clinical information, provide three (3) resources, and pose one (1) question for peer/instructor.</td>
<td>60</td>
<td>The assigned presentation schedule will be provided.</td>
</tr>
<tr>
<td>Points: 60 points</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Writing Assignments</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Each student will provide hard copy reflections to be included in Resource Notebooks (as assigned).</td>
<td>140</td>
<td>7 Total Reflections</td>
</tr>
<tr>
<td>Points: 20 points for each reflection</td>
<td></td>
<td></td>
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<tr>
<td><strong>RESOURCE NOTEBOOK</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Format: Hard copy.</td>
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<td></td>
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<tr>
<td>Points: 60 points</td>
<td></td>
<td></td>
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<tr>
<td><strong>Total Points</strong></td>
<td>410</td>
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</tbody>
</table>
GRADING:
Final grades will be based on the Total of all assignments, as listed above.
Note: For more information about grading at Sac State, visit the academic policies and grading section of the university catalog.

Learning Outcomes Competencies: (CSAD 242C):

Mastery of each student learning outcome listed below is indicated by a grade of C or better on each component of the corresponding measures listed in the table. Students are required to track their progress towards meeting each learning outcome and must make an appointment with the instructor for any grade equal to or less than a C. The instructor will suggest strategies to help you establish competence and knowledge in these areas.

Students should track their progress towards meeting each learning outcome by listing their grades on the table below over the course of the semester.

CSAD 242C SPECIFIC STUDENT LEARNING OUTCOMES:
1. Active engagement in class learning/application of learning to clinic experience.
2. Understanding of standardized tests/interview process for neuro clients.
3. Competence with understanding Lab Values.
5. Understanding of Assessment/Therapy Materials for Aphasia/Verbal Apraxia.
7. Understanding of key components for successful interviewing for medical-based internships.
8. Understanding of Parkinson’s Disease/Deep Brain Stimulator/LSVT Loud Program.
9. Educating cohorts about experiences with 1 client, evidence-based research for therapy techniques.
10. Create resource notebook with resources from community, assessment and therapy materials.

<table>
<thead>
<tr>
<th>Course Learning Outcome</th>
<th>Components Indicating Competence</th>
<th>Grades Received</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Students are expected to participate/engage in all class activities and discussions.</td>
<td>Class Participation, active engagement, application of class learning in clinic.</td>
<td></td>
</tr>
<tr>
<td>2 Reflection: First experience with client assessment/interview.</td>
<td>Complete and submit the reflection assignment</td>
<td></td>
</tr>
<tr>
<td>3 Reflection: Understanding of value of Lab Values.</td>
<td>Complete and submit the reflection assignment</td>
<td></td>
</tr>
<tr>
<td>4 Reflection: Learning value of IEP/collaboration with nursing students.</td>
<td>Complete and submit the reflection assignment</td>
<td></td>
</tr>
<tr>
<td>5 8 Reflection: Insight to materials for aphasia/verbal apraxia</td>
<td>Complete and submit the reflection assignment</td>
<td></td>
</tr>
<tr>
<td>6 Reflection: Insight into post concussion syndrome/TBI</td>
<td>Complete and submit the reflection assignment</td>
<td></td>
</tr>
<tr>
<td>7 Reflection: Key components for successful interview process</td>
<td>Complete and submit the reflection assignment</td>
<td></td>
</tr>
<tr>
<td>8 Reflection: Understanding of Parkinson’s Disease/Deep Brain Stimulator</td>
<td>Complete and submit the reflection assignment</td>
<td></td>
</tr>
<tr>
<td>9 Share Case Study Presentation</td>
<td>Case study from his/her assigned clinic clients and pose one (1) question/concern/issue to the class to generate a group discussion, and share three (3) relevant resources</td>
<td></td>
</tr>
<tr>
<td>10 Resource Notebook: Create and provide resource notebook</td>
<td>Students are expected to locate and save a variety of resources related to clinical services.</td>
<td></td>
</tr>
<tr>
<td>Letter Grade</td>
<td>Percentage</td>
<td>Performance</td>
</tr>
<tr>
<td>--------------</td>
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<td>----------------------</td>
</tr>
<tr>
<td>A</td>
<td>93-100%</td>
<td>Excellent Work</td>
</tr>
<tr>
<td>A-</td>
<td>90-92%</td>
<td>Nearly Excellent Work</td>
</tr>
<tr>
<td>B+</td>
<td>87-89%</td>
<td>Very Good Work</td>
</tr>
<tr>
<td>B</td>
<td>83-86%</td>
<td>Good Work</td>
</tr>
<tr>
<td>B-</td>
<td>80-82%</td>
<td>Mostly Good Work</td>
</tr>
<tr>
<td>C+</td>
<td>77-79%</td>
<td>Above Average Work</td>
</tr>
<tr>
<td>C</td>
<td>73-76%</td>
<td>Average Work</td>
</tr>
<tr>
<td>C-</td>
<td>70-72%</td>
<td>Mostly Average Work</td>
</tr>
<tr>
<td>D+</td>
<td>67-69%</td>
<td>Below Average Work</td>
</tr>
<tr>
<td>D</td>
<td>60-66%</td>
<td>Poor Work</td>
</tr>
<tr>
<td>F</td>
<td>0-59%</td>
<td>Failing Work</td>
</tr>
</tbody>
</table>

