



Master of Science in
Speech-Language Pathology Program

Academic and Clinical Handbook 2026

Table of Contents

Welcome to the Master of Science in Speech-Language Pathology Program at the University of Montana!....	4
Introduction to MS SLP Program	5
Overview of SLP Training	5
Organizational Structure and Mission Statements.....	5
MS SLP Program Objectives and National Standards	7
MS SLP Program Objectives	8
CAA and ASHA Standards.....	9
MS SLP Program Delivery Options.....	9
Campus MS Program.....	10
Distance MS Program.....	10
MS SLP Program Prerequisites.....	11
Transfer of Credits to the University of Montana MS SLP Program.....	12
MS SLP Plans of Study & Degree Options	12
Student Advising and Plans of Study.....	12
Degree Options.....	13
MS SLP Curriculum	13
Required Academic Coursework and Credits (38 – 41 credits total).....	13
Required Clinical Education Coursework and Credits (33 credits total).....	14
Technology Requirements.....	15
Electronic Tracking System.....	15
Broadcast Platform (e.g., Zoom)	15
Learning Management System (i.e., Canvas).....	15
Clinical Education.....	15
Clinical Education Overview	15
Clinic Expectations Relative to STANDARDS OF KNOWLEDGE AND SKILLS.....	16
Clinical Sites.....	19
The Clinical Education Process.....	20
Clinical Educator Qualifications	20
Supervision Model.....	20
Clinic On Campus: DeWit RiteCare and Satellite Locations	21
Checklist from MS Student Onboarding Communication.....	22
Professional Expectations	24
Practicum Placement Planning.....	25
Campus Practicum Assignments	25
Off-campus Practicum Assignments	26
Dropping Clinic or Changing Credits	27
Diagnostic Clinic Hours	27
Client Accommodations and Sensitivity.....	27
Reviewed LM, AJ, GC, CO, JS 7.20.26	

Clinic Hours	27
Admission and Continued Enrollment for the Graduate SLP	28
Core Functions	28
Program Policies and Procedures	35
Grades and Dismissal	35
Graduate School Grade Policy	35
Competency and Remediation	35
Pre-remediation and Remediation Plan	36
Conflict Resolution and Formal Grievances.....	40
University of Montana Non-Discrimination and Title IX Statement.....	41
Concluding the MS SLP Program	42
PRAXIS Exam	42
Graduate Program Completion	42
Plans of Study and Leave of Absence	43
Certification and Licensure	43
Graduation Form.....	44
REFERENCES	44
HIPAA Quick Guide.....	44
Physical Security.....	44
Oral Communication.....	44
Telephone Use.....	45
Information on Paper.....	45
Email	45
Academic/Clinic Handbook Signature Page	46
Authorization of Release of Information	47
Photo and Video Release	48
Frequently Used Abbreviations	49

Welcome to the Master of Science in Speech-Language Pathology Program at the University of Montana!

This Master of Science in Speech-Language Pathology (MS SLP) Program Handbook speaks to the academic components of your graduate training, reviews the entire clinical experience, and includes everything you will need to successfully complete the academic and clinical expectations of the University of Montana's MS SLP program.

Please read this handbook thoroughly and carefully.

This handbook outlines the policies, procedures, and requirements associated with your academic training and clinical education. After you have studied this handbook, you will be sent a link with the following documents to sign via DocuSign:

- Academic/Clinic Handbook
- Authorization for release of information
- Photo and video release

These steps must be completed BEFORE you are permitted to begin participating in your clinical practica. All signatures will be collected electronically (i.e., via DocuSign).

Have Questions?

Questions/Concerns	Contact Person(s)	Contact Information
Academic coursework (e.g., grading disputes, academic conflict and remediation)	Graduate Advisor (Typically 1st point of contact) MS SLP Program Director	Email: amanda.jackson@mso.umt.edu Teams: GINGER.COLLINS Email: ginger.collins@umontana.edu
Clinical rotations at the DeWit RiteCare Clinic (e.g., clinic logistics, client care, campus clinic conflicts and remediation)	RiteCare Clinic Director	Email: leah.meloy@mso.umt.edu
External clinical rotations (e.g., externship conflicts and remediation) and plans of study (i.e., advising, overrides)	Clinical Externship Coordinator/ Graduate Advisor	Email: amanda.jackson@mso.umt.edu

Introduction to MS SLP Program

Overview of SLP Training

The terminal degree required to practice as a speech-language pathologist (SLP) in the United States is a master's degree. Upon completion of the MS SLP program at the University of Montana (UM), graduates will be prepared to complete their Clinical Fellowship (CF) year. After successfully completing the CF year, graduates are eligible to apply for the Certificate of Clinical Competence (CCC), which certifies SLPs to assess and treat infants, children, and adults with acquired or developmental speech, language, cognitive, and/or swallowing disorders.

Our MS SLP program is fully accredited by the **Council on Academic Accreditation in Audiology and Speech-Language Pathology** ([CAA](#)) and meets the academic and clinical standards for Certification of Clinical Competence in Speech Language-Pathology ([CCC-SLP](#)) by the credentialing body, **Council in Audiology and Speech-Language** ([CFCC](#)) of ASHA. Our program also meets [licensure requirements in Montana](#) and many other states.

We are committed to providing students with high-caliber academic and clinical training experiences with a focus on interprofessional education and research. Our goal is to prepare students with the knowledge and skills necessary to effectively serve diverse populations across the lifespan in all relevant environments.

Organizational Structure and Mission Statements

The School of Speech, Language, Hearing, and Occupational Sciences (SLHOS), is housed within the College of Health and is comprised of two divisions: (1) the SLP undergraduate and graduate programs (i.e., SLPA certificate program, Neurodiversity certificate program, BA in Communicative Sciences and Disorders, MS in Speech-Language Pathology, and PhD in Speech, Language, & Hearing Sciences), and (2) the Occupational Therapy Doctorate (OTD) program. The following mission statements guide our School's educational practices.

