ORIENTATION TO THE SPEECH AND HEARING CLINIC

Objectives and Scope

The Auburn University Speech and Hearing Clinic is dedicated to the following purposes:

1. Serving as a teaching facility for students who are studying disorders of human communication and who intend to become audiologists and speech-language pathologists;

2. Administering diagnostic and therapeutic services to hearing, speech, and/or language-impaired;

3. Conducting research in the field of communication disorders.
# AUBURN UNIVERSITY
DEPARTMENT OF COMMUNICATION DISORDERS
DOCTOR OF AUDIOLOGY PROGRAM
MANUAL OF POLICIES AND PROCEDURES

## TABLE OF CONTENTS

### Section 1 – Patient forms

<table>
<thead>
<tr>
<th>Form</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Letter of introduction</td>
<td>5</td>
</tr>
<tr>
<td>Parking suggestions</td>
<td>6</td>
</tr>
<tr>
<td>Adult case history form</td>
<td>8</td>
</tr>
<tr>
<td>Child case history form</td>
<td>10</td>
</tr>
<tr>
<td>Authorization form</td>
<td>13</td>
</tr>
<tr>
<td>Application for inclusion under variable fee schedule</td>
<td>14</td>
</tr>
</tbody>
</table>

### Section 2 – Audiology Clinic policies

<table>
<thead>
<tr>
<th>Policy</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policies for patient confidentiality</td>
<td>15</td>
</tr>
<tr>
<td>Audiology Clinic policies</td>
<td>17</td>
</tr>
<tr>
<td>Clinic services</td>
<td>19</td>
</tr>
<tr>
<td>Hearing aid walk-in clinic</td>
<td>21</td>
</tr>
<tr>
<td>Infection control policy</td>
<td>24</td>
</tr>
<tr>
<td>Auditory processing evaluation information</td>
<td>29</td>
</tr>
<tr>
<td>Balance assessment information</td>
<td>31</td>
</tr>
</tbody>
</table>

### Section 3 – CMDS 8910 Clinical Problems in Hearing

<table>
<thead>
<tr>
<th>Course syllabus</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMDS 8910 course syllabus</td>
<td>32</td>
</tr>
<tr>
<td>Indemnity and hold harmless agreement</td>
<td>40</td>
</tr>
<tr>
<td>Evaluation of clinical performance</td>
<td>41</td>
</tr>
<tr>
<td>Grading summary form</td>
<td>43</td>
</tr>
<tr>
<td>Student evaluation of teaching and supervision</td>
<td>44</td>
</tr>
</tbody>
</table>

### Section 4 – Documentation of practicum hours

<table>
<thead>
<tr>
<th>Documentation</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Documentation of practicum hours information</td>
<td>45</td>
</tr>
<tr>
<td>Practicum hours off-campus activities</td>
<td>47</td>
</tr>
<tr>
<td>Audiology weekly ASHA hour log</td>
<td>48</td>
</tr>
<tr>
<td>Semester summary of supervised clinical practicum</td>
<td>49</td>
</tr>
<tr>
<td>Cumulative documentation of clinical experience</td>
<td>51</td>
</tr>
</tbody>
</table>

### Section 5 – Screening

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minimal requirements for student clinicians</td>
<td>52</td>
</tr>
<tr>
<td>Community free screenings information</td>
<td>53</td>
</tr>
<tr>
<td>Criteria for complimentary outreach services</td>
<td>54</td>
</tr>
<tr>
<td>Policies regarding student participation and equipment use</td>
<td>55</td>
</tr>
</tbody>
</table>
Section 6 – AU Department of Public Safety and Security

| Auburn University emergency situations | 56 |

Section 7 – Professional Issues

| Standards Committee Excused Absence | 62 |
| Non-discrimination policy            | 64 |
| Professional organizations          | 66 |
| Codes of Ethics                     | 67 |
Dear Client:

Thank you for choosing to receive an evaluation at the Auburn University Speech and Hearing Clinic. Our goal is to provide the highest quality of service available and to make your visit to our Clinic as pleasant as possible. In this packet, you will find information related to your appointment:

1. **Case History Form:** This form provides important background information to use in planning your evaluation. Please complete the case history, sign the Authorization form, and if possible, return the forms to the Clinic PRIOR TO THE DATE OF YOUR SCHEDULED APPOINTMENT in the enclosed envelope (or bring the forms with you to your appointment).

2. **Parking Information:** We have provided a campus map, driving directions, and parking information to help you locate various routes to our building and parking areas.

3. **Parking Permit:** We have enclosed a parking permit, valid for the date of your evaluation. Hang the permit on your rearview mirror facing outward.

4. **Appointment Reminder Card:** A reminder card with the date and time of your evaluation is also enclosed in this packet.

**Medicaid referral form:** If your child is covered by Alabama Medicaid and the primary physician has ordered an evaluation, we must have a Medicaid referral form, signed and dated by the physician, on file prior to scheduling this appointment. In addition, you will be asked to present your child’s Medicaid card when you arrive at the Clinic.

**Insurance:** We accept Blue Cross Blue Shield of Alabama, which covers some speech/language services depending upon your policy. Please bring your insurance card with you to the visit. Typically, audiology services and hearing aids are not included in insurance policies.

We look forward to meeting you and serving your communication needs.

Sincerely,

Nancy Jeanne Haak, Ph.D.
Clinic Director and Department Chair
Parking Suggestions
for AU Speech & Hearing Clinic

PHONE NUMBER (334) 844-9600

Suggestion 1: The Stadium Parking Deck. Walk or Ride.
You may park in one of the 9 “Restricted Clinic Only” spaces on the first floor or you may
drive to the top of the parking deck and park anywhere on the fourth floor that has an
available space. You must display your clinic-provided parking pass and, if appropriate,
your handicapped hang tag. From this deck you can either walk the one block to Haley
Center and the Clinic or you may catch the golf cart and ride to the Haley curb where the
accessible sidewalk ramp leads to the back entrance of the Clinic. Follow the signs to the
reception lobby.

How to drive to the deck: Enter campus on W. Samford Ave; approach either from
the east, passing the President’s house on your left or from the west, passing the
Athletic Complex on your left. Turn onto Donahue Dr. (at the corner of Sewell Hall
Dorm and the Athletic Complex); baseball stadium is on your right. Turn right at the
first light onto Heisman Dr. (football stadium now on your left) and turn right into
parking deck. If you are stopped by a guard, explain that you are a client at the AU
Speech and Hearing Clinic, and show your parking pass. As you come into the
parking deck you will drive up the ramp and continue your way around the deck to
reach the top floor. There may be an attendant there that will ask if you need a
temporary pass, simply show them your parking pass. Be sure to place the parking
pass on your rearview mirror facing outward.

How to catch the golf cart: This wheelchair accessible golf cart makes a continuous
loop from the elevator on the first floor of the deck to the Haley Center Door. After
your appointment, exit the back of the Clinic and go down the ramp to wait
curbside for a return trip to your car.

Suggestion 2: The Quad Center Lot.
You may park in either the 8 "Restricted Parking Client with Permit Only" spaces or the 7
Handicapped spaces of the Quad Center lot. You must display your clinic-provided
parking pass and, if appropriate, your handicapped hang tag. This lot is a close and level,
wake (about 180 paces) to the south entrance of Haley Center. The AU Speech and Hearing
Clinic is just inside on the left.

How to drive here: From downtown College Street turn on Thach Ave entering main
campus gateway (corner with Samford Hall). From Thach take the first left onto Mell
St then the first right onto Quad Center Dr. and go all the way down, veering to the
right. This is a dead end but both clinic and handicapped parking is on the right near
the end loop.

Suggestion 3: Temporary Loading-Unloading Zone beside Clinic.
For clients needing to be driven closest to the Clinic and dropped off by their driver the Clinic
reserves one space for 15-minute loading and unloading. This is the one parking space closest
to the Clinic - curbside on the west side of Haley Center. Once there, you may use your cell phone to call 844-9600 and request personal assistance from our student clinicians. The Clinic also has a wheelchair that can be brought to your car. If available you may park in any of the handicap spaces there as long as you display your handicap tag and the clinic parking pass.

**How to drive to this close 15 minute loading-unloading space:** Enter campus on W. Samford Ave; approach either from the east, passing the President’s house on your left or from the west, passing the Athletic Complex on your left. Turn onto Donahue Dr. (at the corner of Sewell Hall Dorm and the Athletic Complex); baseball stadium is on your right. Turn right at the first light onto Heisman Dr. Pull up to the guard seated on the left side of the road and show him your handicap tag along with the clinic parking pass. (BE SURE TO HAVE HANDICAP TAG AND CLINIC PARKING PASS.) Continue past the Tiger Transit Bus Stops and loop around the stadium until you come to the first parking lot on the right. Clients may be dropped off from this point or you may park in a handicap space if there is one available.

**Driving Directions to AU Speech & Hearing Clinic**

**From 1-85 southbound (from Atlanta)**
Take Exit 51. Turn right onto Highway 29 (S College Street). To park in the Stadium Deck, go to the 5th traffic light and turn left (W Samford Avenue), then follow Suggestion 2 above. To park at the Quad Center, go to the 6th traffic light, turn left on Thach and follow Suggestion 1 above.

**From 1-85 northbound (from Montgomery)**
Take Exit 51. Turn left onto Highway 29 (S College Street). To park in the Stadium Deck, go to the 6th traffic light (begin counting lights at the first light just over the bridge) and turn left (W Samford Avenue), then follow Suggestion 2 above. To park at the Quad Center, go to the 7th traffic light, turn left on Thach and follow Suggestion 1 above.

**From US 280 E (from Birmingham)**
Turn right off 280E onto AL 147 (©Shell gas station). Stay on AL147, which becomes College Street. Cross the railroad tracks, proceed through light at Glenn Avenue. To park in the Stadium Deck, turn right at the next light onto Magnolia Avenue. Turn left at the next traffic light onto Donahue Drive. Turn left at the 2nd light onto Heisman and follow Suggestion 2 above. To park in the Quad Center, stay on College Street turn right on Thach (main entrance to campus) and follow Suggestion 1 above.
NAME________________________________ BIRTH DATE_________AGE________
(Mr. Mrs. Ms. Dr.)
ADDRESS____________________________________ CITY____________________
STATE__________ZIP ______________ EMAIL______________________________
PHONE # Home_________________ Work_________________ Cell_________________
Occupation_______________________If retired, previous occupation________________
Military service: ___________________Dates:____________________________
Referred by____________________Primary Care Physician______________________
Mail report to:
Name________________________Address___________________________________
Name________________________Address___________________________________
How did you hear about AUSHC?___________________________________________
Primary complaint__________________________________________________________
Do you have hearing problems? Yes No (circle answers) Right ear, left ear, both ears?
Consistent or fluctuating? Gradual or sudden? Date of onset____________________
COMMUNICATION PROBLEMS (Check all items that apply)
___Face-to-face ___Noisy situations ___Auditoriums
___Close proximity ___In groups ___Theater
___Outside ___In the car ___Church service
___At a distance ___Music ___Television
___Direction of sound ___Telephone ___Radio
RELATED COMPLAINTS (Check all that apply)
___Ear/head noises ___Headaches ___Speech problems
___Ear pain ___Dizziness ___Language problems
___Ear drainage ___Balance/unsteady ___Noise exposure
___Ear fullness ___History of falls ___Familial history of hearing loss
___Visual defects ___Nausea ___Facial numbness/tingling
Other_________________________________________________________________
Do you use a cane, walker or wheelchair?____________________________________
GENERAL HEALTH (Check all that apply)