**COMMITMENT TO INTEGRITY:**
As a student in this course (and at this university) you are expected to maintain high degrees of professionalism, commitment to active learning and participation in this class and also integrity in your behavior in and out of the classroom.

**Sac State’s Academic Honesty Policy & Procedures**
“The principles of truth and honesty are recognized as fundamental to a community of scholars and teachers. California State University, Sacramento expects that both faculty and students will honor these principles, and in so doing, will protect the integrity of academic work and student grades.” Read more about Sac State’s Academic Honesty Policy & Procedures at the following website: http://www.csus.edu/umanual/AcademicHonestyPolicyandProcedures.htm

**Definitions:** At Sac State, “cheating is the act of obtaining or attempting to obtain credit for academic work through the use of any dishonest, deceptive, or fraudulent means.”

“Plagiarism is a form of cheating. At Sac State, “plagiarism is the use of distinctive ideas or works belonging to another person without providing adequate acknowledgement of that person’s contribution.”

**Source:** Sacramento State University Library

**Note:** Any form of academic dishonesty, including cheating and plagiarism, may be reported to the office of student affairs.

**UNDERSTAND WHEN YOU MAY DROP THIS COURSE**
It is the student’s responsibility to understand when he/she need to consider disenrolling from a course. Prefer to the Sac State Course Schedule for dates and deadlines for registration. After this period, a serious and compelling reason is required to drop from the course. Serious and compelling reasons include: (a) documented and significant change in work hours, leaving student unable to attend class, or (b) documented and severe physical/mental illness/injury to the student or student’s family. Under emergency/special circumstances, students may petition for an incomplete grade. An incomplete will only be assigned if there is a compelling extenuating circumstance. All incomplete course assignments must be completed by the department’s policy.

**ACCOMMODATIONS:**
Inform your instructor of any accommodations needed. If you have a documented disability and verification from the Office of Services to Students with Disabilities (SSWD), and wish to discuss academic accommodations, please contact your instructor as soon as possible. It is the student’s responsibility to provide documentation of disability to SSWD and meet with a SSWD counselor to request special accommodation before classes start. SSWD is located in Lassen Hall 1008 and can be contacted by phone at (916) 278-6955 (Voice) or (916) 278-7239 (TDD only) or via email at sswd@csus.edu
**Detailed Class Assignments/Requirements & Activities**

*If clinical questions or concerns arise, the students may contact the professor at any time during the semester.*