The University of Montana Mission



The University of Montana transforms lives by providing a high-quality and accessible education and by generating world-class research and creative scholarship in an exceptional place. We integrate the liberal arts and sciences into undergraduate, graduate, and professional studies to shape global citizens who are creative and agile learners committed to expanding the boundaries of knowledge and to building and sustaining diverse communities.

The College of Health Mission



The College of Health is dedicated to advancing health and well-being through inclusive, Reviewed LM, AJ, GC, CO, JS 7.20.26

innovative, and collaborative education, research, and service. We champion student success by delivering high-quality, team-based learning experiences that prepare compassionate, skilled professionals to meet the evolving health needs of diverse communities. With a strong commitment to research excellence, we foster impactful, interdisciplinary scholarship that addresses real-world challenges and drives health innovation. Rooted in integrity and lifelong learning, we engage meaningfully with local, rural, and global partners to promote wellness, support workforce development, and improve quality of life for all. We change lives.

The School of Speech, Language, Hearing, & Occupational Sciences Mission & Vision



The mission and vision of the School of Speech, Language, Hearing & Occupational Sciences (SLHOS) is to enrich lives and communities in the rural Mountain West and beyond through meaningful education, research, and service in the speech, language, hearing, and occupational sciences. We will be leaders in improving lives and connecting communities through dynamic research, teaching, and clinical practice.



University of Montana DeWit RiteCare Speech, Language, and Hearing Clinic Mission (DeWit RiteCare Clinic)

The UM DeWit RiteCare Clinic is committed to providing quality speech, language, literacy, cognition, swallowing, and hearing services locally and globally to people across the lifespan. We prepare future speech-language pathologists with practical experience through exceptional hands-on training and supervision. Intervention is evidence-based and client-centered. We believe that every individual should have access to these services,

regardless of financial, geographic, or physical barriers. Scholarships are supported by the Western Montana Scottish Rite Foundation; however, masonic affiliation is not required.

Equal Opportunity – Non-Discrimination

The University of Montana provides to all people the equal opportunity for education, employment, and participation in University activities without regard to race, color, religion, national origin, creed, service in the uniformed services (as defined in state and federal law), veteran status, sex, age, political ideas, marital or family status, physical or mental disability, or sexual orientation. Responsibility for effecting equal opportunity accrues to all University administrators, faculty, and staff. This responsibility includes assurance that employment and admission decisions, personnel actions, and administration of benefits to students and employees rest exclusively upon criteria that adhere to the principle of Equal opportunity. The University prohibits retaliation against a person for bringing a complaint of prohibited discrimination, for assisting someone with a complaint of discrimination, or for participating in any manner in an investigation or resolution of a complaint of discrimination.

MS SLP Program Objectives and National Standards

As a CAA-accredited MS SLP program, our academic and clinical education process is established relative to the knowledge and skills required for clinical certification. To become a certified speech-language pathologist, ASHA requires that competency in intervention, diagnostics, prevention, and consultation is demonstrated across all nine main areas within the [Professional Practice Competencies](#).

The scope of practice will include the thorough development of the following Professional Practice Competencies as shown in Figure 1.

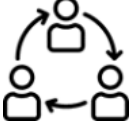
 Accountability	 Integrity	 Effective Communication Skills
 Clinical Reasoning	 Evidence-Based Practice	 Concern for Individuals Served
 Cultural Competence	 Professional Duty	 Collaborative Practice

Figure 1. ASHA's Professional Practice Competencies

The nine main areas of speech-language pathology (often referred to as the "Big 9") are described in the following table:

Articulation Producing speech sounds correctly, including addressing issues like lisps or difficulty with specific sounds	Fluency The flow of speech, addressing conditions like stuttering or cluttering	Voice and Resonance Pitch, loudness, and quality of voice, including addressing issues like vocal nodules
Receptive and Expressive Language Understanding and using language, including difficulties with comprehension or expressing thoughts clearly	Hearing Addressing the impact of hearing impairments on speech and language, such as supporting children with cochlear implants	Swallowing Oral and pharyngeal aspects of swallowing, including providing therapy for individuals with dysphagia
Cognitive Aspects of Communication	Social Aspects of Communication	Communication modalities

Cognitive skills affecting communication, such as attention, memory, sequencing, and problem-solving	Using language appropriately in social situations, including addressing communication differences in individuals with autism	Different ways of communicating, such as using augmentative and alternative communication (AAC) techniques and assistive technologies
--	--	---

MS SLP Program Objectives

Upon graduation, students will demonstrate competency across the following objectives:

1. MS SLP students will develop their professional attributes of accountability, integrity, effective communication skills, clinical reasoning, evidence-based practice, concern for individuals served, cultural competence, professional duty, and collaborative practice.
2. MS SLP students will develop their ability to recognize typical and atypical human development and etiology, characteristics, anatomical/physiological characteristics, acoustic characteristics, associated psychological characteristics, developmental nature, linguistic characteristics and cultural characteristics pertaining to articulation, fluency, voice and resonance, receptive and expressive language, hearing, swallowing, cognitive aspects, social aspects of communication, and augmentative and alternative communication.
3. MS SLP students will demonstrate skills in prevention and identification of communication and swallowing disorders and differences as well as prevention.
4. MS SLP students will develop their skills to evaluate the presence of communication and swallowing disorders and differences in the areas of articulation, fluency, voice and resonance, receptive and expressive language, hearing, swallowing, cognitive aspects, social aspects of communication, and augmentative and alternative communication.
5. MS SLP students will develop their ability to minimize the effects of negative change and maximize the effects of positive change in the communication and swallowing mechanisms to assist clients to engage in their environment as fully as possible when impacted by articulation, fluency, voice and resonance, receptive and expressive language, hearing, swallowing, cognitive aspects, social aspects of communication, and augmentative and alternative communication.
6. MS SLP student clinicians will develop their ability to minimize the effects of negative change and maximize the effects of positive change in the communication and swallowing mechanisms to assist clients to engage in their environment as fully as possible when impacted by articulation, fluency, voice and resonance, receptive and expressive language, hearing, swallowing, cognitive aspects, social aspects of communication, and augmentative and alternative communication as judged by their clinical educators.
7. MS SLP students will work within their scope of practice by synthesizing the interdependence of speech, language, and hearing; engage in relevant issues and advocacy; and actively engaging in the clinical education process, practicing professionalism, developing interaction and communication skills and reflecting on and evaluating their own practice effectiveness.
8. MS SLP students will recognize issues related to diversity and behave in a culturally responsive manner.
9. MS SLP students will implement evidence-based practices and explain them to

- clients, families, caregivers, and care partners.
10. MS SLP students will participate in timely recordkeeping and administrative tasks relevant to billing, coding, and credentialing.
 11. MS SLP students will hold clients' welfare in the highest regard by respecting clinical educator choices, implementing evidence-based practices, and participating in ethical conduct.
 12. MS SLP students will meet expectations commensurate with their level of experience and clinical setting.

