California State University, Sacramento  
Department of Speech Pathology and Audiology

Course: SPHP 295 I and S  
Instructor: Robert Pieretti, Ph.D., CCC-SLP

- Internship, Itinerant Language, Speech and Hearing Specialist (LSHS) in Public Schools (SPHP 295 I)
- Internship, CD Special Day Class (SDC) Teacher in Public Schools (SPHP 295 S)

Location: Public Schools  
Times: 5 days/week  
Office: 166 Shasta  
Phone: 916-278-6759  
Email: rpieretti@csus.edu  
Office Hours: TBA

Place of Course in the Program: The purpose of this course is to provide the student with supervised public school experience in all aspects of an itinerant Language, Speech, and Hearing program and/or a Communication Handicapped Special Day Class experience on a full time, five day per week basis. This course fits into the overall Speech-Language Pathology Services Credential with or without the Special Day Class Authorization in that the student will be involved in the following: screening, assessing/evaluating, scheduling, implementing, and conducting a Language, Speech, and Hearing program in the public schools, and/or conducting evaluations and preparing and implementing curriculum delivery in the Special Day Class environment. The implementation will be conducted using all techniques, methods, procedures, and written reporting required under current laws, regulations, and district policies.

Requirements and Prerequisites: Concurrent enrollment in the SPHP 250 Seminar course is required unless the student has obtained permission from the instructor. Prerequisites for this course include: successful completion of an undergraduate major in Speech/Language Pathology and Audiology (or equivalent as determined by the Department) and the advanced specialization requirements for the Speech-Language Pathology Services Credential and Special Day Class Authorization, with the exception of the SPHP 250 course, which is to be taken concurrently. **Note: Please be advised that you may not begin the placement until you have successfully submitted the required documentation to the department for filing as required by the Clinic Coordinator. This documentation includes, among other things, the California Commission on Teacher Credentialing (CTC) Certificate of Clearance, TB Test verification, CPR certification, Hep B vaccination, and California Basic Educational Skills Test (CBEST) results.

I. Course Objectives
This course has been designed to be in direct support of the following:

1. The specific American Speech-Language Hearing Association (ASHA) Knowledge and Skills Acquisition (KASA) Standards listed on the pages at the end of this syllabus
2. The following California Commission on Teacher Credentialing (CTC) Standards:
   - Program Design Standard 1 (Intern Delivery Model)
   - Program Design Standard 8 (Participating in ISFP/IEPs and Post-Secondary Transition Planning)
   - Speech-Language Pathology Services Credential Standard 6 (School Field Experience)
   - Speech-Language Pathology Services Credential Standard 7 (Consultation and Collaboration)
• Speech-Language Pathology Services Credential Standard 8 (Assessment of Candidate Performance)
• Special Day Class Authorization Standard 1 (Knowledge and Skills of Assessment in General Education)
• Special Day Class Authorization Standard 2 (Curricular and Instructional Skills in General Education)
• Special Day Class Authorization Standard 3 (General Education Field Experiences)
• Special Day Class Authorization Standard 4 (Assessment of Academic Abilities)
• Special Day Class Authorization Standard 5 (Academic Instruction)

The student will work with students from different age/grade ranges with a variety of speech, language, hearing, and communication disorders (articulation, fluency, voice and resonance, receptive and expressive language, hearing impaired, autism, etc.) who communicate with a wide variety of communication modalities (oral, manual, AAC) in a wide variety of academic placements (individual, small group, and/or large group instruction) to obtain practice and develop skills in the following areas:

A. Methods of prevention and appropriate assessment and intervention of communication disorders, including all procedures and written reporting required by laws, regulations, and district policies
B. Participation in (including information presentation) during IFSP/IEP meetings, including eligibility and planning meetings and transition planning meetings. Participation in Student Study Team meetings related to classroom accommodations and modifications of curriculum and monitoring of student progress to develop an understanding of multi-tiered intervention (Response to Intervention)
C. Creation of measurable teaching objectives
D. Program scheduling and implementation
E. Planning and implementation of appropriate daily teaching procedures/lesson plans
F. Choice and use of appropriate testing and measurement materials and techniques for assessing oral language, reading and written language skills. Choice and use of appropriate teaching materials.
G. Sequencing teaching tasks
H. Understanding the relationship between language and the core academic curriculum and the impact/interaction of speech, language, and hearing disorders on student performance
   1. Understanding (Itinerant and SDC) and demonstrating (SDC) a variety of pedagogical approaches to reading, writing, and mathematics teaching
   2. Development of curriculum relevant goals
   3. Participation in consultation with general education classroom teachers
4. Participation in consultation with other general education and special education professionals
5. Understanding how the linguistic, cognitive, and social aspects of communication impact the student’s ability across the curriculum.