___ ear infections    ___ high blood pressure    ___ pneumonia
___ ear surgery       ___ stroke (CVA)          ___ bronchitis
___ ear tubes         ___ heart attack         ___ asthma
___ high fever        ___ heart surgery        ___ allergies
___ seizures          ___ circulatory problems   ___ viral infections
___ diabetes          ___ anemia              ___ URIs
___ low blood sugar   ___ high cholesterol    ___ neck injury
___ meningitis        ___ memory deficits/dementia ___ TBI
___ thyroid disorder  ___ kidney disease      ___ cancer

Have you taken any of the following medications in the past 2 years? (check all that apply)

___ Streptomycin       ___ Neomycin            ___ Kanamycin    ___ Quinine
___ chemotherapy       ___ Aspirin             ___ Anti-inflammatory ___ diuretics

List current medications___________________________________________________

_____________________________________________________________________

_____________________________________________________________________

HEARING AID USE (Check all that apply)

___ No experience       ___ Wearing aid now     Make_________________
___ Trial use only      ___ Satisfactory        Model_________________
___ Past experience     ___ Not adequate        Style_________________
              Ear(s)_______  Date purchased_________ Where purchased_______

ADDITIONAL COMMENTS______________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________
<table>
<thead>
<tr>
<th>IDENTIFYING INFORMATION</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Child’s name</td>
<td>Birthdate</td>
<td>Age</td>
</tr>
<tr>
<td>Address</td>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td>Person completing form</td>
<td>Relationship</td>
<td></td>
</tr>
<tr>
<td>Referral source</td>
<td>Address</td>
<td>City</td>
</tr>
<tr>
<td>Birth Hospital</td>
<td>City</td>
<td>State</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>REASON FOR TESTING (check all the apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hearing</td>
</tr>
<tr>
<td>Speech/language</td>
</tr>
<tr>
<td>Attention/hyperactivity</td>
</tr>
<tr>
<td>Academic</td>
</tr>
<tr>
<td>Reading/phonics</td>
</tr>
<tr>
<td>Other</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FAMILY INFORMATION</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother’s name</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td>City</td>
<td>State</td>
<td></td>
</tr>
<tr>
<td>Evening phone</td>
<td>Cell phone</td>
<td></td>
<td></td>
</tr>
<tr>
<td>email</td>
<td>Occupation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Father’s name</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td>City</td>
<td>State</td>
<td></td>
</tr>
<tr>
<td>Evening phone</td>
<td>Cell phone</td>
<td></td>
<td></td>
</tr>
<tr>
<td>email</td>
<td>Occupation</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PARENTS MARITAL STATUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>___Married ___Single ___Separated ___Divorced ___Adoptive ___Foster Care</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OTHER CHILDREN IN FAMILY</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Age</td>
<td>Sex</td>
<td>Grade level</td>
<td>Any hearing, speech, language, learning or medical problems</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PHYSICIANS (pediatrician, otologist, neurologist)</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Address</td>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### BIRTH HISTORY

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes</th>
<th>No</th>
<th>Condition</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Problems during pregnancy</td>
<td></td>
<td></td>
<td>Difficulty breathing</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Prenatal alcohol exposure</td>
<td></td>
<td></td>
<td>Anoxia; resuscitated</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Prenatal drug exposure</td>
<td></td>
<td></td>
<td>Assisted Ventilation</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Premature birth</td>
<td></td>
<td></td>
<td>NICU more than 5 days</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Normal delivery</td>
<td></td>
<td></td>
<td>IV antibiotic(s)</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Low birth weight</td>
<td></td>
<td></td>
<td>Toxoplasmosian</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Blood (Rh) incompatibility</td>
<td></td>
<td></td>
<td>Cytomegalovirus</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Jaundiced (light therapy)</td>
<td></td>
<td></td>
<td>Bacterial meningitis</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Jaundiced (blood transfusion)</td>
<td></td>
<td></td>
<td>Herpes simplex virus</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Defects of head, neck or ears</td>
<td></td>
<td></td>
<td>Other infection(s)</td>
<td></td>
<td>Yes</td>
</tr>
</tbody>
</table>

### HEARING AND EAR HISTORY

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has your child been diagnosed with a hearing loss?</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Does your child wear hearing aids?</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Does the hearing ability fluctuate?</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Does your child respond to her/his name?</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Does your child look to the sound source when a noise is made?</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Does your child enjoy listening to music?</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Does you child respond to loud sounds?</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Does your child respond to speech when facing the speaker?</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Does your child respond to speech with back to speaker?</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Does your child respond to speech from another room?</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Does your child respond to whispered or soft speech?</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Does your child respond to faint sounds or sounds at a distance?</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Does your child have difficulty understanding what is said?</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Is your child sensitive to loud sounds?</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Does your child complain of noises in the ears or head?</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Does your child experience dizziness or imbalance?</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>History of ear infections ages 0-2 years</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>History of ear infections ages 2-4 years</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>History of ear infections ages 4-6 years</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>History of ear surgeries (i.e. tubes)</td>
<td></td>
<td>Yes</td>
</tr>
</tbody>
</table>

### DEVELOPMENTAL HISTORY

<table>
<thead>
<tr>
<th>Disability</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Developmental disability</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Hyperactivity</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Attention deficit disorder</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Autism or Asperger’s syndrome</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Emotional/behavioral disorder</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Physical therapy</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Occupational therapy</td>
<td></td>
<td>Yes</td>
</tr>
</tbody>
</table>
### HEALTH INFORMATION

<table>
<thead>
<tr>
<th>Medical conditions (specify)</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cerebral palsy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cleft palate, cleft lip</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kidney problems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart disease</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Significant infections (i.e. mumps, measles, pneumonia, RSV, hepatitis)</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Cancer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>History of seizures, convulsions</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>History of headaches</td>
<td></td>
<td></td>
</tr>
<tr>
<td>History of head trauma, injuries</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>History of falls, accidents</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vision problems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Allergies, upper respiratory infections, frequent colds</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Asthma</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surgeries</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Taking medications</td>
<td></td>
<td></td>
</tr>
<tr>
<td>History of noise exposure (i.e. gunfire, machinery, loud music)</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

### FAMILY HISTORY (Description of problem, relationship to child)

<table>
<thead>
<tr>
<th>Hearing loss</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ear disease, surgery</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Neurologic problems</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Speech problems</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Learning problems</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Auditory processing problems</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Hereditary conditions</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

### SPEECH AND LANGUAGE SKILLS INFORMATION

<table>
<thead>
<tr>
<th>Do you have concerns about your child’s speech and language skills?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delay in speech and language development</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Small vocabulary compared with peers</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Poor grammar usage</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Does not speak clearly</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Dysfluencies (stuttering)</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Speech therapy now or in the past</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

### SCHOOL/EDUCATIONAL INFORMATION

<table>
<thead>
<tr>
<th>Name of school</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>Best subject</td>
<td></td>
</tr>
<tr>
<td>Most difficult subject</td>
<td>Yes</td>
</tr>
<tr>
<td>Problems in school?</td>
<td>Yes</td>
</tr>
<tr>
<td>Special Services (specify)</td>
<td>Yes</td>
</tr>
<tr>
<td>Does child have IEP? 504?</td>
<td>Yes</td>
</tr>
<tr>
<td>Any grade repeated?</td>
<td>Yes</td>
</tr>
</tbody>
</table>
AUTHORIZATION FORM

CLIENT’S NAME: ____________________________________________ DATE: __________________

PERMISSION TO EVALUATE: I hereby give permission to the Auburn University Speech & Hearing Clinic to conduct an evaluation of the speech, language, voice, and/or hearing abilities of the above named individual.

PERMISSION TO TREAT: If results of evaluation procedures indicate the need for therapy, I give permission to the Auburn University Speech & Hearing Clinic to provide treatment for the above named individual.

PERMISSION FOR OBSERVATION: I give permission for CMDS students and other related professionals to observe evaluation and/or treatment for the above named individual.

LIABILITY AGREEMENT: I release the Auburn University Speech & Hearing Clinic of liability of any nature arising from my/the client’s participation in procedures and activities at the Auburn University Speech & Hearing Clinic.

AUTHORIZATION FOR USE OF CLINICAL AND SCIENTIFIC MATERIAL: I hereby authorize the Auburn University Speech & Hearing Clinic to make constructive use of clinical information (i.e. photographs, sound recordings, videotapes, and other materials) for educational, scientific, and professional purposes.

AUTHORIZATION FOR RELEASE OF CLINICAL INFORMATION: I consent to the release of relevant confidential material, related to evaluation and treatment procedures, to qualified professional personnel in furtherance of clinical services on behalf of the above named individual, as deemed necessary by personnel of the Auburn University Speech & Hearing Clinic. I permit faculty, staff, or student clinicians to contact (call, text, email) the above named individual at the place of employment regarding appointments. In addition, I permit representatives from the Auburn University Speech & Hearing Clinic to contact the above named individual regarding future services, events, and/or programs (i.e. hearing aid open house, research).

I have received the Notice of Privacy Practices information and I have been informed of my rights regarding services provided by the Auburn University Speech & Hearing Clinic.

Print name ____________________________________________ Signature ____________________________

Relationship __________________________________________ Date ____________________________


APPLICATION FOR INCLUSION UNDER SLIDING FEE SCHEDULE

Patient's Name ___________________________ File # _________________ Date _____________________

# of Family Members at Home:

Parent Name ______________________________
(Circle one)

Parent Name ______________________________
(Circle one)

Dependents' Names ____________________________

__________________________________________

__________________________________________

Family Yearly Gross Income: _______________________

Proof of income must be provided at or before time of appointment.
Acceptable proof of income includes: W-2 forms, 1099 forms, report of Social Security or Disability benefits, or previous years Federal Tax return.

To the best of my knowledge, the above information is accurate.

Signed: _____________________________________
Responsible Family Member

To be completed by Clinic:

Fee Rate: _____%
REPORTS and WRITTEN DOCUMENTATION:

1. Each student must obtain a “thumb” drive for patient reports/written documentation, etc., for exclusive use in the Speech & Hearing Clinic.
   a. DO NOT use this designated thumb drive for other purposes.
   b. The designated thumb drive should be stored in your “cubby” (not your mailbox); this drive CANNOT leave the clinic.

2. Student clinicians are strongly advised to prepare reports in the student computer room in the clinic. Avoid using these computers for other purposes.

3. Only prepare your reports on your personal computer (in the AUSHC area) if there is no access to the computers in the student room.

4. Student clinicians are prohibited from removing from the AUSHC original or copies of patient information and data (e.g. case history form, audiogram, tympanograms, ABR recordings, test forms, etc.).

5. Student clinicians are prohibited from removing videotapes and CDs from the AUSHC.

6. Any written/printed documentation (e.g. evaluation report, treatment report, test results, etc.) must be placed in the patient’s chart.
   a. During the report preparation process, the patient’s chart must be stored in the student’s mailbox or “cubby”
   b. Patient charts cannot be left in the student rooms (other than mailbox or “cubby”), a test room, NSSLHA library, treatment room, observation room, or any other public location.

7. Any discarded written documentation/reports must be shredded.

DISCUSSIONS:

1. Student clinicians are advised to restrict conversations about patients, evaluation sessions, and treatment sessions to the supervisor’s office, the evaluation room, or the treatment room. Clinicians are strongly advised against discussions about patients in the student room, the student computer room, the hallways, the lobby, the front office, or other public areas.

2. When discussing a patient in a potentially public area (i.e. computer room or classroom), the student clinician should refrain from using identifying information, such as the patient’s name, address, billing status, etc.

3. When videos are used in a class for demonstration or example, the student clinician should not discuss, outside the classroom, confidential or personal information revealed in the video.