CAA and ASHA Standards

To be eligible to enter a Clinical Fellowship (CF), UM students must first earn a Master of Science in Speech-Language Pathology that includes the following:

1. **Academic Course Work:** In addition to the 36 required graduate credits, ASHA requires 4 general undergraduate courses including: (1) biological sciences, (2) chemistry or physics, (3) statistics, and (4) social/behavior sciences.
2. **Supervised Clinical Observation and Clinical Practicum:** Students must earn 400 clock hours of clinical observation (25) + practicum (375). All hours earned through guided observation or clinical practicum must be supervised and approved by an SLP or audiologist who holds the CCC and meets supervisory requirements.
 - a. **Clinical Observation:** 25 guided observation hours must be completed prior to the SLP 571 clinical practicum.
 - b. **Clinical Education/Practicum:** 375 hours. Clinical clock hours must be sufficient in breadth and depth to achieve demonstrated skills outcomes in the areas of evaluation, intervention, and client interaction.
 - At least 325 of 400 hours must be completed while engaged in graduate study in an accredited program. Upon SLP program approval, students may receive credit for up to 50 clinical practicum hours earned under the supervision of an SLP professional with CCC-SLP from ASHA during their undergraduate or post baccalaureate education.
 - Up to 20% (i.e., 75 hours) of direct contact hours may be obtained through supervised clinical experiences via clinical simulations (CS) and telepractice follow the [2020 SLP Certification Standards](#) according to the most recent and applicable revisions and may be updated throughout the course of study.

MS SLP Program Delivery Options

Given the critical shortage of SLPs in rural areas, the UM MS SLP program is committed to providing accessibility to MS students who cannot move to the Missoula campus for training, and for those who partake in clinical externship experiences that are outside of the local regional area. As such, the MS SLP program offers two delivery options (i.e., campus and distance) by simultaneously broadcasting all MS SLP didactic courses offered through the School of SLHOS. That is, students accepted into our distance program synchronously access MS courses live and partake in courses simultaneously with campus students via a telecommunication platform.

Students must apply to and gain acceptance into either the campus or distance program. Distance program seats are limited, and thus students cannot switch to be in the MS distance program once accepted into the campus program. There are, however, opportunities for students accepted into the campus program to access didactic courses via distance modalities during the second year of their graduate studies if these students choose to complete externships in areas distant from Missoula; this modification does not change their campus registration status. Limited part-time options are available for students who initially applied and were accepted for a part-time MS program. These requests are reviewed on a case-by-case basis by the admissions team prior to acceptance. Typically, part-time students complete the MS program in three years according to individualized plans of study.

Campus MS Program

- Students follow a traditional classroom structure by attending courses face-to-face on the UM campus (with the exception of some courses being accessed using distance modalities during year two if the student is placed in a non-regional externship*).
- Clinical practica are completed every semester throughout the graduate program and begin as a clinical practicum in UM's DeWit RiteCare Clinic during the first semester in the graduate program.
- Students are subsequently placed in off-campus practica (i.e., externships) during the third semester of year 1.
- These externships can be arranged throughout the state and country with didactic courses being accessed using distance modalities.
- Campus students typically complete the degree in five semesters (Fall + Spring + Summer of year 1 and Fall + Spring of year 2).

** Note: students designated as "campus students" will continue to register for courses as campus students, even when taking courses at a distance.*

Distance MS Program

- Distance students participate **synchronously** in all academic courses with students on campus via live online streaming. That is, instead of viewing recorded lectures at a time of their choosing, distance students must log into the online platform to join the campus-based cohort during regularly scheduled course times.
- *Distance students' initial clinical practicum placement is at the DeWit RiteCare Clinic on the UM-Missoulacampus in the summer term following two semesters of academic study (Summer semester of year 1).
- Practicum rotations continue throughout the remainder of the graduate program in off-campus sites (and can be arranged throughout the state and country).
- Distance students typically complete the program in 6 semesters (Fall + Spring + Summer of year 1 and Fall + Spring + Summer of year 2).

** Note: students designated as "distance students" must register as campus students for coursework for the first summer only.*

MS SLP Program Prerequisites

Students enter the MS SLP program with (1) an undergraduate degree in speech-language-hearing sciences (SLHS), or (2) an undergraduate degree in a non-SLHS area with the additional completion of Communication Sciences and Disorders (CSD) leveling courses. The MS SLP program prerequisite courses include the following ([full descriptions found in the UM course Catalog](#)):

- CSD 205 Clinical Application & Observations in SLP & Audiology
- CSD 210 Speech & Language Development
- CSD 222 Introduction to Sound & Hearing
- CSD 305 Clinical Application of Language Science
- CSD 320 Clinical Phonetics
- CSD 330 Anatomy & Physiology of the Speech & Swallowing Mechanism
- CSD 331 Neurological Bases of Communication & Swallowing Disorders
- CSD 345 Developmental Communication Disorders
- CSD 365 Acquired Communication and Swallowing Disorders
- CSD 420 Speech Science
- CSD 450 Rehabilitative Audiology

MS SLP students must also have completed the following general education coursework before they are eligible to graduate and apply for ASHA certification ([ASHA Standard IV-A](#)):

1. **Physical Science** (3 credits): Physics or Chemistry.
2. **Biological Science** (3 credits): Science of living things (human or animal): biology, general anatomy & physiology, neuroanatomy & neurophysiology, human genetics, or veterinary science (must be non-SLHOS courses)
3. **Social/Behavioral Science** (3 credits): Psychology, sociology, anthropology, or public health.
4. **Statistics** (3 credits): Psychology, Math, or Social stats. One stand-alone course is required. SLP 600 Research Methods course does not count for stats and one of these statistics courses must be completed before enrolling in SLP 600 (Fall semester, Year 1 of the MS SLP programming).

