

Department of Communication Sciences and Disorders

Master of Science

Specific Internship Expectations

Itinerant Public-School Placements

- Expectations for Itinerant Student Interns by Week as compiled by Itinerant Master Clinicians
- Ongoing Responsibilities: Attend student study team meetings; attend IEPs; attend district speech department meetings. Go to a workshop, observe other professionals testing.

Week 1: Observe/actively participate during sessions; learn school routines; review IEPs and student files; review (or begin to) assessment tools commonly used at this site.

Week 2: Begin conducting therapy with some groups with joint planning of therapy with the Master Clinician; continue reviewing assessment tools; continue observation/active participation; begin assessment (when appropriate); escort students to and from sessions as necessary; observe some students in their academic classrooms. Observe a psychologist testing a student.

Week 3: Assume responsibility for more groups; begin supervised planning; review district guidelines and report formats and program options; discuss assessment results and possible IEP objectives; begin collaborating with teachers as appropriate; identify one student to begin assessment on and follow this case through the IEP process.

Week 4: Assume responsibility for the majority of the groups; continue collaboration with teachers.

Week 5: Conduct all therapy; write all lesson plans; participate in an SST; have phone contact with parent(s).

Week 6: Assume responsibility for screenings and referrals.

Week 7: Schedule IEP, or complete the IEP begun earlier; be comfortable writing objectives.

Week 8: Be sure to have participated in one Full-Team IEP; 3-4 SST meetings, and one Speech-Only IEP.

Week 9: Student takes over completely; Master clinician should feel comfortable leaving the room; Plan a good-bye activity.

Special Day Class Placements

Expectations for Special Day Class Student Interns by Week as compiled by SDC Master Teachers/Clinicians

Week 1: Observe, attend staff meetings; attend student study meeting if appropriate; familiarize yourself with classroom set-up and times; help individual students if possible; monitor independent work; toward the end of the week, begin working at stations as guided by Master Teacher/Clinician; assist with transition activities and “line behavior;” note the behavior management system that is in place; begin to get a general impression of the students rather than reading files too soon.

Week 2: Assume responsibility for some of the teaching (perhaps some stations, language groups, reading stories to the children, circle time, calendar, spelling test); observe reading groups and determine at what levels the children are functioning in different academic subjects; help “pick up or organize the room;” help document homework completion; begin planning assessment procedures if applicable; understand placement criteria and IEP process for special day classroom.

Week 3: Focus on the student files (special education files, cum files, etc.); begin coordinating with the assistant to plan and carry out steps for certain lessons; perhaps take over a reading, spelling, or language arts group; complete lessons planned by the Master Teacher/Clinician; continue to assess students if applicable; utilize behavior management techniques, begin thinking of a theme or unit you would like to teach to the students.

Week 4: Plan and carry out weekly lesson plans for a single subject OR carry out lessons in 2-3 subject groups planned with or by the Master Teacher/Clinician; continue to assess (be familiar with academic tests also); co-teach with the Master Teacher/Clinician; prepare homework.

Week 5: Plan and implement 2-3 subjects or groups; continue to monitor independent work; perhaps be responsible for planning for assistant and Master Teacher/Clinician; prepare homework.

Weeks 6 and 7: Have a thematic unit in place if appropriate; follow through with student IEP and assessment if appropriate; establish some contact with parents; perhaps assume complete responsibility for the classroom.

Weeks 8 and 9: Assume complete responsibility for the classroom; effectively utilize behavior modification techniques at the classroom and individual student levels; effectively communicate with the classroom assistant; delegate responsibility to the other adults in the classroom (in other words, be in charge!)

Medical/Private Practice Placements

Provide the student with an orientation and cover the following: Arrival, lunch and departure times; Parking arrangements; Dress code; Introductions to the professional and support staff; Important telephone numbers; Department policies (voicemail, computer access, etc.); Safety considerations (including HIPAA regulations); Standard precautions; Location and organization of clinical charts; Instruments and materials used most often; Review ASI-IA requirements and note the student's need for hours; Review the final evaluation sheet together

Week 1: Discuss your expectations and your supervisory style; Set-up patient round and patient discussion times; Intern should observe therapy and evaluations in the first week; Intern should observe team conferences as available and appropriate in the first week; Intern should begin treating by the end of the first week; Intern should complete an oral exam on a dysphagia patient in the first week; Intern should write a treatment SOAP note in the first week

Week 2: Continue to observe therapy and evaluations; Plan and conduct treatment for patient #1, along with any daily documentation; Begin treating one or two more patients by the end of the week; Follow one of your patients through OT, PT, etc. in addition to speech; Arrange to meet with therapists of other disciplines to get an overview of their scope of practice; Plan therapy sessions for your new patient(s) for later this week or next week as appropriate; Assist with and/or conduct bedside dysphagia evaluations under direct supervision; Document therapy with a SOAP note

Week 3: Observe evaluations and therapy. Continue treating two or three patients; Plan treatment for all patients picked up in week #2; Prepare FIM or weekly summary for conference on patient #1 (weekly).

Report in conference on patient #1, as appropriate; Complete documentation on all patients picked up in week #1; Add one or two more patients to caseload, as appropriate; Complete a speech/language or cognitive evaluation as appropriate; Write a report on a patient after this evaluation with your supervisor; Observe PT, OT etc. for patients picked up in week #2, as appropriate.

Week 4: Treat up to four patients this week, planning treatment and documenting for 5 of them. Prepare weekly documentation on up to three patients and report on them in conference. Initiate speech/language or cognitive evaluation on new referrals. Write reports on any new patients that are

referred for speech therapy. Conduct dysphagia evaluations, including treatment recommendations and documentation.

Week 5: Continue to add patients gradually to your caseload as census permits; Complete daily and weekly documentation on all patients; Continue to do cognitive and language assessment on all new patients; Continue to conduct dysphagia evaluations on all new patients; Continue to write reports for new patients; Report on all patients treated, in conference; Take on one new patient from another supervisor and/or level of care; Set up planning time/"rounds" with second supervisor to review those patients.

Weeks 6-11: Gradually work up to treating patients for the time you are on site, at a rate with which you and your supervisor are comfortable; Observe videofluoroscopy (and/or FEES) as time and schedule permits; Complete all required documentation for patient treatment in either setting; Have at least one or two patients on your caseload from a secondary setting; Participate in community outings as schedule and caseload allows; Work with non-English speaking patients, as caseload allows.