4. Student clinicians must comply with the Standards for Privacy of Individually Identifiable Health Information (“Privacy Rule”).
   a. The “Privacy Rule” establishes a set of national standards for the protection of certain health information.
   b. The U.S. Department of Health and Human Services issued the Privacy Rule to implement the requirement of the Health Insurance Portability and Accountability Act (HIPAA) of 1996.
   c. The “Privacy Rule” protects all “individually identifiable health information” (protected health information) held or transmitted by a covered entity or its business associate, in any form or media, whether electronic, paper, or oral.
d. Individually identifiable health information includes many common identifiers, such as:
   i. Name
   ii. Address
   iii. Birth date
   iv. Social Security number

e. Individually identifiable health information includes demographic data related to:
   i. the individual’s past, present or future physical or mental health or condition
   ii. the provision of health care to the individual
   iii. the past, present, or future payment for the provision of health care to the individual
AUDIOLOGY CLINIC POLICIES

PROFESSIONAL CONDUCT
1. This is a professional training program. Behavior and dress appropriate to a professional setting will be maintained. Clinicians will wear a lab coat and name tag when serving patients, unless otherwise directed by a supervisor.
2. Patient charts are CONFIDENTIAL. Information contained therein should not be discussed outside the clinic or in front of patients or other individuals in the clinic who are not directly involved with the patient. All personal, as well as professional conversations, should be held in the confines of an office or other appropriate room (refer to Patient Confidentiality Policy).
3. Please respect the instructor’s materials, books, etc., and do not use or remove them without permission. Knock before entering a test room, treatment room, or an office. Do not interrupt if the instructor is obviously in conference with a patient, fellow faculty member, or another student.
4. Clinicians are responsible for maintaining the audiology test rooms, equipment, test materials, and supplies.
5. Each student clinician must obtain professional liability insurance and TB test each year in order to participate in clinical practicum. In addition, a criminal background check must be completed and documentation must be received by the department prior to starting practicum.

DEPARTMENTAL COMMUNICATION
1. Clinic telephones are for clinic business only. Cell phones should be turned off during evaluations, treatment, classes, and conferences.
2. Students should only use telephones in the department to call patients.
3. If a student must make a long distance call to contact a patient, obtain permission and instructions from the clinic secretary or clinical faculty regarding how to place a call.
4. Each clinical faculty has a mailbox located in room 1128. Patient charts, reports, and other correspondence should be placed in the appropriate mailbox or in a designated location in the faculty’s office. Do not leave materials on the instructor’s desk or chair.
5. E-mail can be used to communicate with the faculty member.

FRONT OFFICE POLICIES
1. Doctoral students are permitted in the front office to retrieve a patient’s chart.
2. Departmental copy machine is available for clinic use ONLY (not classwork).
3. Do not interrupt a secretary if she is discussing business with a staff member, faculty member, or patient.
1. Clinicians should check the Audiology Schedule via the departmental Share Plus website, email, student mailbox, and bulletin board in clinicians’ room daily for clinic assignments and pertinent information.

2. At the end of each semester, the student is required to submit a schedule form for the next semester, indicating class times and assistantship schedule. These schedules are used to determine clinic assignments for the following semester.

3. The audiology test rooms are not equipped with separate observations rooms; therefore, observations of audiological procedures take place in the same room with the patient, the student clinician, and the audiologist.

4. Students should not be in the audiology test rooms when an evaluation is being conducted, unless:
   A. The student is directly involved in testing the patient
   B. The student is scheduled to observe
   C. It is necessary to enter the room to retrieve an otoscope, equipment, etc.
   D. The student needs to program a hearing aid
CLINIC SERVICES

I. Eligibility for services
   A. Services are available to persons of any age, gender, race, or religious affiliation. Children under 18 years of age are not eligible for services without the permission of their parent(s), legal guardian(s), or responsible agency.
   B. No individual is denied services due to financial limitations. A sliding fee schedule is used to determine the cost of services when applicable.
   C. Referral from agencies and other professionals is not required; however, prior authorization from the primary care physician is required for children covered by Alabama Medicaid.
   D. Clients schedule appointments for audiological and hearing aid services with the clinic secretary. Appointments are recorded on the Audiology Schedule via the department’s Share Plus website. The following information is included for each appointment:
      1. Name of client
      2. Name of parent or guardian, when appropriate
      3. Age of client or date of birth
      4. Phone number of client/parent/guardian
      5. Referral source
      6. Phone number of referral source
      7. Third party payer, if appropriate (e.g. Medicaid)
      8. Client file number, if available
      9. Type of evaluation
      10. Audiologist assigned to case

II. Types of services
   A. Diagnostic audiology services
      1. audiometric screening
      2. audiological evaluation
      3. acoustic immittance
      4. special auditory tests
      5. auditory evoked potential testing
      6. otoacoustic emissions
      7. balance assessment
      8. tinnitus evaluation
      9. auditory processing evaluation
   B. Audiology treatment services
      1. hearing aid evaluation/consultation
      2. real ear measurements
      3. hearing aid fitting and dispensing
      4. hearing aid check
5. hearing aid service and repair
6. auditory rehabilitation group

III. Financial policies
A. The Speech and Hearing Clinic, as a special facility of Auburn University, is a non-profit agency. However, the income generated through the delivery of services impacts the revenue available to student assistantships, general operating expenses, and equipment purchases. Therefore, to insure continuous, high quality, professional services to the clients, adequate financial support is considered basic to its operation.

B. Fees for services
1. The clinic has a standard fee schedule for services rendered. Individuals who qualify for fee reduction on the basis of family size and income are charged according to the variable fee schedule. Arrangements for fee reduction are made through the secretary (refer to Application for Inclusion under Variable Fee Schedule)
2. Auburn University students are charged 50% of the usual fees for basic evaluation and treatment sessions.
3. The Speech and Hearing Clinic is an approved Alabama Medicaid provider for children.

C. Payment, made to Auburn University, is due when services are rendered.

IV. Report policies
A. All records and reports concerning a client are considered confidential and will remain in the client’s permanent chart. The charts are kept in the office file cabinets except when properly checked out. Students may obtain client charts for temporary use. Client charts should not be removed from the physical area occupied by the Auburn University Speech and Hearing Clinic.

B. Letters and/or reports may be sent to agencies or individuals upon request and the signing of the Authorization Form.

Revised May 2014
HEARING AID WALK-IN CLINIC

Monday @ 10:00-11:00 am
Tuesday @ 1:00-2:30 pm
Thursday @ 1:00-2:30 pm

Services provided during walk-in clinic:
1. Hearing aid troubleshooting and minor repair (e.g. hearing aid not functioning, weak, noisy)
2. Clean and vacuum hearing aids
3. Replace wax guard(s)/trap(s) and dome(s)
4. Replace thin tube(s) and dome(s); retube earmolds
5. Hearing aid adjustment, reprogram
6. Ear impressions for hearing aid(s), earmold(s), or musician’s earplugs
7. Fit repaired/recased hearing aid(s)
8. Fit earmold(s)
9. Modify hearing aid shell(s) and earmold(s)
10. Pair and adjust connectivity devices; instruct patient on use

Hearing Aid Checks:
1. HAC during 30 day adjustment period
   A. Conduct otoscopy
   B. Assess patient’s progress/adaptation to hearing aid fitting
   C. Discuss patient’s likes and dislikes about hearing aid fitting
   D. Review hearing aid adjustment schedule
   E. Review and document data-logging information
   F. Clean and vacuum devices; replace wax guards and domes, as needed
   G. Reinstruct on hearing aid use, care and maintenance, as needed
2. One month HAC
   A. Conduct otoscopy
   B. Assess patient’s satisfaction with hearing aid fitting (e.g. outcome measures)
   C. Review hearing aid adjustment schedule
   D. Review and document data-logging information
   E. Discuss patient’s options if (s)he want to exchange or return hearing aid(s)
   F. Clean and vacuum devices; replace wax guards and domes, as needed
3. Six month HAC
   A. Conduct otoscopy
   B. Clean and vacuum hearing aids/receiver tubes/earmolds/domes
   C. Replace wax guards/domes
   D. Replace receiver(s), if indicated
   E. Replace thin tubes/domes, as needed
   F. Replace earmold tubing, if indicated
   G. Assess patient’s satisfaction and use of hearing aid fitting
   H. Discuss any problems or concerns about hearing aid fitting
   I. Review and document hearing aid settings and data-logging information
   J. Verify hearing aid fitting using real ear measurements
   K. Make programming changes, if necessary; then conduct real ear measurements at new settings

4. One year HAC
   A. Conduct otoscopy
   B. Clean and vacuum hearing aids/earmolds
   C. Replace wax guards and domes
   D. Replace receiver(s), if indicated
   E. Replace thin tubes and domes
   F. Replace earmold tubing
   G. Assess patient’s satisfaction with hearing aid fitting
   H. Obtain pure tone air conduction thresholds, MCLs, and word recognition testing
   I. Review and document hearing aid settings and data-logging information
   J. Conduct EAA at manufacturer’s settings, if indicated
   K. Make programming changes, if necessary
   L. Conduct real ear measurements

5. Two year HAC
   A. Conduct otoscopy
   B. Clean and vacuum hearing aids/earmolds
   C. Replace wax guards/domes
   D. Replace receiver(s), if indicated
   E. Replace thin tubes and domes
   F. Replace earmold tubing
   G. Assess patient’s use of and satisfaction with hearing aid fitting
   H. Review and document hearing aid settings and data-logging information
   I. Conduct EAA at manufacturer’s recommended settings
   J. Conduct air conduction threshold testing, MCLs, and word recognition testing; conduct other testing, as indicated
   K. Make programming changes, as needed
   L. Conduct real ear measurements
   M. Advise patient of warranty expiration date
   N. Provide hearing aid insurance application form
Responsibilities during walk-in clinic:

1. Review patient’s chart
   A. Date and nature of last patient contact
   B. Type of hearing aid fitting
   C. Date of hearing aid purchase
   D. Expiration of AUSHC service contract
   E. Expiration of hearing aid warranty
   F. Expiration of hearing aid repair warranty

2. Determine patient care plan
3. Review information and discuss plan with clinical faculty; determine room placement
4. Greet patient in waiting room and escort to audiometric test room
5. Prepare summary of patient contact (handwritten or typed draft) and submit documentation with patient’s chart to supervising audiologist

Responsibilities after walk-in clinic:

1. Clean and straighten audiometric test rooms
2. Clean and straighten hearing aid office
3. Restock supplies, as needed
4. Place otoscopes in cabinet; recharge if needed
INFECTION CONTROL POLICY

In the delivery of any health related service, it is the health professional's responsibility to ensure the safety of all patients served. It is imperative that audiologists provide patients with diagnostic and treatment environments that are designed to minimize or eliminate the potential transmission of disease. Audiologists must be diligent in their efforts for controlling the spread of infectious disease within the context of the entire clinical setting.

The incidence of infectious diseases, such as cytomegalovirus (CMV), hepatitis B (HBV), herpes simplex, tuberculosis, influenza, and acquired immune deficiency syndrome (AIDS), are increasing. These diseases, in addition to other infections, are contagious and can be life-threatening. In light of the increased prevalence of infectious diseases and the expanded scopes of practice for audiology, infection control and prevention of disease transmission are important concerns for the practicing clinician.

Infection Control Basics

Transmission of disease can occur through body fluids and/or air. The three major pathways for disease transmission are: (1) patient to clinician, (2) clinician to patient, and (3) patient to patient (McMillan and Willette, 1988). Pathways for transmission of microorganisms include: (1) direct contact between individuals, (2) indirect contacts through instruments, environmental surfaces, and (3) airborne contamination, such as sneezing or coughing (Ballachanda et al., 1996).

The Centers for Disease Control (CDC) have developed general infection control procedures to minimize the risk of patient acquisition of infection from transmission of an infectious agent from health-care workers to patients and from contact with contaminated devices, objects or surfaces. These procedures also protect workers from the risk of becoming infected.