Before initiating your graduate studies, the Graduate Student Advisor will review each student's transcripts to determine whether all prerequisite courses have been completed. The Graduate Student Advisor will work with a student to determine how best to integrate missing or partially obtained required courses into each student's Plan of Study. Students who need to complete these courses during their MS program typically take them as electives. However, students must meet with the Graduate Student Advisor who will assist you in developing a plan for scheduling and completing all essential coursework. It is important to note that students entering the MS program who have not completed several prerequisite courses may need to extend their course of study by a semester. The Graduate Student Advisor will assist you in developing a plan of study that will reflect these modifications.

Transfer of Credits to the University of Montana MS SLP Program

Students may petition the UM Graduate School and follow the [graduate school policy \(see C5.000\)](#) for the transfer of up to 9 graduate credit hours for which they earned a grade of B- or higher. After a semester of satisfactory work in the MS SLP program at UM, students can make a written request to the Graduate School to accept transfer credits. An official copy of the student's transcript and catalog course description should accompany the recommendation, along with a written description of the courses the student wishes to transfer.

MS SLP Plans of Study & Degree Options

Student Advising and Plans of Study

In the MS SLP program, the Graduate Student Advisor helps students monitor their academic and clinical progress in accordance with the ASHA CFCC standards. All MS students must be advised by the Graduate Student Advisor prior to the start of their graduate program. Graduate advising and clinical practica/externship placements are closely coordinated within a student's plan of study.

Plans of study are assigned based on a student's campus or distance status. A review of transcript(s), initial results from a "preference survey," and student suggestion spreadsheet will help guide clinical placement planning. The survey and spreadsheet are used by the Graduate Student Advisor to gain insight into students' experiences, interests, and preferences regarding their final practicum setting (i.e., medical, schools) for their final full-time externship. Based on the results of that survey and spreadsheet, the Graduate Student Advisor/Externship Coordinator will help place, prioritize, and track students toward their final externship.

During orientation on the UM campus, each student reviews their assigned plan of study individually with the Graduate Student Advisor and verifies that the plan is aligned with their goals. Additionally, all students receive group advising regarding program structure, sequence, practicum, and advising processes during orientation.

Individual and group advising occurs in-person/virtually/via email/via phone during all semesters including summer and when students are off-campus in clinical placements. Ongoing group advising may also be incorporated into key clinical courses during SLP 570 and SLP 575.

Advising includes a focus on continuous evaluation and updates of each student's plan of study. When and if a student requires a significant alteration of their plan, a new plan of study is created and reviewed with the student accordingly. All students are encouraged to meet regularly with their Graduate Student Advisor and Clinical Externship Coordinator in-person and/or via virtual meetings (distance students) to ensure appropriate progress is being made and for ultimate student success.

Following initial orientation and individual and group advising sessions, students are encouraged to make individual appointments with the Graduate Student Advisor if further advisement is needed at any time.

Degree Options

Thesis Option

71 total graduate credits (35 graduate program course credits, 30 graduate practicum credits, and a minimum of 6 thesis credits, which may require an additional semester).

Non-thesis Option

68 total graduate credits (35 graduate program course credits, 30 graduate practicum credits, and 3 graduate capstone/portfolio project credits).

MS SLP Curriculum

The following academic and clinical credits and courses are included in the plans of study to complete the master's degree in speech-language pathology ([full course descriptions](#)):

Required Academic Coursework and Credits (38 – 41 credits total)

- 35 credits of graduate program courses, a majority of which focus on developmental and acquired communication and swallowing disorders.
- Either a Master's thesis (6 credits) or Master's non-thesis capstone portfolio project (3 credits option).
- Some students will have additional electives if there is a need to complete prerequisite or [ASHA Std IV-A](#) coursework (see [SLP Graduate Program Prerequisites](#)).

Required Graduate Core Curriculum Courses

Course Number	Course Name	credits
SLP 520	Speech Sound Disorders	3
SLP 530	Voice and Resonance Disorders	3
SLP 535	Motor Speech Disorders	3
SLP 540	Fluency Disorders	2
SLP 545	Social Communication Skills, Behavior, and Neurodiversity	2
SLP 546	Alternative Augmentative Communication	1
SLP 550	Language Assessment and Intervention for Children Infants through Preschool	3
SLP 560	Language Assessment and Intervention for School-Age Children and Adolescents	3
SLP 565	Aphasia	3
SLP 566	Acquired Cognitive-Communication Disorders	3
SLP 570	Clinical Processes in Professional Practice I & II (taken twice/1 credit each semester)	2
SLP 575	Advanced Clinical Processes in Professional Practice II	1
SLP 600	Research Methods	3
SLP 640	Swallowing Disorders	3
	Total Credits	35

MS Capstone Portfolio/Non-Thesis Option (SLP 588, 3 credits)

Students not pursuing the MS thesis option will enroll in SLP 588 during their final spring semester. The Master of Science Capstone course (SLP 588) is a mentored independent study course designed to help students develop and compile a research, clinical, and professional portfolio required for graduation and career in speech-language pathology. **This capstone course is the UM SLHOS equivalent of a “comprehensive exam” for the MS degree in speech-language pathology.** This Master of Science Capstone Portfolio course is designed to help students develop an evidence-based clinical case study that is defended both in writing and during an oral presentation. The Capstone Portfolio is also comprised of professional resources that will support a career in speech-language pathology (e.g., resume, clinical philosophy). The products developed during participation in this course and defended orally at the end of the semester satisfy the requirements of the SLHOS comprehensive exam.