| Participation: Weekly class meetings (150 Points) | ● Each class meeting will be unique and include a variety of activities including guest presentations, active learning activities and/or small/whole group discussions. Student attendance is required for all class meetings.  
● Class meetings will be held on Thursday mornings, but the time/location may vary according to the activity/speaker. Specific details will be announced in class and may be emailed and/or posted on SacCT Calendar. See “Tentative Lecture/Activity Schedule,” listed below.  
● Students are expected to participate in all class activities and discussions.  
● **Make-up participation points for a missed class** are approved at the discretion of the instructor only, and **if approval is granted**, will be in the form of a special project/assignment. |
| --- | --- |
| Case Study Presentation (60 Points) | ● According to the presentation schedule provided, each student will present (1) case study from his/her assigned clinic clients and pose one (1) question/concern/issue to the class to generate a group discussion, and share three (3) relevant resources verbally.  
● Students are encouraged to share a clinical-based question for instructor and/or peer feedback/support. |
| Writing Assignments (140 Points) | ● Students will complete and submit the reflection writing assignments (hard copy, completed in class (as designated). |
| Resource Notebook (60 Points) | ● Students are expected to identify, locate, and save a variety of resources related to clinical services including (but not limited to) screening tools, informal assessments, apps, therapy approaches, current publications, community-based groups and services, websites and other resources.  
● Throughout the semester, each student will create a hard copy resource notebook.  
● By the end of the semester, each student will have a substantial resource hard copy notebook to be used in medical-based internship placement and beyond.  
● Students will present his/her hard copy notebook to the instructor at the end of the semester. |
<table>
<thead>
<tr>
<th>Week</th>
<th>Date</th>
<th>Topic</th>
<th>Time/Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>January 26</td>
<td>Lecture: Review of Syllabus and Class Requirements Assessment Tools/ SOAPS Notes Yes/No Reliability Assessment Test Scoring Interpretation/Goal Writing Response Forms Location: Shasta Hall, Room #250</td>
<td>Time: 10:00 – 10:50 a.m. Materials: Preferred note-taking items Syllabus hard copy and/or electronically</td>
</tr>
<tr>
<td>2</td>
<td>February 2</td>
<td>Guest Presentation: Jim Conrad, Ph. D., Therapy Demonstration/Materials for Aphasia, Verbal/Oral Apraxia Location: Shasta Hall, Room #250</td>
<td>Time: 10:00 a.m. – 10:50 a.m. Materials: Preferred note-taking items</td>
</tr>
<tr>
<td>3</td>
<td>February 9</td>
<td>Lecture: Dr. Nassrine Noureddine Lecture: Understanding Labs Activity: Team-based Learning Activity Location: Shasta Hall, Room #250</td>
<td>Time: 10:00 a.m. – 10:50 a.m. Materials: Preferred note-taking items</td>
</tr>
<tr>
<td>4</td>
<td>February 16</td>
<td>Activity: SIM Lab Training with Nursing Students Location: Folsom Hall, 1st Floor. Room # 1029 SIM Lab</td>
<td>Time: 7:30 a.m. – 12:00 p.m. (½ class will attend for first part of session and ½ the class will attend for second part of session) Specific schedule to be emailed Materials: Print materials emailed and bring to SIM Lab Clipboard, flashlight, pen Business Casual Dress</td>
</tr>
<tr>
<td>5</td>
<td>February 23</td>
<td>Lecture: Activity: Team-based Learning Activity: Understanding Lab Values Cognitive Therapy Assessment/Therapy Materials Internet/Computer Programs for Therapy Tools/Therapy Binders/Home Programs, Verbally Program, Speech Sounds on Cue Value of Support Groups Location: Shasta Hall, Room #250</td>
<td>Time: 10:00 a.m. – 10:50 a.m. Materials: Preferred note-taking items</td>
</tr>
<tr>
<td>6</td>
<td>March 2</td>
<td>Aphasia and Dysarthria: Assessment and Therapy Materials: Location: Shasta Hall, Room #250</td>
<td>Time: 10:00 a.m. – 10:50 a.m. Materials: Preferred note-taking items</td>
</tr>
<tr>
<td>7</td>
<td>March 9</td>
<td>Lecture: Right Cerebral Vascular Accident/Therapy Materials Location: Shasta Hall, Room #250</td>
<td>Time: 10:00 a.m. – 10:50 a.m. Materials: Preferred note-taking items</td>
</tr>
<tr>
<td>8</td>
<td>March 16</td>
<td>Guest Presentation: Impact of Post Concussion Syndrome: Retired Lawyer, Artist, Inspirer: Tina Greene, J.D. Location: Shasta Hall, Room #250</td>
<td>Time: 10:00 a.m. – 10:50 a.m. Materials: Preferred note-taking items</td>
</tr>
<tr>
<td></td>
<td>March 23</td>
<td>SPRING BREAK: Replenish, Restore, Relax</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>March 30</td>
<td>Guest Presentation: Dr. Stuart Gherini Parkinson’s Disease: Deep Brain Stimulator, LSVT LOUD Program Location: Shasta Hall, Room #250</td>
<td>Time: 10:00 a.m. – 10:50 a.m. Materials: Preferred note-taking items</td>
</tr>
<tr>
<td>10</td>
<td>April 6</td>
<td>Lecture: ALS/MS and Dementia Therapy Materials Location: Shasta Hall, Room #250</td>
<td>Time: 10:00 a.m. – 10:50 a.m. Materials: Preferred note-taking items</td>
</tr>
<tr>
<td>11</td>
<td>April 13</td>
<td>Lecture: Support Groups, Community Resources: CTAP, CTEC Location: Shasta Hall, Room #250</td>
<td>Time: 10:00 a.m. – 10:50 a.m. Materials: Preferred note-taking items</td>
</tr>
<tr>
<td>12</td>
<td>April 20</td>
<td>Interviewing, preparing for internship experiences. Location: Shasta Hall, Room #250</td>
<td>Time: 10:00 a.m. – 10:50 a.m. Materials: Preferred note-taking items</td>
</tr>
<tr>
<td>13</td>
<td>April 27</td>
<td>Lecture: Student Presentations and Discussions of Clients Location: Shasta Hall, Room #250</td>
<td>Time: 10:00 a.m. – 10:50 a.m. Materials: Preferred note-taking items</td>
</tr>
<tr>
<td>14</td>
<td>May 4</td>
<td>Lecture: Wrapping it Up Student Presentations and Discussions of Clients Turn-in Resource Notebook Location: Shasta Hall, Room #250</td>
<td>Time: 10:00 a.m. – 10:50 a.m. Materials: Hard copy resource notebook due</td>
</tr>
</tbody>
</table>
For all reports, student clinicians are required to use this format:

Maryjane Rees Language, Speech and Hearing Center
Communication Sciences and Disorders Department
California State University, Sacramento
6000 J Street
Sacramento, CA 95819-6071
T:(916) 278-6601    F:(916) 278-7730

Initial Case/Final Case/Assessment Report
Spring/Fall Semester (year)

Client Name:         File#:            File#:
Date of Birth:        Date of
Report:
Age:
Parents:
Address:

Phone:

Graduate Clinician:
Clinical Instructor:

Diagnoses:

- **Fonts:** Please use Garamond as this is a Sac State authorized font.
- **Footer:** You must have a footer which indicates STUDENT REPORT (centered).
- **Header:** You must have a header which indicates File # and page x of y (right alignment).
- **Margins:**
  - Left and top @ 1”
  - Right @ 0.7”
• Bottom @ 0.5”
The following is an example of report content. Be sure to use the report structure, as indicated above. All students in on-campus clinics are required to use the same format.

**Background History and Information**
This section includes referral source, prior speech therapy, diagnosis and onset date, past medical history, prior level of function (e.g., employment, educational level, communication abilities), and current status (e.g., living environment, employment, physical abilities, medications).

**Assessment**
This will be a statement describing the testing environment, dates of testing, and overall performance (attention, cooperation, etc.).

**Receptive Language**

**Auditory Comprehension**
Include results of formal tests (please follow the appropriate format), as well as informal impressions (e.g., ability to follow conversation, ability to understand depending on length and complexity, etc.).

**Visual Comprehension**
Include results of formal tests, as well as clinician-derived reading tasks. Be sure to discuss visual neglect and vision correction, if applicable. Comment on comprehension of gestures and other non-verbal cues.

**Expressive Language**

**Verbal Expression**
Include results of formal tests, as well as spontaneous productions. Describe the quality of utterances (e.g., fluent, non-fluent, jargon, phonemic paraphasic errors) and provide examples. Also include spontaneous use of gestures, or ability to use an alternative or augmentative communication device (which could be as simple as pointing to a word from a choice of three).

**Written Expression**
This section includes writing, which may be as minimal as a signature, or as complex as a consumer complaint letter.

**Speech**

**Oral-Motor Function**
Comment on the structure and function of the oral periphery. Include results of formal tests, and description of the quality of speech (e.g., spastic dysarthria, oral and verbal dyspraxia).

**Speech Intelligibility**

**Impressions/Summary of Assessment**
This section should be *brief*, and includes the type and severity of aphasia, as well as overall communicative abilities and prognosis. You should then follow with a brief *analysis* that discusses the functional problems that are a result of the speech-language deficit.
**Plan of Care/Recommendations**
Make recommendations for frequency and duration of therapy, as well as participants (spouse, children), and any applicable home program. You can also discuss recommendations for outside of therapy, such as whether or not your client should manage his/her own checkbook, and community referrals (e.g., support groups, audiological evaluation).

**Goals**

Long-term goals
These should be **broad**, **functional**, achievable, and measurable, and include an assistance level.

Short-term goals
These should be **more specific**, achievable, and measurable, and include an assistance level.
Goals which you think can be achieved by the end of the semester. These goals should be set with the client’s input and feed into the broad, functional, long-term goals. These are part of the plan of care.

**Signatures**

Check with your supervisor how his/her name should be written. One example:

Darla K. Hagge Ph.D., CCC-SLP
CA License# SP15430
Summary of History and Assessment: You should be able to summarize the first two sections of your initial case report here; most likely we will place just this (the final) report in the client’s chart, so this section is very important. No more than two paragraphs, ideally just one. (Picture yourself as a busy physician; what information do you care about? Now picture yourself as an insurance reviewer; same question. Finally, picture yourself as the speech pathologist at the next level of care; same question).

Result of Treatment: The easiest way to structure this section is to begin with a brief summary (e.g., was seen for a total of 22 fifty minute sessions, the majority of which were conducted in a group of two; he made excellent progress and was an extremely hard worker, etc.). Then, simply restate your initial goals and respond. For example:

1) In a structured setting, Mr. H will successfully convey novel thoughts using a combination of speech, gestures, and picture board, three times per session.

Goal exceeded. Mr. H was able to express a multitude of ideas at least five times per session, after an initial reminder by the clinician to use his picture board.

You can then address any new goals that were established after the initial case report was written. OR, since we probably won’t file the initial case report, simply list any and all goals that came up in the course of therapy. Be sure they are the functional, long-term goals, and not the “baby-step” objectives from each individual therapy session.

Recommendations: Here is where you can recommend not only continued therapy (or not), but also community resources and referrals that you have made (including NeuroService Alliance), as well as strategies for your client to continue using.

Signatures...