Standard Precautions

Standard precautions were previously known as "universal precautions." The CDC recommend certain practices to prevent transmission of blood-borne pathogens. These precautions are methods of averting disease by preventing transfer of body fluids. Body fluids that may be contaminated include blood and blood products, semen, vaginal secretions, breast milk, cerebrospinal fluid, synovial fluid, amniotic fluid, pleural fluid, pericardial fluid, peritoneal fluid, mucous (ear drainage), and saliva. Cerumen is not an infectious substance per
se, until it becomes contaminated with blood or mucus (Kemp, Roeser, Pearson, and Ballanchandra, 1996). Due to the potential for contamination, cerumen should always be treated as an infectious substance (Kemp et al., 1996).

Standard precautions include using hand hygiene and isolation precautions; wearing personal protective equipment; and following appropriate procedures for needle and sharps safety and disposal, medical waste disposal, and sterilization of reusable equipment. Infection control programs can include routine preventive measures (handwashing, protective barriers, and immunizations) in addition to antimicrobial processes (cleaning, disinfection, and sterilization).

**Routine Preventive Measures**

**Handwashing**

Hand hygiene is the most effective way to prevent infection and is often considered the first line of defense against germs. Hand hygiene is important for the safety of health care workers and the patients they treat.

1. Wash hands before and after each patient
2. Wash hands immediately if there is potential contamination with blood or body fluids containing visible blood
3. Wash hands after performing procedures, such as cerumen management, earmold impressions, and handling probe tips.
4. Wash hands after removing gloves
5. Handwashing technique:
   a. Use medical grade antiseptic or germicidal liquid soap
   b. Wash hands thoroughly for about 30 seconds (wash for 60 seconds if potent contamination)
   c. Use vigorous movements, using the fingers
   d. Wash hands, forearms, wrists, and under "fingernails"
   e. Rinse with warm water
   f. Dry hands with paper towel
   g. Use same paper towel to turn the water off
6. If soap and water are not available, waterless "no rinse" hand disinfectant can be used

**Protective barriers**

Personal protective equipment includes gloves, face masks, gowns, protective glasses, and other equipment used to provide a barrier of safety between the health care worker and the patient.

1. Gloves should be worn when there is potential contact with HIV positive client, when the patient's skin is non-intact, when the clinician has an
open wound/non-intact skin, or when handling an item, such as an earmold impression, contaminated with blood or body fluids.

a. Wash hands before putting on gloves
b. Wash hands after removing gloves
c. Unless contaminated with blood and/or body fluids, dispose of gloves in trash
d. Gloves contaminated with blood, ear drainage, or cerumen should be placed in a small plastic bag or wrapped in paper, separate from other trash
e. Materials containing significant amounts of blood should be disposed of in impermeable bags labeled with biohazard symbol (Kemp and Bankaitis, 2002).
f. Change gloves after contact with each client
g. Do not wash gloves for reuse

2. Eye protection consists of (a) eyeglasses worn for visual correction, and (b) safety type eyeglasses. Diseases can be transmitted through the eyes. Eye protection should be used when treating high risk patients, when there is a risk of splash or splatter of potentially infectious material, or when the clinician or patient is at risk of airborne contamination (Kemp and Bankaitis, 2002).

3. Masks can protect both the clinician and the patient from airborne microorganisms that might enter the body through the mouth or nose, such as tuberculosis
   a. Surgical masks are single use
   b. Dispose of mask after use
   c. Mask must fit snugly over mouth and nose

**Immunizations**

1. Screening for tuberculosis is required on an annual basis
2. Vaccination for mumps, measles, and rubella is required for admission to Auburn University
3. The best protection against hepatitis B is active immunization. Vaccines for different types of hepatitis are strongly recommended and are available at health care facilities.
4. Vaccinations for other diseases, such as influenza and pneumonia, are available from local medical facilities.

**Human Bites**

When human bites that break skin occur, routine medical care (including assessment of tetanus vaccination status) should be implemented as soon as possible. Such bites frequently result in infection with organisms other than HIV
and HBV. Victims of bites should be evaluated for exposure to blood or other infectious body fluids.

The victim should notify the departmental safety officer as soon as possible after the incident has occurred. The safety officer will document the incident in writing, and a copy of the report will be given to the offender or legal guardian and the victim. The safety officer will advise both parties to seek appropriate medical care.

Anti-microbial Processes

Cleaning

Cleaning involves the removal of gross contamination, but not necessarily elimination of germs. One cleans to remove visible debris without killing germs. Cleaning is a critical precursor to disinfection and sterilization. A mild detergent is used for cleaning. Gloves should be worn when cleaning.

Disinfection

Disinfection is a process by which chemical agents are used to reduce pathogenic organisms on instruments and surfaces. Disinfection means one kills certain germs, but not all germs. Disinfectants are chemical products which eliminate germicidal activity on inanimate objects. Disinfectants which kill tuberculosis kill almost every germ. Therefore, tuberculocidic hospital-grade disinfectants are recommended for health care settings. Alcohol is a disinfectant, but it ruins rubber, silicone and acrylic. Bleach is a low to mid-level disinfectant. Disinfecting can be done with sprays, wipes or soaks.

Non-critical instruments that do not come in contact with body fluids, blood, cerumen contaminated with blood (fresh or dried), and environmental surfaces can be disinfected. Non-critical equipment, including surfaces, chairs and tables, should be cleaned and disinfected.

1. Remove any visible debris with soap or detergent and water
2. Disinfect surfaces using a disposable germicidal pre-moistened cloth (Sani-Cloth) or spray
3. Potential contaminated areas, including tables, countertops, chair arm rests, and reception counters, should be disinfected.
4. Toys should be non-porous and regularly disinfected.

Sterilization

Sterilization is the process by which all forms of microbial life are destroyed, including bacterial spores. Critical items that come in contact with bodily fluid(s), specifically blood, cerumen containing blood, mucus, or ear drainage, should be
pre-cleaned then sterilized. Also, objects that are capable of breaking the skin, such as curettes and wax loops, must be sterilized prior to re-use. There are various methods of sterilization, including: (1) steam autoclave, (2) dry heat oven, (3) chemical vapor sterilizer, (4) ethylene oxide sterilizer, and (5) chemical sterilant or cold sterilization. Gloves must be worn during sterilization process.

Pre-cleansing is essential in protecting those handling the instruments in addition to achieving complete sterilization. Pre-cleansing is accomplished by: (1) scrubbing or ultrasonic cleaning with a mild detergent, (2) rinsing with hot water, and (3) drying prior to immersing in chemical sterilant.

Glutaraldehyde (2% concentration or higher) and Sporox (7.5% hydrogen peroxide) are approved cold sterilants. Glutaraldehyde (such as Wavicide and Cidex) require sterilization for ten hours. Glutaraldehyde is a toxic chemical; the fumes are potentially hazardous. This product should be used in a covered tray with adequate room ventilation. Contact with skin must be avoided. Sporox, on the other hand, is significantly less hazardous to use and disposal is easier. Sterilization with Sporox requires only six hours; however, it can ruin chrome, rubber, and formica.

**AUSHC procedure:**

1. "Dirty" tips and specula are collected from each test area
2. Items are placed in a sieve and rinsed with hot water
3. Items are placed in the ultrasonic cleaner
   A. One capful of Audiologist's Choice Ultrasonic disinfectant/cleaner concentrate is added to ultrasonic cleaner
   B. Ultrasonic cleaner is filled with enough water to cover the tips and specula
   C. Cleaning cycle is done three times (at least fifteen minutes)
4. Clinician should put on gloves
5. With gloved hands, cleaned items from ultrasonic cleaner are "poured" into sieve and rinsed with hot water for several minutes
6. With gloved hands, cleaned and rinsed items are placed in covered metal tray
   A. Sporox is poured into the metal tray to cover all items
   B. Items are soaked in Sporox for at least ten hours or overnight
7. With gloved hands, sterilized items from metal tray are "poured" into sieve and rinsed with hot water for several minutes
8. With gloved hands, cleaned, rinsed, sterilized, and rinsed items are placed on paper towels to dry.
Thank you for contacting the Auburn University Speech and Hearing Clinic regarding an appointment for an auditory processing (AP) evaluation. Before an appointment will be scheduled, a preliminary review will be completed. The primary purpose of the review is to determine the appropriateness of conducting a comprehensive evaluation. Sometimes, predisposing factors, such as age, cognitive status, or hearing loss, affect the individual's ability to participate in the evaluation procedure. Other times, additional testing or medical examination are deemed advisable. Another purpose for the review is to avoid unnecessary referrals for testing. Assessment should not begin with an auditory processing evaluation, but should be considered after measures of speech and language skills, cognitive status, and academic abilities have been obtained.

The preliminary screening procedure involves review of multidisciplinary evaluation results, test findings, and other pertinent records. Test results, reports, and records, which are considered, include:

1. audiological evaluation
2. school-based documents (e.g., IEP, 504 plan, etc.)
3. psycho-educational/academic achievement
4. cognitive testing
5. speech-language assessment
6. physical therapy evaluation, if appropriate
7. occupational therapy evaluation, if appropriate
8. medical evaluation to rule out or treat confounding disorders (e.g., ADHD, ADD, autism spectrum disorder)

In addition to the case history form, a performance/behavior questionnaire is included for completion by the parent(s) and key school personnel. When the reports from multidisciplinary sources, the case history information, and the questionnaire(s) are received at our clinic, the information will be reviewed by the audiologist to determine the individual's candidacy for an auditory processing evaluation. If the audiologist determines that an AP evaluation should be undertaken, you will be contacted to schedule an appointment. Then, a campus map, parking permit, and appointment reminder card will be mailed to you.
The comprehensive auditory processing test battery includes: case history intake, comprehensive audiological evaluation, tympanometry, acoustic reflex thresholds, distortion product Otoacoustic emissions, testing for auditory evoked potentials, and standardized tests of auditory processing skills. A report, describing test procedures, test findings, interpretation, and management/intervention suggestions, is prepared. The assessment typically requires 4 to 6 hours of test time. Evaluation sessions can be completed on separate days; or, testing can be done in one day (test session in the morning, a lunch break, and test session in the afternoon).

The fee for the comprehensive assessment and report is $550. Unfortunately, most insurance carriers do not cover the costs related to the AP assessment; however, you are encouraged to investigate possible coverage through your insurance plan. The professional services and related CPT codes, necessary for insurance coverage, are listed below:

- Comprehensive audiological evaluation 92557
- Tympanometry and AR thresholds 92550
- Otoacoustic emissions 92587
- Auditory evoked potentials 92585
- Evaluation of central auditory function 92620
- AP evaluation (each add. 15 mins.) 92561
- Staggered Spondaic Word test 92572
- Office visit, limited 99221

If you have any questions regarding this information, please contact me at the Auburn University Speech and Hearing Clinic (334-844-9600).

Martha Wilder Wilson, AuD, CCC-A
Board Certified in Audiology
Clinical Professor
Licensed Audiologist
COMPREHENSIVE BALANCE ASSESSMENT INFORMATION AND REFERRAL PROCEDURES

Thank you for contacting the Auburn University Speech and Hearing Clinic regarding an appointment for a balance (vestibular) assessment.

A typical vestibular test battery includes: case history intake, comprehensive audiological evaluation, tympanometry, acoustic reflex (AR) thresholds, videonystagmography (VNG), auditory evoked potentials (ABR), and vestibular-evoked myogenic potentials (VEMP). The test battery may also include: distortion product otoacoustic emissions (OAEs) and electrocochleography (ECochG). These additional tests are conducted on an as needed basis depending on the patient’s symptoms and presence of hearing loss. The assessment typically requires 2 to 4 hours of patient preparation and test time. Tests may be administered by Doctor of Audiology graduate students, under the direct supervision of Kelli Watts, AuD, CCC-A, Assistant Clinical Professor. Evaluation sessions are typically scheduled on Friday mornings. A report, describing test procedures, test findings, interpretation, and management/intervention suggestions, is prepared and can be mailed to the referral source.