MS Thesis Option (SLP 599, Thesis, ~6 credits)

Students pursuing a thesis will enroll in SLP 599 for thesis credits instead of SLP 588. Students pursuing a thesis should choose this option by the end of the fall semester during their first year of graduate school (and no later than the second week of January during their first spring term). Students will start taking thesis credits during the spring or summer semester of year 1 and complete all 6 credits in consecutive semesters by the end of the program. Students must identify an academic faculty member of the SLP program who has earned a terminal degree (e.g., PhD, EdD) to develop a project proposal and project as directed by the [thesis policy and procedure outlined by the University of Montana Graduate School \(see C6.000\)](#). This SLP faculty member will become the Chair of the Master’s Student Thesis Committee (i.e., Thesis Chair). The Thesis Chair, student, and Graduate Student Advisor will then work together to determine how to integrate the 6 thesis credits into that student’s plan of study.

To provide ideal research mentorship, the SLP faculty members typically mentor a limited number of students through the thesis option each year. Students interested in pursuing a thesis should:

- Learn about SLP faculty and their current research interests, projects, and lab objectives. Start by exploring the SLHOS website: <https://www.umt.edu/speech-language-hearing-occupational-sciences/research/default.php>. Identify faculty whose research interests align with their own
- Meet with potential faculty member(s) during the fall of year 1 to determine
 - Whether they are willing and able to mentor a thesis student
 - If they are well matched for a mentor-mentee relationship

Required Clinical Education Coursework and Credits (33 credits total)

- 30 credits of clinical practicum—includes specialty clinics and direct experiences working with individuals with communication disorders across multiple settings
- 3 clinic course credits (2 credits of SLP 570 and 1 credit of SLP 575)
- 3 practicum levels develop clinical skills and competencies across multiple sites based on the amount of supervision and guidance needed
- A minimum of 375 supervised clock hours ([25 hours of observation must be completed](#))

[before beginning clinical practicum](#); See Standard V-C)

Required Clinical Courses/Practica for the MS SLP

- SLP 570 Clinic Proc/Pro Pract I (2 credits total)
- SLP 571 Found Applied Clinic Srv/Lrn (6 credits total)
- SLP 575 Advanced Clinical Proc II (1 credit)
- SLP 576 Advanced Applied Clinic II (12 credits total)
- SLP 675 Clinical Ext/Adv Practicum (12 credits total)

Technology Requirements

Electronic Tracking System

The UM MS SLP program uses a web-based tracking system (i.e., Exxat) to document ASHA standards, graduate work, and clinical work. All graduate students are required to use this electronic tracking system to document clinical clock hours (e.g., case logs), time logs, and required clinical forms. The SLP clinical education team will provide training to support clinical educators and graduate student clinicians, both on and off campus, in the use of the tracking system. Instructions and tutorials are available on the [Exxat](#) site to support users.

Broadcast Platform (e.g., Zoom)

The MS SLP program broadcasts all MS-level didactic courses synchronously to distance students. That is, distance students access a live-stream broadcast of campus-based classes and participate with students on campus via a software platform. The SLP graduate program will direct students how to access courses via distance broadcast using a chosen software program (e.g., Zoom, TEAMS).

Learning Management System (i.e., Canvas)

All instructors provide their syllabi, course content, and communications via an online learning management system (i.e., Canvas). Faculty will upload course content to Canvas and students are expected to check, download, and access this content on a daily basis for course participation. Although all course Canvas shells share some of the same elements, variation exists across course shell organization from one instructor to another.

[Strategies for Successful Online Learning](#): This tutorial prepares you to succeed in your online courses by equipping you with the knowledge and tools to learn effectively online.

[Canvas Student Guides](#): This guide will help you learn everything from submitting assignments and quizzes to communicating with your instructor.

Clinical Education

Clinical Education Overview

The MS SLP program faculty believe excellence is paramount for the delivery of clinical services to all clients. Clinical educators (also called supervisors or clinical faculty) support student

clinicians and work in partnership with clients and their caregivers to deliver high-quality services using methods and technologies that are evidence-based, timely, and effective. Furthermore, clinical educators and student clinicians collaborate with community agencies to provide comprehensive and appropriate services within the speech-language pathology scope of practice. All clinical educators hold the CCC-SLP/CCC-A. Student clinicians are paired with clinical educators and sites in a way that reflects a didactic (teaching-training) learning experience. Clinical educators who choose to support our graduate student clinicians are dedicated to lifelong learning, ethical practice, and consider clinical education to be a distinct area of practice in the field of speech-language pathology and audiology. In addition, [clinical educators are required to complete professional development specific to supervision skills](#).

The clinical education process includes the client/caregivers, the student clinician, and the clinical educator. The clinical educator's goal is to guide graduate students in becoming competent clinicians capable of independent problem solving and providing evidence-based practice.

Each graduate student clinician is required to obtain a sufficient variety of supervised clinical experiences in different work settings and with different populations. Every effort will be made to provide student clinicians with a minimum of 50 supervised clinical hours at each site. All students typically complete their first practicum at the UM DeWit RiteCare Clinic. Campus-based students typically complete this first practicum during the Fall semester of year 1, while distance students typically do so during the Summer semester of year 1. Other practicum sites will involve off-campus affiliations. To meet the clinical requirements, practicum experiences will involve placements in a variety of settings. All students are required to complete at least one rotation in a K-12 school setting and one in a medical or alternative setting (e.g., hospital, skilled nursing facility, rehabilitation center, specialty clinic, or private practice). Clinical experiences are designed to support the interests of graduate students while providing depth and breadth of knowledge, skills, and experience. To meet the clinical competency standards each student creates an individualized plan with the Clinical Externship Coordinator. Any exceptions to these requirements are reviewed on a case-by-case basis, based on the student's experiences, breadth and depth needs, and must be approved by the clinical education team.

Clinic Expectations Relative to STANDARDS OF KNOWLEDGE AND SKILLS

Clinical Observations

ASHA requires that students participate in guided observation ([Standard V-C certification requirements](#)). Students in the SLP graduate program are required to observe at least 25 hours of clinical sessions provided by certified (CCC) speech-language pathologists and/or audiologists, prior to starting SLP 571 initial clinical placement. Documentation of completed 25 hours must be uploaded during onboarding and include the ASHA number of the SLP, date, time, and site. Verification of an ASHA certification can be obtained online through the [ASHA Certification Verification System](#).