I. Development of appropriate reinforcement techniques
J. Behavior management
   1. Planning strategies for maintaining on-task behavior
   2. Implementation of strategies for maintaining on-task behavior
K. Accurate data recording to ensure a record of individual student progress
L. Making appropriate referrals based on information obtained from the assessment and/or teaching process
M. Developing written documentation that is pertinent, accurate, clear, concise, well-organized, and grammatically correct. Effective communication with parents, families, and related professionals
N. Formulation and use of criteria for improving one’s own instructional Competence
O. Orientation to and experience with ongoing professional education and contemporary professional issues and ethical conduct.
P. Processes used in research and the integration of research principles into evidence-based clinical practice
Q. Begin to develop methods for self-evaluating effectiveness of practice
R. Assessment of and delivery of services to students from culturally and linguistically diverse backgrounds

II. Course Details

Readings: Specific readings may be assigned by the Master Clinician.
Materials: Materials will be created by the student clinician and/or shared by the Master Clinician.
Content: Course content will include, but not be limited to:
   • Observations
   • Daily supervised instruction
   • Supervised review of daily teaching procedures/lesson plans, written reports, etc.
   • Regularly scheduled conferences with the Master Clinician and University Supervisor
   • Participation in mid-semester and final evaluation conferences with the Master Clinician and University Supervisor

Policies: The following outline the basic expectations of a student clinician:
   • Maintain professional and ethical conduct at all times and with particular regard to issues of confidentiality
   • Prepare daily lesson plans including objectives, methods, criteria, and reports of response to instruction for each client
   • Attend regularly scheduled conferences with Master Clinician and University Supervisor
   • Attend all staff and other meetings arranged by Master Clinician.
As with other practicum experiences, once the student has begun the practicum, dropping the class is prohibited, except in the case of medical necessity or extraordinary circumstances as approved by the Department of Speech Pathology and Audiology.

III. Grading Policy

The final grade is Pass/Fail. Your grade for internship performance is based on the associated Final Clinical Competency Form. A passing grade for clinic performance is based on the Final Clinical Competency Form. You should review this form BEFORE clinic starts so that you are aware of all items that will become part of your formative and summative assessment for this clinic. The Clinical Competency form will be completed by your clinical instructor at midterm and at final, but it is the final Clinical Competency Report on which your clinic grade is based. The Clinical Competency Form is separated into four (4) general competency categories: Writing, Assessment, Treatment, and Professional Behavior. Each general competency area consists of numerous individual line items.

A passing grade for each clinic is a B- or higher. A passing grade is obtained by achieving a rating of 80% or better on the average combined score of the 4 general competency categories, provided that the student achieves; (a) an average rating of 80 or better for each of the 4 general competency categories and (b) a minimum score of 60 on all individual competency line items. Therefore, any student receiving (a) a rating of 59 or less on any one (or more) specific line item or (b) a rating of 79 or less for a competency category will not pass the clinic, even if their average combined score of the 4 general competency categories is a B- or higher. In such cases, a grade of C+ will be given for the clinic.

Letter grades will be based upon the following:

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<tr>
<th>SCORE</th>
<th>GRADE</th>
<th>DESCRIPTION</th>
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| 93 – 100% | A | **Exceeds Performance Expectations** (Minimum assistance required)  
- Clinical skill/behavior well-developed, consistently demonstrated, and effectively implemented  
- Demonstrates creative problem solving  
- Clinical Instructor consults and provides guidance on ideas initiated by student |
| 90 – 92% | A- | |
| 87 – 89% | B+ | **Meets Performance Expectations** (Minimum to moderate assistance required)  
- Clinical skill/behavior is developed/implemented most of the time, but needs continued refinement or consistency  
- Student can problem solve and self-evaluate adequately in-session  
- Clinical Instructor acts as a collaborator to plan and suggest possible alternatives |
<p>| 83 – 86% | B | |
| 80 – 82% | C+ | |</p>
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<th>Percentage Range</th>
<th>Grade</th>
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<td>80 – 82%</td>
<td>B-</td>
<td>Needs Improvement in Performance (Moderate assistance required)</td>
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<td>- Inconsistently demonstrates clinical skill/behavior</td>
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<td>- Student’s efforts to modify performance result in varying degrees of success</td>
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<td>- Moderate and ongoing direction and/or support from Clinical Instructor required to perform effectively</td>
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<td>77 – 79%</td>
<td>C+</td>
<td>Needs Improvement in Performance</td>
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<td>73 – 76%</td>
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<td>Needs Significant Improvement in Performance (Maximum assistance required)</td>
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<td>- Clinical skill/behavior is beginning to emerge, but is inconsistent or inadequate</td>
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<td>- Student is aware of need to modify behavior, but is unsure of how to do so</td>
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<td>- Maximum amount of direction and support from clinical Supervisor required to perform effectively</td>
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<td>67 – 69%</td>
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<td>Unacceptable Performance (Maximum assistance is not effective)</td>
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<td>63 – 66%</td>
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<td>60 – 62%</td>
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<td>Standard III-C</td>
<td>The applicant must demonstrate knowledge of the nature of speech, language,</td>
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<td>hearing, and communication disorders and differences and swallowing disorders,</td>
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<td>including their etiologies, characteristics, anatomical/physiological,</td>
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<td>acoustic, psychological, developmental, and linguistic and cultural correlates.</td>
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<td>Specific knowledge must be demonstrated in the following areas:</td>
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<td>Fluency</td>
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<td>Voice and resonance, including respiration and phonation</td>
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<td>Receptive and expressive language (phonology, morphology, syntax, semantics,</td>
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<td>and pragmatics) in speaking, listening, reading, writing, and manual modalities</td>
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<td>solving, executive functioning</td>
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<td>Standard III-D</td>
<td>The applicant must possess knowledge of the principles and methods of</td>
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<td>prevention, assessment, and intervention for people with communication and</td>
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<td>swallowing disorders, including consideration of anatomical/physiological,</td>
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<td>psychological, developmental, and linguistic and cultural correlates of the</td>
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<td>Communication Modalities</td>
<td>● Assessment</td>
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### Standard IV-G: The applicant for certification must complete a program of study that includes supervised clinical experiences sufficient in breadth and depth to achieve the following skills outcomes (in addition to clinical experiences, skills may be demonstrated through successful performance on academic course work and examinations, independent projects, or other appropriate alternative methods):

#### 1. Evaluation (must include all skill outcomes listed in a-g below for each of the 9 major areas)
- **a.** Conduct screening and prevention procedures (including prevention activities)
- **b.** Collect case history information and integrate information from clients/patients, family, caregivers, teachers, relevant others, and other professionals
- **c.** Select and administer appropriate evaluation procedures, such as behavioral observations nonstandardized and standardized tests, and instrumental procedures
- **d.** Adapt evaluation procedures to meet client/patient needs
- **e.** Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention
- **f.** Complete administrative and reporting functions necessary to support evaluation
- **g.** Refer clients/patients for appropriate services

- Articulation
- Fluency
- Voice and resonance, including respiration and phonation
- Receptive and expressive language (phonology, morphology, syntax, semantics, and pragmatics) in speaking, listening, reading, writing, and manual modalities
- Cognitive aspects of communication (attention, memory, sequencing, problem-solving, executive functioning)
- Social aspects of communication (including challenging behavior, ineffective social skills, lack of communication opportunities)
- Communication modalities (including oral, manual, augmentative, and alternative communication techniques and assistive technologies)

#### 2. Intervention (must include all skill outcomes listed in a-g below for each of the 9 major areas)
- **a.** Develop setting-appropriate intervention plans with measurable and achievable goals that meet clients'/patients' needs. Collaborate with clients/patients and relevant others in the planning process
- **b.** Implement intervention plans (involve clients/patients and relevant others in the intervention process)
- **c.** Select or develop and use appropriate materials and instrumentation for prevention and intervention
- **d.** Measure and evaluate clients'/patients' performance and progress
- **e.** Modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients
- **f.** Complete administrative and reporting functions necessary to support intervention
- **g.** Identify and refer clients/patients for services as appropriate

- Articulation
- Fluency
- Voice and resonance
- Receptive and expressive language
- Hearing, including the impact on speech and language
- Cognitive aspects of communication
- Social aspects of communication
- Communication modalities