The fee for the comprehensive vestibular assessment and report is $450. Unfortunately, most insurance carriers do not cover this testing completed by an audiolist (although these services are within the scope of practice for a licensed audiolist); however, you are encouraged to investigate possible coverage through your insurance plan. The professional services and related diagnostic CPT codes are listed below:

- Comprehensive audiological evaluation 92557
- Tympanometry and AR thresholds 92550
- Otoacoustic emissions 92587
- Auditory evoked potentials 92585
- Electrocochleography 92584
- Vestibular Assessment 92540
- Dix-Hallpike 92532
- Caloric testing(x4) 92543
- Office visit, limited 99221

If you have any questions regarding these tests or you need financial assistance to obtain these services, please direct your inquires to Dr. Watts at the Auburn University Speech and Hearing Clinic (334-844-9600).
FACULTY:  Martha W. Wilson, AuD, ABA, CCC-A
Clinical Professor (AU)
Audiology Clinic Coordinator

Marsha A. Kluesing, AuD, CCC-A
Assistant Clinical Professor (AU)

Kelli M. Watts, AuD, CCC-A
Assistant Clinical Professor (AU)

Christiana Lynch, AuD, CCC-A
Clinical Supervisor (AUM)

Ashley M. Godwin, AuD, CCC-A
Clinical Supervisor (AUM)

TEXT:
Clinic Manual of Policies and Procedures
The Green Book, American Academy of Audiology

COURSE DESCRIPTION:
This course is designed to provide clinical audiology practicum experience for Doctor of Audiology students, in addition to a weekly class meeting, during the first two years of the program. Before enrolling in CMDS 8910, students must provide proof of liability insurance, complete a tuberculosis test, and complete the application for a criminal background check.

LEARNER OUTCOMES:
Specific conceptual and clinical objectives of this course include items covered in ASHA’s “Knowledge and Skills Acquisition (KASA) Summary Form for Certification in Audiology”. The learner outcomes may be measured by any of the following: clinical practicum performance (1), clinical report preparation (2), homework (3), class presentation (4), and classroom participation (5).

Topics for class presentation and discussion, related to KASA objectives, may include: history intake procedures and strategies, report writing skills, counseling techniques, professionalism, ethical issues, conflict of interest issues, and patient rights.
Standard IV-A: Foundations of Practice
The applicant must have knowledge of:
A12. Principles, methods and applications of psychoacoustics
A13. Instrumentation and bioelectrical hazards
A19. Legal and ethical practices (e.g., standards for professional conduct, patient rights, credentialing, and legislative and regulatory mandates)
A21. Universal precautions and infectious/contagious diseases

The applicant must have knowledge and skills in:
A22. Oral and written forms of communication
A24. The use of instrumentation according to manufacturer’s specifications and recommendations
A25. Determining whether instrumentation is in calibration according to accepted standards

Standard IV-B: Prevention and Identification
The applicant must have the knowledge and skills necessary to:
B3. Screen individuals for hearing impairment and disability/handicap using clinically appropriate, culturally sensitive, and age- and site-specific screening measures
B4. Screen individuals for speech and language impairments and other factors affecting communication function using clinically appropriate, culturally sensitive, and age- and site-specific screening measures

Standard IV-C: Assessment
The applicant must have knowledge and skills in:
C3. Evaluating information from appropriate sources and obtaining a case history to facilitate assessment planning
C4. Performing Otoscopy for appropriate audiological assessment/management decisions, determining the need for cerumen removal, and providing a basis for medical referral
C5. Conducting and interpreting behavioral and/or electrophysiologic methods to assess hearing thresholds and auditory neural function
C7. Conducting and interpreting otoacoustic emissions and acoustic immittance (reflexes)
C10. Preparing a report, including interpreting data, summarizing findings, generating recommendations, and developing an audiological treatment/management plan

Learner outcomes also include knowledge and skills acquired during clinical experiences, including hearing screening, audiological evaluations, hearing aid evaluations and fittings, auditory processing tests, electrophysiological measures, and vestibular tests. Expected performance during clinical practicum will vary depending upon the clinical competency level in which the student is engaged.
CLASS SCHEDULE

August 20  Orientation to hearing screening procedures (Class of 2018)

August 27  Faculty Departmental retreat; NO CLASS

September 3  Earmold impressions for 1st year students

September 10  Orientation to hearing aid office/lab

September 17  Evaluation of Clinical Performance evaluation form

September 24  Audiology Clinic Manual

October 1  NO CLASS: Mid-semester meetings

October 8  KASA standards

October 15  Orientation to hearing aid office

October 22  Preparation for VA appointments

October 29  CRS hearing, hearing assessment, and hearing aid clinics

November 5  TBA

November 12  ASHA audiology portals

November 19  State licensure rules and regulations

November 26  NO CLASS: Thanksgiving holiday

December 3  End of semester responsibilities

December 8  End of semester meetings
(Monday)

SCHEDULING:

Each semester, the student will submit the class and assistantship schedule. The clinical faculty will make clinic assignments and will notify the student. Clinic assignments are made for the semester and will not be altered except in the case of an emergency.

The student should arrive at least 30 minutes before the scheduled appointment in order to complete pre-evaluation responsibilities. Failure to be present at an
assigned patient appointment will result in a reduction of the final grade by one letter grade. Failure to be present at two clinic assignments will result in a final grade of “F” for CMDS 8910.

If a student clinician has been assigned to an evaluation and at the last moment cannot be present (i.e. medical emergency, physician’s excused illness, contagious disease, death in immediate family), it is the student’s responsibility to notify immediately by telephone the clinic secretary AND the clinical professor/instructor assigned to the case, or another available instructor. When the absence is due to illness, the clinician must present a written medical excuse to the clinical professor/instructor as soon as possible.

CLINIC RESPONSIBILITIES:

Clinical procedures, test techniques, and clinic responsibilities may differ among practicum sites. For example, before seeing a patient at AUSHC, a student clinician will have thoroughly reviewed the client’s folder, if available, and consulted with the audiologist to discuss the patient’s history, to prepare evaluation plans, and to determine the method of payment (i.e. private pay, insurance, Medicaid, Adult Vocational Rehabilitation Service). Prior to each evaluation, the student is responsible for contacting the patient or the parents of the patient to remind them of the appointment.

The student clinician should arrive at least 30 minutes before the appointment to prepare for the evaluation, which might include checking the equipment (audiometer, middle ear analyzer, OAE, ABR). The student should calibrate Verifit/Axiom equipment, if this equipment will be used.

As part of the clinical assignment, the student is expected to tidy the test booth and the room at the end of each evaluation. The student should clean earmolds, otoscopy specula, immittance eartips, and electrodes; put them away; store toys; return hearing instruments to clinic stock; etc. In general, the test rooms and instruments should be left ready for the next patients. However, if the evaluation is the last one of the day, the student should make certain all equipment and power supply to the test booth have been turned off. Networked computers for hearing aid programming and audiometers with computers are NOT turned off. The student should advise a clinical instructor immediately if any problems with equipment or otoscopes are noted.

FEE PAYMENT AND DAILY LOG:

The Auburn University Speech and Hearing Clinic assists patients on a fee for service basis. Although the University is primarily a training institution, the needs of all patients are paramount.

The audiologist and the student complete a green charge form for every patient seen for an evaluation or treatment. The charge for each service provided is indicated on the line related to the CPT code and test description. The total amount due can be determined and indicated on the Total Charges line. A green charge form should be completed for every patient, even when no fees are charged (i.e.
hearing aid check during professional service agreement period). The audiologist will sign the green charge form.

When the evaluation has been completed, the student will accompany the patient to the front office window for payment. The clinic secretary will make a copy of the charge form for financial posting and a copy for the patient, if requested. The original green form will be given to the clinician, to place in the patient’s chart.

After each evaluation, the student should complete the daily log. Each log is filed by the clinical professor/instructor’s name. The student must complete each item, including the date, site, total time of session, student’s name, patient’s name, service provided, and patient’s age (child or adult). The student must initial each entry. Ask the clinical professor/instructor if you have any questions regarding these matters. DO NOT FORGET to complete the log after each appointment. Failure to sign the daily log by 4:00 PM on Friday will result in forfeiture of ASHA hours for applicable evaluations.

ASHA HOURS:

In order to obtain ASHA certification, the student must obtain a minimum of 1820 practicum hours. The student is responsible for record keeping of all hours spent in practicum work. The student should obtain an “Audiology Weekly ASHA Hour Log” form from the student room or the clinical professor/instructor. This form must be completed each week even if you had no practicum hours. The student should insure that the entries in the “Daily Log” match the entries in the weekly “ASHA Hour Log.” Students are advised to make a copy of the weekly log form for your records and give the original form to Dr. Wilson by 4:00 PM on Friday. At the end of the semester, the practicum hour totals on these forms will be checked against the hour totals from the “Daily Log”. If the totals agree, they can be entered by the student on a “Summary of Supervised Clinical Practicum in Audiology” form. This form can be typed or prepared with the computer template. The “Summary” form must be initialed by each clinical professor/instructor, who supervised the student during that particular semester. Every effort should be made to submit the “Summary” form before the student leaves campus at the end of the semester. The completed “Summary” form must be submitted no later than the first Friday of the following semester. If the “Summary” form is not completed by this deadline, the student will lose all practicum hours obtained that semester. The “Summary” form will be placed in the student’s permanent file.

COUNSELING:

Students should not discuss clinic policies or any test results with a patient unless directed to do so by the clinical professor/instructor. The clinician can indicate all questions will be discussed after the testing has been completed. The clinical professor/instructor will assist the student in counseling patients.

ATTIRE:

Students in a professional doctoral program should dress appropriately in business casual attire and wear a lab coat when seeing clients. When scheduled for
clinic, casual clothing (i.e. jeans, cut-offs, shorts, spaghetti strap tops, crop tops, halter tops, midriff revealing tops or pants, low cut blouses or pants, short skirts, muscle shirts, logo t-shirts, sunglasses, hats, caps, flip flops, etc.) is inappropriate. Piercings (except for ears) and tattoos should not be visible. If a student requires further guidance in this area, s/he consults with a clinical instructor.

REPORT WRITING:
Each patient evaluated in the AUSHC has a patient chart. After each evaluation, the student will complete a report or form of written documentation. A formal report will be completed for diagnostic evaluations and some hearing aid services. These documents should include a detailed report of the history information, test findings, conclusions, and recommendations (specifics of report writing will be discussed during a class meeting). Other written documentation, such as hearing aid walk-in clinic, phone calls, IEP meetings, etc., may include notes on the Contact Summary form (rather than a formal report). These notations must include the clinician’s name, degree, and signature; the audiologist’s name, degree, and signature.

The report, audiogram(s), test data, and envelope(s) must be submitted to the clinical professor/instructor within 48 hours from the completion of the evaluation. After this time, the report shall be considered late, which will adversely affect the clinic grade. All paperwork (history forms, test forms, original audiograms, tympanograms, etc.) are submitted with the report in the patient file.

ASSESSMENT OF STUDENT CLINICAL PERFORMANCE:
The clinical professor/instructor will complete a “Record of Observation of Audiology Clinic” form for each evaluation/session conducted by a student clinician. There are ten items on this form. The instructor will score each item to reflect the student’s performance. For example, 0 = unsatisfactory; failed to complete expected tasks, 8 = meets expectations for all or most clinical level (Level I, II, III or IV) knowledge and skills, 9 = exceeds expectations for some Clinical Level knowledge and skills, and 10 = consistently exceeds expectations.