Students may observe assessment and treatment of cognitive, communication, and swallowing disorders, and client/patient counseling. These clinical observation experiences allow students to become familiar with the client/patient/clinician interaction process, assessment and

evaluation procedures, therapy planning, and therapy counseling techniques. The SLP Clinical Externship Coordinator (and/or Clinic Director) oversees students' clinical observations. Students enrolled in the CSD undergraduate program or the post-baccalaureate leveling program accrue the majority of their observation hours through course assignments (e.g., CSD 205/405). In the event that a student has not completed 25 observation hours prior to the start of the MS SLP program, they should reach out to the Graduate Advisor immediately and review these observation guidelines.

Additional information about observation guidelines:

The Missoula area has been saturated with requests to observe. To preserve the positive professional relationships cultivated with clinicians in the Missoula area, outside observations must be conducted outside of the Missoula area. Outside observations refer to observations that are not (1) included in coursework, (2) conducted at the DeWit RiteCare Clinic, or (3) simulations (e.g., Simucase).

Many Montana schools, clinics, private practices, skilled nursing facilities, and hospitals have procedures in place to allow students to observe an ASHA-certified SLP. Most of these sites require students to:

- complete an introduction to the Health Insurance Portability and Accountability Act (HIPAA) policies,
- provide proof of immunizations, and/or
- obtain a background check.

The following protocol must be followed for clinical observations:

- Students must contact the Clinical Externship Coordinator to learn about the protocols for particular sites.
- Students may not independently contact local sites without permission from the Clinical Externship Coordinator.
- Consent must be obtained for each client interaction observed in the DeWit RiteCare Clinic. Graduate student clinicians, however, should assume that peer observation is part of their learning experience and will be informed but may not be given the opportunity to decline observation in the training clinic.
- All independent observations must be documented on the Clinical Observation Form obtained from and submitted to the Clinical Externship Coordinator.
- In the DeWit RiteCare Clinic, consent for observation must be obtained for each client/patient interaction; graduate student clinicians, however, should assume that peer observation is part of their learning experience. Students will be informed of peer observation opportunities, some of which may be mandatory.

Clinical observations conducted by graduate students while shadowing a practicing speech-language pathologist (SLP) or attendance at clinical sessions prior to the start of their practicum may not necessarily be counted toward the required 25 observation hours. These observations are intended to serve as a prerequisite to help students become familiar with the clinical environment. Furthermore, observation alone—without structured debriefing or reflection—does not fulfill this requirement. Students may use the [Master Clinician Network](#) to satisfy this observation requirement if:

- Using Master Clinician was related to a class, and
- a qualified SLP who holds the CCC and meets ASHA's supervision requirements participates in this **guided** experience, or
- the Clinical Externship Coordinator otherwise approves these observations and participation in **guided** activities.

Clinical Clock Hours

375 clinical clock hours of supervised practicum must include experiences with client/patient populations across the life span and from culturally/linguistically diverse backgrounds. These experiences must represent various types and severities of communication delays and/or related disorders, differences, and disabilities, and meet the requirements of the ASHA Standards. The following table details the clinical clock hour guidelines for the MS SLP program. This information reflects the minimum a student may obtain; however, students are encouraged to take full advantage of their opportunities and respect their academic obligations to their clinical educators and practicum placements.

Campus-Based Students		
Semester	Course	Hours (approximate)
Undergraduate	CSD 205/405	25 Observation hours (required)
Year 1 Fall DeWit RiteCare Clinic	SLP 571	~30 hours*
Year 1 Spring DeWit RiteCare Clinic	SLP 571	~30 hours*
Year 1 Summer Off Campus/DeWit	SLP 576	~ 60 hours * minimum
Year 2 Fall Off Campus	SLP 576	~75-100 hours *minimum
Year 2 Spring Off Campus	SLP 675	~175-200 hours *minimum
Total: 400 hours		
*Clinical simulation (CS) hours from SLP 570 may be included in the 30 hours for both campus and distance students		

**indicates approximate hours and each rotation is subject to variations; however, a reasonable minimum hour requirement is expected to receive a grade for completion of a course.*

Distance students		
Semester	Course	Hours (approximate)
Undergraduate	CSD 205/405	25 Observation hours (required)
Year 1 Fall DeWit RiteCare Clinic	No clinic	
Year 1 Spring DeWit RiteCare Clinic	No clinic	
Year 1 Summer DeWit RiteCare Clinic	SLP 571	~ 60 hours * minimum
Year 2 Fall	SLP 576	~75-100 hours *minimum

Off Campus		
Year 2 Spring Off Campus	SLP 576	~75-100 hours *minimum
Year 2 Summer Off Campus	SLP 675	~175-200 hours *minimum
Total: 400 hours *Clinical simulation (CS) hours from SLP 570 may be included in the 30 hours for both campus and distance students		

** indicates approximate hours and each rotation is subject to variations, however, a reasonable minimum hour requirement is expected to receive a grade for completion of a course.*

Clinical Sites

The University of Montana DeWit RiteCare Speech, Language, & Hearing Clinic

The UM DeWit RiteCare Speech, Language, and Hearing Clinic (DeWit RiteCare Clinic) serves as the primary practicum site for UM MS SLP students and is dedicated to providing screening, diagnostic/assessment, and intervention services for individuals with speech, language, swallowing, cognitive, and/or hearing disorders. The DeWit RiteCare Clinic bills insurance, including Medicare, Medicaid, and other third-party providers for services. The DeWit RiteCare Clinic's services are also supported philanthropically by the Scottish Rite Foundation of Western Montana through scholarships for families in need. Students are required to successfully complete at least their first placement at the DeWit Clinic to proceed to externship (i.e., off-campus) clinical experiences.