#### 3. Interaction and Personal Qualities
- **a.** Communicate effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the client/patient, family, caregivers, and relevant others.
- **b.** Collaborate with other professionals in case management.
- **c.** Provide counseling regarding communication and swallowing disorders to clients/patients, family, caregivers, and relevant others.
- **d.** Adhere to the ASHA Code of Ethics and behave professionally.
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<th>Standard</th>
<th>SubCategory</th>
<th>Focus</th>
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| Standard III-C. The applicant must demonstrate knowledge of the nature of speech, language, hearing, and communication disorders and differences and swallowing disorders, including their etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates. Specific knowledge must be demonstrated in the following areas: | Articulation | ● Etiologies  
● Characteristics |
| | Fluency | ● Etiologies  
● Characteristics |
| | Voice and resonance, including respiration and phonation | ● Etiologies  
● Characteristics |
| | Receptive and expressive language (phonology, morphology, syntax, semantics, and pragmatics) in speaking, listening, reading, writing, and manual modalities | ● Etiologies  
● Characteristics |
| | Cognitive aspects of communication (attention, memory, sequencing, problem-solving, executive functioning) | ● Etiologies  
● Characteristics |
| | Social aspects of communication (challenging behavior, ineffective social skills, lack of communication opportunities) | ● Etiologies  
● Characteristics |
| Standard III-D: The applicant must possess knowledge of the principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates of the disorders. | Articulation | ● Prevention  
● Assessment  
● Intervention |
| | Fluency | ● Intervention |
| | Receptive and Expressive Language | ● Prevention  
● Assessment  
● Intervention |
| | Cognitive aspects of communication | ● Prevention  
● Assessment  
● Intervention |
| | Social aspects of communication | ● Prevention  
● Assessment  
● Intervention |
| | Communication Modalities | ● Assessment |
**Standard IV-G: The applicant for certification must complete a program of study that includes supervised clinical experiences sufficient in breadth and depth to achieve the following skills outcomes (in addition to clinical experiences, skills may be demonstrated through successful performance on academic course work and examinations, independent projects, or other appropriate alternative methods):**

<table>
<thead>
<tr>
<th>1. Evaluation</th>
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</table>
| a. Conduct screening and prevention procedures (including prevention activities) | **Articulation**
| b. Collect case history information and integrate information from clients/patients, family, caregivers, teachers, relevant others, and other professionals | **Fluency**
| c. Select and administer appropriate evaluation procedures, such as behavioral observations nonstandardized and standardized tests, and instrumental procedures | **Voice and resonance, including respiration and phonation**
| d. Adapt evaluation procedures to meet client/patient needs | **Receptive and expressive language** (phonology, morphology, syntax, semantics, and pragmatics) in speaking, listening, reading, writing, and manual modalities
| e. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention | **Cognitive aspects of communication** (attention, memory, sequencing, problem-solving, executive functioning)
| f. Complete administrative and reporting functions necessary to support evaluation | **Social aspects of communication** (including challenging behavior, ineffective social skills, lack of communication opportunities)
| g. Refer clients/patients for appropriate services | **Communication modalities** (including oral, manual, augmentative, and alternative communication techniques and assistive technologies)

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<thead>
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<th>2. Intervention</th>
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</table>
| a. Develop setting-appropriate intervention plans with measurable and achievable goals that meet clients'/patients' needs. Collaborate with clients/patients and relevant others in the planning process | **Articulation**
| b. Implement intervention plans (involve clients/patients and relevant others in the intervention process) | **Fluency**
| c. Select or develop and use appropriate materials and instrumentation for prevention and intervention | **Voice and resonance**
| d. Measure and evaluate clients'/patients' performance and progress | **Receptive and expressive language**
| e. Modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients | **Hearing, including the impact on speech and language**
| f. Complete administrative and reporting functions necessary to support intervention | **Cognitive aspects of communication**
| g. Identify and refer clients/patients for services as appropriate | **Social aspects of communication**

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<thead>
<tr>
<th>3. Interaction and Personal Qualities</th>
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</table>
| a. Communicate effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the client/patient, family, caregivers, and relevant others. | **Communication effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the client/patient, family, caregivers, and relevant others.**
| b. Collaborate with other professionals in case management. | **Communicate effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the client/patient, family, caregivers, and relevant others.**
| c. Provide counseling regarding communication and swallowing disorders to clients/patients, family, caregivers, and relevant others. | **Collaborate with other professionals in case management.**
| d. Adhere to the ASHA Code of Ethics and behave professionally. | **Provide counseling regarding communication and swallowing disorders to clients/patients, family, caregivers, and relevant others.**