Failure to be present at an assigned patient appointment will result in a reduction of the final grade by one letter grade. Failure to be present at two clinic assignments will result in a final grade of “F” for CMDS 8910.

Printed copies of the forms are filed for each student and are accessible for the student to review. The student is advised to read each form and to discuss the contents with the clinical instructor, as needed. If a student has an average rating of less than 8 on any attribute, the student will meet with the clinical professor/instructor to identify areas of concern, to provide further instruction and/or practice, and to remediate the skill.

Although the evaluation of clinical skills is an on-going process, the student’s performance is more formally evaluated at mid-semester and at the final grading...
period. Each clinical professor/instructor, who has taught the student that semester, will complete a "Clinical Supervision Grading and Evaluation" form at mid-semester and at the end of the semester. The student’s grades on the “Record of Observation of Audiology Clinic” forms completed for that period of time are averaged. Grades are assigned using the following scale: A = 100-90, B = 89-80, C = 79-70, D = 69-60, F less than 60. The results of the “Grading and Evaluation” form are discussed with each student, and the student is given an opportunity to respond to the assessment. The nature and content of this assessment tool will be discussed during a class meeting or during the student’s first mid-term evaluation.

Students must successfully complete six semesters of CMDS 8910 in order to proceed to the 3rd year clinical rotation. If a student earns a grade of C or poorer in CMDS 8910, the student will not receive ASHA hours for that semester. In addition, if a student earns a grade of C or poorer in CMDS 8910 in the sixth semester, the student will not be allowed to proceed to his/her Third Year Rotation site.

Students may withdraw from this course (with a W on the transcript) by mid-semester, but withdrawal from this class will affect the student’s progression through the AuD program and will delay graduation.

**STUDENTS WITH DISABILITIES:**
Students with disabilities who may need accommodations should meet with Tracy Donald, Director of the Office of Accessibility (1244 Haley Center, 844-2096 (V/TT) or email tdonald@auburn.edu). Then, the student should arrange a meeting with one of the faculty members for this course the first week of classes, or as soon as possible, if accommodations are needed immediately. The Accommodation Memo and Instructor Verification form must be presented to the instructor so the student’s needs for this particular class can be discussed.

**DISRUPTIVE BEHAVIOR:**
Maintenance of a constructive learning environment is essential in this course. Behaviors cited as disruptive will not be tolerated and will be dealt with according to university policy (refer to http://www.auburn.edu/academic/provost/facultyHandbook/chapter%204-Instruction.html#classroombehavior

**EMERGENCIES:**
Situations signaled by the University fire alarm, weather siren, or other warning systems may occur during this class period or during clinic. Clinicians must assume responsibility for helping their client(s) to safety. Instructions issued by the teacher or other university personnel should be followed and may include to “shelter,” to “evacuate,” or to “barricade” in the room (refer to: Severe weather/indoor shelters are away from windows and doors in interior hallways. When sheltering, clinicians (assisting patients) and students are to walk calmly to the nearest Severe Weather Shelter Area (green and white mall-mounted signs). People in
the 1100 quadrant should move through the wooden doors and into the hallway where treatment rooms are located (1159-1145). People in the 1200 quadrant should proceed into the hallway outside room 1239, where the audiology research lab is located.

When barricading in the room, turn out lights, draw blinds, turn off computers and cell phones, barricade the door, stay away from windows, and crouch behind furniture and walls.

Department of Public Safety and Security (emergency management) website: (http://www.auburn.edu/administration/public_safety/emergency/emergency_preparedness.html)

**The clinical professors/instructors reserve the right to change the class schedule as necessary and will notify students of any changes as soon as possible.**

REVISED SEPTEMBER 2014
INDEMNITY AND HOLD HARMLESS AGREEMENT

I. ____________________________, the undersigned know and understand the scope, nature, and extent of the risk involved in participating in class assignments and clinical activities beginning ____________ (date). The undersigned exempts and releases Auburn University, its Board, officers, faculty, and staff from any and all liability claims, demands, or actions or causes or action whatsoever arising out of any damage, loss, or injury to the undersigned.

The undersigned also agrees to indemnify, and save and hold harmless, Auburn University, its Board, officers, faculty, and staff from any and all liability claims, demands, or actions or causes or actions or proceedings of every kind and character which may be presented or initiated by any persons, organizations, or third parties which arise directly from the participation of the undersigned in the above activities. In other words, I will not sue Auburn University for any reason relating to my participation in these activities.

____________________________________   ________________________
Signature                                  Date

____________________________________   ________________________
Signature, Witness                         Date
EVALUATION OF CLINICAL PERFORMANCE

Each item is scored on a scale of 0-10:
0 = Failed to complete expected tasks; did not attend scheduled appointment, etc.
1 = Unsatisfactory/consistently falls below expectations for Clinical Level knowledge and skills
8 = Meets expectations for all or most Clinical Level knowledge and skills
9 = Exceeds expectations for some Clinical Level knowledge and skills
10 = Consistently exceeds expectations
N/A = Not applicable or not observed

1. Pre-evaluation planning
   A. Attend meetings on time
   B. Review records/referral
   C. Verify payment
   D. Select culturally sensitive, age appropriate tests
   E. Utilize resources
   F. Prepare equipment/supplies

2. Case history interview
   A. Review appropriate information
   B. Elicit patient’s concerns
   C. Formulate follow-up questions

3. Appropriate interaction with patient
   A. Meet patient on time
   B. Create rapport
   C. Elicit patient’s perspective
   D. Demonstrate empathy
   E. Involve patient in decision making

4. Test administration
   A. Appropriate use of equipment
   B. Correct and efficient administration of tests
   C. Apply logical and appropriate test sequence
   D. Demonstrate efficient use of time
   E. Demonstrate ability to work independently
   F. Demonstrate flexibility

5. Test scoring
   A. Demonstrate ability to accurately describe audiogram, immittance, OAEs, etc.
   B. Demonstrate ability to accurately score tests
   C. Demonstrate ability to interpret test results

6. Diagnosis
   A. Demonstrate ability to integrate test findings
   B. Demonstrate ability to determine audiological/vestibular diagnosis
   C. Demonstrate ability to determine site of lesion

7. Communication with patient, family members, caregiver
   A. Demonstrate ability to deliver diagnostic information
   B. Demonstrate ability to clearly explain rationale behind tests
   C. Demonstrate ability to describe rationale behind treatment/intervention
D. Encourage and ask for questions from patients

8. Appropriate recommendations
   A. Present individualized plan
   B. Include usual and customary recommendations
   C. Present appropriate referral(s)
   D. Determine patient response to recommendations/referrals

9. Appropriate preparation/completion of written documentation
   A. Documentation submitted on time
   B. Present accurate and pertinent information, data
   C. Present content in organized manner
   D. Utilize professional writing style
   E. Prepare grammatically correct/no spelling errors
   F. Appropriate appearance of forms, file content, audiogram, envelopes, etc.

10. Utilizes guidance from clinical faculty, team members, and other professionals
    A. Ability to accept and discuss written and verbal feedback
    B. Demonstrate receptive attitude to learning
    C. Utilize feedback/guidance when developing professional growth
    D. Show insight into limitations and strengths
    E. Demonstrate initiative

Total Score

Comments:
<table>
<thead>
<tr>
<th>Task</th>
<th>Mid-semester</th>
<th>End of semester</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-evaluation and Planning</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Case History Interview</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appropriate interaction with patient</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Test administration</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Test scoring</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diagnosis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communication with patient, family</td>
<td></td>
<td></td>
</tr>
<tr>
<td>members, caregivers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appropriate recommendations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appropriate participation/completion of</td>
<td></td>
<td></td>
</tr>
<tr>
<td>written documents</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Utilization of guidance from clinical</td>
<td></td>
<td></td>
</tr>
<tr>
<td>faculty, team members, and other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>professionals</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Score</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Final Letter Grade: _____________

Mid-term
Student: __________________________  Clinical Faculty: __________________________

Final
Student: __________________________  Clinical Faculty: __________________________
STUDENT EVALUATION OF TEACHING AND SUPERVISION

At the end of each semester, students are encouraged to complete evaluations for courses and clinical supervision. Responses are anonymous and cannot be identified to an individual.

Evaluation of courses is completed through the AU eValuate program, which is a web-based software application that allows students to anonymously evaluate courses and instructors online. Students will receive email notification when the eValuate program is available. Students are asked to evaluate the instructor for each course, by responding to the following questions:

1. The instructor explained course material clearly
2. The instructor encouraged me to think critically
3. The grading techniques were clear and fair
4. The instructor created a conducive atmosphere for learning
5. The instructor enhanced my interest in the subject
6. The instructor was available and approachable outside of class
7. The instructor provided timely feedback on graded material

Evaluation of clinical supervision is completed using the Evaluation of Clinical Instructor (CI) by CMDS Student form. Students are asked to complete this evaluation form for each audiology faculty, who supervised them during the semester. The students use a rating scale in response to nine questions. Also, they can provide additional comments. Forms are provided for the students, who complete their evaluation without the presence of the instructor. Students return the form to the departmental secretary, who prepares a summary of the responses for each faculty member.
DOUCMENTATION OF PRACTICUM HOURS
IN ACCORDANCE WITH ASHA AUDIOLOGY STANDARDS

Applicants for ASHA certification must complete a minimum of 1,820 hours of supervised clinical practicum sufficient in depth and breadth to achieve the knowledge and skills outcomes described in Standard IV. Students shall participate in practicum only after they have had sufficient preparation to qualify for such experience.

Students must obtain a variety of clinical practicum experiences in different work settings and with different populations so they can demonstrate skills across the scope of practice in audiology.

Supervision of clinical practicum must include direct observation, guidance, and feedback to permit the student to monitor, evaluate, and improve performance and to develop clinical competence. Supervision must be provided by individuals who hold the ASHA Certificate of Clinical Competence (CCC) in Audiology.

The student must maintain documentation of time spent in supervised practicum, verified by the academic program in accordance with Standard IV.

DOCUMENTATION

1. The Daily Work Log, located in the notebook in the hearing aid office, is the weekly record of services rendered at the Audiology Clinic. The log is used to verify ASHA hours earned by clinicians. Documentation should include the following information:
   A. date of service
   B. site (location)
   C. length of session
   D. audiologist/instructor
   E. student’s name
   F. patient’s name
   G. patient’s age
   H. type of service (audio, HAC, HAD, ABR, APD)
   I. student clinician initials entry

2. The Audiology Weekly Hour Log is the record maintained by each audiology clinician, documenting practicum experiences earned each week through the semester.
   A. Practicum time on this log must correspond with entries on the Daily Work Log.
   B. The Weekly Hour Log is submitted by 4:00 PM Friday afternoon to the designated faculty member.
   C. Each clinician should retain a copy of the Weekly Hour Log.

3. At the end of each semester, a Semester Summary of Supervised Clinical Practicum in Audiology form must be submitted.
A. The student should verify the total number of hours for the semester with the designated faculty or staff member.
B. Hours submitted on the form must be rounded to the nearest quarter hour, expressed in decimals (i.e. 33.75 hours).
C. The form can be typed or prepared with the computer template.
D. The Summary form is reviewed by the clinical faculty at the end of semester meeting with each student.
E. When the documentation has been approved, the Summary form must be initialed by each designated faculty member.
F. Every effort should be made to submit the Summary form before the student leaves campus at the end of the semester. The completed form must be submitted to the designated faculty member no later than the first Friday of the following semester. If the form is not submitted by the deadline, the student will not receive practicum hours for that semester.
G. The Summary form will be placed in the student’s permanent file.
POLICY REGARDING STUDENT PRACTICUM HOURS
FOR OFF-CAMPUS ACTIVITIES

1. When students participate in off-campus screening activities and are supervised by non-Auburn University personnel, students may only receive ASHA practicum time for actual screening/assessment activities. The actual practicum time will be determined by the supervisor.