Off-Campus Clinical Affiliations

The SLP graduate program offers affiliate practicum experiences at sites that have a written memorandum of understanding (MOU) or affiliation agreements with UM and the MS SLP graduate program. Typically, students partake in these off-site supervised practicum experiences in their second year of graduate school. Students must work with the Clinical Externship Coordinator to arrange off-campus practicum placements, and only the Clinical Externship Coordinator may contact the sites unless otherwise specified. Placements are available across the United States with an emphasis on locations in Montana.

While operating within the procedural expectations of each provider, the Clinical Externship Coordinator works with each site to place students who match their particular needs. This involves designing a clinical practicum agreement that is best for the site during the placement, the level of the graduate student's clinical experience, the amount of time (i.e., part-time or full-time placements), and other significant factors. Our goal is to integrate our students seamlessly into the site's established system.

If a new clinical site is developed, the Clinical Externship Coordinator will investigate the placement to verify that the clinical educators possess the CCC-SLP and understand the roles and responsibilities of clinical education. The Clinical Externship Coordinator will inform student clinicians of site-specific requirements through an onboarding process, such as visiting the site, identifying conflicts of interest, or gaining referrals. Once all clinical educators have

reviewed and signed a Clinical Pre-placement Review (required prior to each rotation- see below) and the Clinical Externship Coordinator feels confident that the site will meet the standards and match the values of the SLP graduate program, the student is permitted placement at that site.

Students are required to meet any and all onboarding requirements indicated in each site's MOU or affiliation agreement. These may include sharing specific immunization records, agreeing to drug testing, participating in trainings, and/or other site-specific requirements outlined for the student upon site placement by the Clinical Externship Coordinator and/or the individual site coordinator. Should exemptions be requested, each will be reviewed on a case-by-case basis, and approval is at the discretion of the off-campus site. Additionally, all students sign an *authorization of release of information*, for onboarding information at orientation. This allows the Externship Coordinator to release all pertinent onboarding information to externship sites for the purpose of compliance/documentation of site requirements.

All students are required by the College of Health to complete an Affirmation and Acknowledgement of Risk prior to participating in in-person clinical experiences. This document acknowledges the nature of clinical practice, the required degree of skill and knowledge of activities and risk in these settings, the inherent risk of these experiences, and acknowledgement that not all risks cannot be prevented. (Please see the full document for additional details). This paperwork is included with your graduate requirements letter and kept on file in your SLP graduate student file in SharePoint.

The Clinical Education Process

Clinical Educator Qualifications

Clinical education, also called clinical teaching or clinical supervision, is a distinct area of expertise in speech-language pathology. Those who supervise are referred to as ***clinical educators***. To meet ASHA's Standards for the Certificate of Clinical Competence in Speech- Language Pathology (CCC-SLP), student clinicians must be supervised by an individual who (1) holds ASHA certification in the appropriate profession, (2) has completed a minimum of 9 months of full-time employment as an SLP (or the part-time equivalent) after earning the CCC-SLP, and (3) has completed a minimum of 2 hours of professional development in the area of clinical instruction/supervision (see Standard V-E).

The MS SLP graduate program employs a variety of clinical educators to provide each student with the depth and breadth needed for training with multiple clients, disorders, and sites. Documentation of the clinical educator process is used in all practicum and externships or affiliations. Evaluation information is collected on the experience of both the student clinician and the clinical educator. SLP faculty and staff use these data to support continued growth in the clinical education process.

Supervision Model

Our supervision models are based on *The Supervisory Process in Speech-Language Pathology and Audiology*

(Anderson, 1988). Anderson's model is designed to capture the career of the professional, but as clinical educators, we must focus on the initial stages. According to Anderson, supervision starts with 100% clinical educator participation, where the clinical educator may be conducting the first few sessions while the student clinician simply observes. ASHA standards require that clinical educators observe a minimum of 25% of therapy sessions, 25% of diagnostic sessions, and must be on-site for every session. When considering Anderson's model, the DeWit RiteCare Clinic supervision starts significantly above the 25% required by ASHA and is tailored to the individual learning needs of each student. Certain insurance providers (e.g., Medicare) may require even higher levels of supervision.

Anderson (1988) advocated that as the student clinician's independence increases, the amount of supervision decreases. This requires the clinical educator to be sensitive to the needs of the student clinician. While keeping this in mind, the clinical educator is ultimately responsible for the client/patient and services provided by the student because they are performed under the license of the supervising clinician. Understandably, the clinical educator, particularly during initial student experiences, will want to be highly present and active in-service delivery. This model demonstrates our ethical and legal commitments to client/patient care.

Students must demonstrate initial ability to be present in clinical spaces with clients/patients and are then expected to progress towards independence with clinical instruction and hands-on experience. Should students fail to demonstrate either initial ability to be present or to demonstrate progress, it is the right and responsibility of the clinical educator to remove them from patient interaction. Removal from patient interaction initiates [pre-remediation procedures](#).

The clinical educator and student clinician must communicate effectively to establish a collaborative relationship. Utmost consideration is given to cultural responsivity, which includes background and learning styles/preferences of both the clinical educator and student.

Clinic On Campus: DeWit RiteCare and Satellite Locations

All MS SLP students are required to be placed at the DeWit RiteCare Clinic for their initial clinical practicum, which includes "satellite locations" (e.g., specific school classrooms, screening events, preschools, Rocky Mountain Ear, Nose, Throat Center). During their first year, both campus and distance students complete a didactic clinical processes course (SLP 570). SLP 570 runs concurrent to campus students' first clinical practicum course (SLP 571) with an assigned clinical educator and client/patient. SLP 570 runs prior to distance students' clinical practicum.

The Clinic Director and Graduate Student Advisor engage in an ongoing, iterative evaluation of each student clinician's needs and experiences. Information gained from these evaluations informs their decisions when matching students with clients and clinical educators. Students are expected to exercise good judgment when presenting themselves as student clinicians. This includes choosing appropriate work clothes, exercising good hygiene, and minimizing/eliminating scents that may be offensive to others. The following section is not intended to be prescriptive but rather descriptive to encourage students' critical thinking about how their appearance may influence their clinical interactions.