2. When students participate in screening activities at HeadStart programs and are supervised by Auburn University faculty, that faculty member will make the decision regarding the total amount of ASHA practicum time. For example, if the student travels with the faculty member, who conducts pre-staffing or post-staffing discussions during the travel time, the faculty member may “award” more practicum time, in addition to the actual time spent testing the children.
# Audiology Weekly ASHA Hours Log

**Name_________________________**  **Week of __________________, 201_______**

## Pediatric

<table>
<thead>
<tr>
<th>Date</th>
<th>Patient</th>
<th>Site</th>
<th>Faculty</th>
<th>Diagnostic</th>
<th>Amplification</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Pediatric Total Hours**

<p>| | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>

## Adult

<table>
<thead>
<tr>
<th>Date</th>
<th>Patient</th>
<th>Site</th>
<th>Faculty</th>
<th>Diagnostic</th>
<th>Amplification</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Adult Total Hours**

<p>| | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>
# Auburn University Speech and Hearing Clinic
## Semester Summary of Supervised Clinical Practicum in Audiology

**Clinician:** ___________________________  **Semester:** ___________________________

<table>
<thead>
<tr>
<th>Total Hours in Audiology</th>
<th>Total Hours in Speech-Language Pathology</th>
</tr>
</thead>
</table>

Cumulative Totals: _______ hrs @ AUSHC  _______ hrs @ AMSHC  _______ hrs @ CAVHCS  
 _______ hrs @ ___________________  _______ hrs @ ___________________  
 _______ hrs @ ___________________

### Children

<table>
<thead>
<tr>
<th>Supervisor's Name</th>
<th>Supervisor's ASHA Number</th>
<th>Supervisor's CCC Area</th>
<th>Practicum Site</th>
<th>Practicum Completion Date</th>
<th>Total Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Semester Total:**  
**Previous Total:**  
**Cumulative Total:**

### Adult

<table>
<thead>
<tr>
<th>Supervisor's Name</th>
<th>Supervisor's ASHA Number</th>
<th>Supervisor's CCC Area</th>
<th>Practicum Site</th>
<th>Practicum Completion Date</th>
<th>Total Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Semester Total:**  
**Previous Total:**  
**Cumulative Total:**

**Clinician:** ___________________________  **Semester:** ___________________________

49
<table>
<thead>
<tr>
<th>Supervisor's Name</th>
<th>Supervisor’s ASHA number</th>
<th>Supervisor’s CCC Area</th>
<th>Practicum Site</th>
<th>Practicum Completion Date</th>
<th>Screening/Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SEMESTER TOTAL:
PREVIOUS TOTAL:
CUMULATIVE TOTAL:
AUBURN UNIVERSITY
DOCTOR OF AUDIOLOGY PROGRAM
CUMULATIVE DOCUMENTATION OF CLINICAL EXPERIENCES

CLINICIAN______________________________________________________________

<table>
<thead>
<tr>
<th></th>
<th>Fall #1 20___</th>
<th>Spring #1 20___</th>
<th>Summer #1 20___</th>
<th>Fall #2 20___</th>
<th>Spring #2 20___</th>
<th>Summer #2 20___</th>
</tr>
</thead>
<tbody>
<tr>
<td>AUSHC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AU Walk-In Clinic</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Auburn at Montgomery</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AM Walk-In Clinic</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AR group</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CRS hearing clinic</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CAVHCS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NSSLHA screening</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Off-campus screening</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Observe CI surgery</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Special Olympics</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Audiology Outreach</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Guatemala</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Civic Engagement</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
HEARING AND SPEECH SCREENINGS
MINIMAL REQUIREMENTS FOR STUDENT CLINICIANS

FOR AUDIOLOGY STUDENTS TO CONDUCT SPEECH/LANGUAGE SCREENING:
1. Conduct parental interview
2. Score articulation screening test
3. Calculate mean length of utterance
4. Be familiar with expected developmental milestones

MUST ATTEND MANDATORY TRAINING MEETING ON SCHEDULED DATE

FOR SPEECH PATHOLOGY STUDENTS TO CONDUCT AUDIOMETRIC SCREENING:
1. Completion of CMDS 4650 or equivalent (introduction to audiology clinic course to include pure tone air conduction testing, tympanometry, and otoscopy)

MUST ATTEND MANDATORY TRAINING MEETING ON SCHEDULED DATE
COMMUNITY FREE SCREENINGS

The Auburn University Speech and Hearing Clinic conducts free screenings for the public approximately once a semester. The only restriction for these screenings is that young children must be accompanied by a parent or a guardian.

Audiometric Screening Procedures:
1. Otoscopy should be conducted prior to the screening
2. Audiometric screening follows these guidelines:
   Adults
   - Screen at 20dB HL at 500, 1000, 2000, and 4000Hz
   - Screen at 3000Hz when appropriate
   - Conduct tympanometry when appropriate
   Children
   - Screen at 15dB HL at 500, 1000, 2000 and 4000Hz
   - Conduct tympanometry
3. Depending on the result of the testing, additional procedures, such as tympanometry, threshold testing or otoacoustic emissions, may be conducted.
4. Each client seen for hearing screening should have a screening card, on which the clinician will write the outcome of the screening. This card should be returned to the NSSLHA volunteers after the client leaves.
5. If a client fails a screening, he should be re-instructed, the earphones should be re-positioned, and he should be re-screened.
6. Following the screening, the client should be counseled regarding its outcome by the clinician and/or the audiologist. If an evaluation is recommended, the clinician should accompany the client to the reception window to schedule an appointment.
7. At the conclusion of the screening program, the clinician should be sure that eartips and specula are cleaned, equipment is turned off, toys are put away, etc.
8. The clinician should record the amount of time spent on the Daily Work Log.
9. Clinicians must remember that clinic guidelines regarding privacy and confidentiality apply during a free screening. One should avoid discussing a client's problems or concerns in the waiting room, hallway, or other public place.
AUBURN UNIVERSITY SPEECH & HEARING CLINIC

CRITERIA FOR COMPLIMENTARY (@ NO CHARGE)
OUTREACH SERVICES
SCREENING HEARING TESTS
SCREENING SPEECH, LANGUAGE, VOICE TESTS

1. A party requesting service qualifies as not-for-profit agency, organization, company, etc.

2. Screening tests provided for identification purposes only (i.e. identify possible hearing problem or communication disorder); not for diagnostic purposes

3. Testing or results of testing are not required or mandatory by the requesting party; local, state, or federal government; or other agency

4. Screening services provided in combination with services from other health care providers, vendors, companies, etc.

5. Screening services are available to the public

EXCEPTION TO GUIDELINES:
1. CMDS/Speech & Hearing Clinic has established partnership with other Auburn University Departments/groups in providing services to requesting party
AUBURN UNIVERSITY SPEECH & HEARING CLINIC
POLICIES REGARDING STUDENT PARTICIPATION AND EQUIPMENT USE
FOR OFF-CAMPUS SPEECH, LANGUAGE AND HEARING SERVICES

1. Students may participate in off-campus screening services with the following provisions
   A. Off-campus supervisors (non-AU faculty) must hold the ASHA Certificate of Clinical Competence and state licensure (unless exempt from licensure)
   B. Off-campus supervisors must be on-site 100% of the time
   C. Off-campus supervisors must provide 50% direct supervision of each student clinician per patient

2. An off-campus supervisor (who is supervising/training AUSHC student clinicians) may borrow a portable audiometer to be used during the screening activity. The supervisor will sign an equipment use agreement, specifying the checkout date and time, location of equipment use, and return time and date (refer to attached form). The individual/organization is responsible for repair or replacement of the equipment due to damage or loss (cost determined by the AUSHC).

3. AUSHC faculty members may provide screening services at off-campus locations at the rate of $120/hour per faculty member, including travel time from the AUSHC until the individual returns to the AUSHC.
   A. Student clinicians may participate in the screening services, with supervision by AUSHC faculty member
   B. AUSHC equipment may be used for testing purposes
   C. Additional charge of $30/participant will be incurred when tympanometry and otoacoustic emissions testing are conducted

4. AUSHC faculty members may provide screening services at local, off-campus locations, such as day care centers, at a fee of $10 per screening ($15 for hearing and speech screening) per child when the screening is provided on an individual basis (e.g., parent is responsible for fee, rather than contract with the facility)
   A. Student clinicians may participate in the screening services
   B. AUSHC equipment may be used for testing purposes

____________________________  ______________________________  __________________
Off-campus supervisor    Signature    Date

____________________________  ______________________________  __________________
AUSHC representative    Signature    Date
The emergency notification systems on campus are in place to notify faculty, staff, and students of imminent and urgent situations that may affect the campus.

The following notification systems are in place:

**AU ALERT**

AU ALERT is an emergency notification system that notifies faculty, staff, and students of critical information and situations affecting campus through the use of text messages, voice messages to multiple phone numbers, email, and more. Sign up for AU ALERT at [www.auburn.edu/aulert](http://www.auburn.edu/aulert). This system makes immediate notifications across campus without delay.

**TONE ALERT RADIOS**

Tone alert radios have been placed in all regularly occupied buildings on campus. The radios broadcast a warning tone and then specific information such as severe weather warnings or other emergencies on campus.

**OUTDOOR WARNING SIRENS**

Outdoor warning sirens are in place around campus to alert people of severe weather. Once the sirens are activated, members of the campus community should seek shelter and tune to radios or television for updates and instructions. These sirens could also be used in the event of other emergencies. However, activation will still require seeking shelter from the outdoors.

**NOAA WEATHER RADIOS**

NOAA weather radios are located in some buildings on campus. The NOAA weather alert radios receive information directly from the National Weather Service. This information includes current weather and also any issued watches or warnings.

**BUILDING FIRE ALARMS**

Fire alarms are in place to notify building occupants of possible fire dangers in the building. If you hear the fire alarm, evacuate the building immediately.

**FUTURE SYSTEMS**

Other communications systems such as public address systems and building intercoms are being evaluated and could be in place very soon.

Last Updated: Sept. 29, 2010
Auburn University has installed a weather monitoring radar system that can track approaching storms across the state of Alabama and beyond.

Auburn University maintains contact with local and state emergency management agencies as well as the National Weather Service.

Upon receipt of a severe weather watch or warning, tone alert radios in buildings on campus will be activated. The nature of the emergency will be given along with instructions on how to remain safe.

Upon receipt of a tornado warning, the outdoor warning sirens will be activated.

The Lee County Emergency Management Agency tests the outdoor tornado sirens every fourth Wednesday at noon.

**DEFINITIONS**

**WATCH:** Conditions are favorable for the development of severe weather in the Auburn area. Everyone should closely monitor the situation in case it gets worse.

**WARNING:** Severe weather has actually been observed, and there is an imminent threat to the Auburn area. Listen closely to instructions provided by weather radios/emergency officials.

**THUNDERSTORMS**

- Frequently have high winds, cloud-to-ground lightning, heavy rain, and tornados.

**LIGHTNING**

- Stay away from telephones, electrical appliances, and plumbing.
- If you can hear thunder, you are close enough to the storm to be struck.
- Go to a safe shelter immediately.

**IN THE EVENT OF SEVERE WEATHER**

**Designated Campus Severe Weather Shelters**

- If you hear the weather siren or radio alerts, take shelter immediately in designated shelter locations.
- Sirens mean that there is a TORNADO WARNING, and you should seek shelter immediately.
- If shelter is not available, move to the center and lowest point of your building.
- Stay away from windows and doors to prevent injury from glass or other flying objects.
- Cover your head with any heavy/bulky object to protect yourself.
- Do not go outdoors to see the storm. Trained storm spotters will be monitoring the situation.
• If you are in a vehicle, seek shelter in a building, ditch, or other safe place. Automobiles are very dangerous during high winds.
• If flood water rises, do not attempt to wade or travel through the stream. Even small amounts of water can be very dangerous.
• Report any injury/damage to the 911 dispatcher. Provide them as much information as possible to respond to the emergency.
• Once the storm has cleared, notify Public Safety & Security/Emergency Management at (334) 844-8888 of any damages or injuries.
WHAT TO DO IN THE EVENT OF A CAMPUS EMERGENCY

Emergencies can occur at any time, often without warning. This site can help you deal with many emergency situations appropriately. Your judgment often determines whether an incident is an emergency. If in doubt, err on the side of safety.

AU utilizes the City of Auburn Police and Fire departments. Ambulance service is contracted with East Alabama Medical Center EMS. All can be reached by calling 911.

- If you have an EMERGENCY requiring police, fire, or ambulance, call 911 without delay.
- When you call 911 for emergency services, stay on the line and give the following information:
  - Your name, telephone number and exact location.
  - The location of the emergency.
  - The nature and extent of the emergency (i.e., Are there injuries and how many?)
- Be informed and prepared in advance. Do not wait until an emergency strikes to know what to do.
- Be aware of your surroundings, and report any suspicious activities.
- Know where the fire alarm activation pull stations are located in your building and how to evacuate your building if the alarm is set off.
- Emergency call boxes have been installed in different locations around campus. The call boxes call 911 when activated. Call boxes are equipped with a blue light for identification.

Questions or suggestions regarding the procedures and response on campus should be directed to the AU Emergency Management Director, or the AU Public Safety Director.
Auburn University
Active Shooter Incident

Secure immediate area:
- Lock and barricade doors
- Turn off lights
- Close blinds
- Block windows
- Turn off radios and computer monitors
- Keep occupants calm, quiet, and out of sight
- Keep yourself out of sight and take adequate cover/protection i.e. concrete walls, thick desks, filing cabinets (cover may protect you from bullets)
- Silence cell phones
- Place signs in exterior windows to identify the location of injured persons

Un-Securing an area:
- Consider risks before un-securing rooms
- Remember, the shooter will not stop until they are engaged by an outside force
- Attempts to rescue people should only be attempted if it can be accomplished without further endangering the persons inside a secured area.
- Consider the safety of masses –vs- the safety of a few
- If doubt exists for the safety of the individuals inside the room, the area should remain secured

Contacting Authorities:
- Use Emergency 911
- 501-3100 Auburn Police

(non-emergency line)

Be aware that the 911 system will likely be overwhelmed. Program the Auburn Police administrative line (501-3100) into cell phone for emergency use.

What to Report:
- Your specific location- building name and office/room number
- Number of people at your specific location
- Injuries- number injured, types of injuries
- Assailant(s)- location, number of suspects, race/gender, clothing description, physical features, type of weapons(long gun or hand gun), backpack, shooters identity if known, separate explosions from gunfire, etc

Police Response:
- Objective is to immediately engage assailant(s)
• Evacuate victims
• Facilitate follow up medical care, interviews, counseling
• Investigation
DOCTOR OF AUDIOLOGY PROGRAM
STANDARDS COMMITTEE

EXCUSED ABSENCE FROM CLASS/CLINIC
Due to the intensity and sequence of courses and clinic placements in the AuD program, consistent attendance in classes and clinic is imperative. Students must submit written documentation (email or letter) to academic and/or clinical faculty requesting absence from classes and/or clinic in order to attend a professional event (e.g. AAA convention, ALAA conference, ASHA convention, SHAA convention). Students can request permission to attend up to two professional activities per academic year (fall through summer semesters). Faculty will determine if the absence will disrupt the class sequence or clinic coverage, and will grant or deny absence. If the student wishes to attend more than two professional events in an academic year, the student must submit a written request to the AuD Standards Committee at least two weeks in advance of the anticipated absence. The Committee will review each request on an individual basis.

EXCUSED ABSENCE FOR INTERVIEWS
Students may request from the AuD Standards Committee to be absent for documented interviews for third year clinical rotation and fourth year clinical residency. Acceptable documentation for the interview includes a letter from the prospective site or an email from a representative of the prospective site. The student should submit the “Request for Absence to Interview” form (available on AuD website) at least one week in advance of the scheduled interview.

LEAVE OF ABSENCE
If a student requires a leave of absence from the program for an extended period of time due to a documented health issue, the student must notify the Standards Committee in writing. If absence is due to a documented health issue, the Standards Committee will consider re-instatement into the program at an appropriate time, in light of the sequence of coursework and clinic assignments. If the request for an extended leave of absence is not due to a documented health issue, the Standards Committee will consider the merits of the student’s request on an individual basis.

PERSONAL CARE AND PROFESSIONAL ATTIRE STANDARDS
The following standards for professional attire apply to students enrolled in the Doctor of Audiology program. Standards of attired are intended to be self-regulated. Students inappropriately dressed may be asked to wear a lab coat, provided by the Department, or may be dismissed from the clinic assignment. Questionable or disputed cases of dress or grooming will be presented to the Standards Committee.
1. Adequate precautions should be taken to maintain good personal hygiene, including regular bathing, use of deodorants and regular dental hygiene.

2. Hair maintenance
   A. Women: neat and clean, styled off the face and out of the eyes.
   B. Men: neat and clean, styled off the face and out of the eyes. Beards and mustaches should be clean and well groomed.

3. Other personal care considerations
   A. Cologne, perfume or aftershave is not recommended in the patient care setting due to patient allergies and sensitivities.
   B. Nails should be well groomed
   C. Jewelry and accessories should be non-distracting

4. Appropriate attire
   A. Women: clean, business casual styled clothing and shoes
   B. Men: clean, business casual styled clothing and shoes
   C. Items specifically not permitted under any condition:
      1. hats or caps
      2. jeans of any color
      3. leggings are only to be worn under a skirt or a dress
      3. shorts, cargo pants, culottes, skorts, mini-skirts
      4. sweatpants, sweatshirts, T-shirts with lettering, midriff tops
      5. athletic shoes, clogs, “flip-flops”, “Birkenstock” , or beach shoes
      6. jewelry in pierced noses, lips, tongue or other exposed body parts, other than ears
      7. visible tattoos
DEPARTMENT OF COMMUNICATION DISORDERS
SPEECH & HEARING CLINIC
NON-DISCRIMINATION POLICY

Auburn University is committed to providing a working and academic environment free from discrimination and harassment and to fostering a nurturing and vibrant community founded upon the fundamental dignity and worth of all its members.

In accordance with applicable federal law, Auburn University complies with all regulations regarding unlawful discrimination against or harassment of its students. Any form of discrimination or harassment related to a student's race, color, sex, religion, national origin, age, sexual orientation, or disability (protected classes) is a violation of University policy. This policy is intended to cover any prohibited harassment of or discrimination against a student by other students, employees, or University agents. This policy also covers harassment of students by non-employees on University property or while engaged in University sponsored activities, as well as discrimination against students by University contractors.

REPORTING AND RESOLUTION PROCEDURES
Students who believe they have been discriminated against on the basis of their race, color, sex, religion, national origin, age, sexual orientation, or disability should report incidents to the Office of Affirmative Action/Equal Employment Opportunity (AA/EEO). In addition to the Office of Vice President for Student Affairs, all faculty, staff, and administrators should assist students in directing their harassment and/or discrimination complaints to the Office of AA/EEO.

The Office of AA/EEO will investigate the incident and will consult with witnesses and other appropriate University officials as necessary. Complaints will be handled on a “need to know” basis with a view toward protecting the complaining party from possible reprisal and protecting the accused from irresponsible or mistaken complaints.

DEFINITIONS
· Discrimination is defined as conduct directed at a specific individual or a group of identifiable individuals that subjects the individual or group to treatment that adversely affects their employment or education because of their race, color, religion, national origin, age, disability, citizenship, veteran status or sexual orientation.
· Harassment as a form of discrimination is defined as verbal or physical conduct that is directed at an individual or group because of race, color, religion, national origin, age, disability, citizenship, veteran status or sexual orientation when such conduct is sufficiently severe, pervasive or persistent so as to have the purpose or effect of interfering with an individual's or group's academic or work performance; or of creating a hostile academic or work environment. The term “harassment” includes but is not limited to: slurs, jokes, or other graphic or physical conduct relating to a student's race, color, sex, religion, national origin, age, disability, or veterans status.
Verbal conduct is defined as oral, written, or symbolic expressions that: personally describe or is personally directed at a specific individual or group of identifiable individuals; and is not necessary to an argument for or against the substance of any political, religious, philosophical, ideological, or academic idea.

SEXUAL HARASSMENT
Harassment also includes any coercive sexual behavior used to control or influence a student. It may be manifested by verbal and/or physical actions, gestures, unnecessary touching, leering at a person's body, attempts to embarrass, request for sexual favors, and physical assault.

Sexual harassment in academic settings, and in the employment arena where students are involved, is defined as unwelcome sexual advances, requests for sexual favors, and other verbal, graphic, or physical conduct of a sexual nature when:

1. Submission to such conduct may be explicitly or implicitly a term or condition of a student's academic success or employment; or
2. Submission to or rejection of such conduct may be used as the basis for employment or academic decisions affecting the student and the student's total educational and/or work experience; or
3. Such conduct has the purpose or effect of substantially interfering with a student's employment or academic performance or creates an intimidating, hostile or offensive work or educational environment.

Students who feel that they have been sexually harassed should report their complaint to the Division of Student Affairs. This office, in consultation with the Affirmative Action Office, will investigate the incident, consult with other appropriate University officials if necessary, and will resolve the complaint if possible.
PROFESSIONAL ORGANIZATIONS

1. The Student Academy of Audiology (SAA) is the national student division of the American Academy of Audiology (AAA) that serves as a collective voice for students and advances the rights, interests, and welfare of students pursuing careers in audiology. The SAA introduces students to lifelong involvement in activities that promote and advance the profession of audiology and that provide services, information, education, representation and advocacy for the profession and for consumers of audiology services. Auburn University has a local chapter with membership available to all Doctor of Audiology students. [http://www.audiology.org/SAA/](http://www.audiology.org/SAA/)

2. The National Student Speech-Language and Hearing Association (NSSLHA) is a pre-professional membership association for students interested in the study of communication sciences and disorders. Auburn University has a local chapter of NSSLHA with meetings opened to all interested persons. Dues for the National Level are $60.00 each year. Applications and additional information may be obtained from the NSSLHA Faculty Advisor in the Department of Communication Disorders or by visiting [www.nsslha.org](http://www.nsslha.org).

3. The American Speech Language Hearing Association (ASHA) is the professional, scientific, and credentialing association for members and affiliates who are audiologists, speech-language pathologists, and speech, language, and hearing scientists. Further information may be located at [www.asha.org](http://www.asha.org) or by calling the ASHA Action Center at 1-800-638-8255.

4. Membership in the Speech and Hearing Association of Alabama consists of six classes: Full, Associate, Student, Sustaining, Life, and Corporate Contributing.
CODE OF ETHICS

Students should be familiar with rules, regulations, and code of ethics established by state licensure laws and professional organizations.

AMERICAN ACADEMY OF AUDIOLOGY (AAA):

http://www.audiology.org/resources/documentlibrary/Pages/codeofethics.aspx

AMERICAN SPEECH-LANGUAGE-HEARING ASSOCIATION (ASHA):

http://www.asha.org/Code-of-Ethics/

ALABAMA BOARD OF EXAMINERS FOR SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY (ABESPA):