General Guidelines

- All clothing must be clean and maintained.
- Personal hygiene is expected and must be maintained on a daily basis. Strongly scented products or other odors such as cigarette smoke should be avoided as these can be irritating to others with sensitivities or allergies.
- Some jewelry/embellishments can be distracting to some clients/patients and even dangerous to the wearer. Clients (especially very young ones) may grab and yank jewelry, or it may become snagged.
- Clothing should be selected based on how it facilitates the wearer to accomplish their purpose in a specific setting and cultural context. In some settings, this may require avoidance of casual wear such as jeans or athletic wear. In other settings (e.g., preschool classrooms, home health) informal attire is expected. Some settings will require uniforms. Students can expect to receive explicit instructions about expectations at each setting and should also use observation skills to confirm and adjust accordingly.
- Jeans and athletic wear/ athleisure are not permitted in the DeWit RiteCare Clinic unless the athletic wear is specific to a clinic (e.g., summer field trips).
- Closed-toed shoes are highly recommended in the DeWit RiteCare Clinic and are frequently required in many settings.
- Scrubs are acceptable in the DeWit RiteCare Clinic and many other settings, though students should always be in good communication regarding expectations of externship sites and consider trauma-informed practice with respect to clothing.
- Students must follow these stated guidelines and should always defer to the requirements of their assigned clinical setting.

Checklist from MS Student Onboarding Communication

Upon the initiation of graduate coursework, specifically the clinical practicum, each student must have completed and/or submitted each of the following items, which are filed securely in each student's MS SLP file and in Exxat. Students should retain original documents for their own records.

Subscribe to Exxat

Exxat is an electronic data program used to document clinical competencies, necessary records, and track and support requests for clinical placements. Each student will receive an email with instructions on accessing Exxat during orientation.

25 Observation Hours

Each student must have 25 hours of guided observation completed and documented *prior to* beginning their graduate program. If lacking hours, [Master Clinician Network](#) or other in-person observation may be a means of obtaining remaining hours but must be completed according to **guided** clinical observation requirements (See [ASHA Standard V-C](#)).

Obtain CPR and First Aid Certification

Basic Life Support (BLS) for healthcare professional's certification is required. Training may be hybrid, though the Occupational Safety and Health Administration (OSHA) requires an in-person skills check. Some virtual options may comply with this requirement; if this is the case, it must

be explicitly stated that the training complies with OSHA requirements.

Immunizations

The immunizations and titers listed below are the common requirements for many clinical placements/externships. To aid in clinical onboarding and clinical placement, students must provide evidence of immunization or titer documentation or request consideration for exemptions prior to orientation. Please reach out to the Graduate Advisor if you have any concerns about these requirements and/or wish to discuss or request *UM exemptions. The Curry Health Center can assist those who have University of Montana health coverage (406-243-4330).

The following is a list of the required immunizations:

- TDAP: Tetanus updated within last ten years
- Hepatitis B (series of 2-3 vaccinations) **and** titer (evidence of immunity) acceptable; if your Hepatitis B series is more than 10 years old you will need to get a booster and then a titer one month later
- 2 MMR immunizations or titers
- 2 Varicella immunizations or titer
- COVID-19 vaccinations (min. of two doses or one dose of new/current vaccination)
- TB test (One-step, two-step, or QuantiFERON.) Must be completed no more than 3 months prior to the start of your first externship rotation; all other items are due prior to orientation. (Campus students, by summer semester 2027; distance students, by fall semester 2027.)
- Please note, that there may be additional requirements for externship placements. You will be notified if this is the case, and it will be your responsibility to complete them.

Vaccination Exemptions:

- Students may seek medical or religious exemptions if needed. Please reach out to Amanda Jackson (amanda.jackson@mso.umt.edu) to inquire about UM processes.
- ***Please note**, externship sites may have their **own** exemption process/policies and may **not** accept UM exemptions. If you require an exemption, we will work with you to best fulfill the programs' clinical needs, but we cannot guarantee placement, and this may extend the length of your program. Please reach out to Amanda Jackson to further discuss these items.

Proof of Health Insurance

Students may choose the UM policy or an outside provider and must submit proof of health insurance within Exxat.

Photo ID

Students are required to provide an acceptable form of photo ID, such as a Federal or State Government issued identification (e.g., driver's license, a passport, military ID).

Proof of Liability Insurance

Students automatically have liability coverage through UM when enrolled as a student. Some practicum placements may require **additional** liability insurance. Students may purchase additional liability insurance through [Mercer](#), an ASHA/NSSLHA affiliate.

HIPAA Training

Students are required to complete the Health Insurance Portability and Accountability Act (HIPAA) training. To participate in the training:

1. Visit the [UM website for CITI training instructions](#).
2. Follow the instructions to register. You will need to complete the **Q2 – Information Privacy & Security; Information Privacy and Security (IPS) for pre-professional and professional health care students and clinicians**.
3. Students should keep a copy of the certificate of completion for their own records and upload a copy to Exxat.

Background Information Check

Students are required to complete a background check using [Universal Background Screening](#). Information revealed by the check will be reviewed by the Clinical Education Team, and follow-up will be advised by the School Chair and necessary UM support personnel. Use these steps to complete the background check:

1. Log into [Exxat](#) using your @umontana.edu email address.
2. You will be redirected to the SSO login page
3. In the upper right under the compliance section, click on “view all”.
4. Select “get started” next to Universal-Background check
5. Click the + icon next to the Universal Details
6. Enter information and click “request screening”.
7. Click “start form filling”
8. Complete form.

Bloodborne Pathogen Training

Students will complete Blood Borne Pathogen training as part of their on-campus clinic onboarding and prior to engaging in clinical experience at the DeWit RiteCare Clinic.

Professional Expectations

Professional Conduct

Student clinicians in the MS SLP program are speech-language pathologists in training. Student clinicians will be held to the highest standards of integrity and ethical principles. Our guiding principles for professional conduct come from the [ASHA Code of Ethics](#), [ASHA Scope of Practice in Speech-Language Pathology](#) and the [UM Student Code of Conduct](#), with an emphasis on the continuous practice of cultural responsiveness. Student clinicians are responsible for honoring the privacy, confidentiality, communication needs, and individual rights of every client. Student clinicians are responsible for client-centered and culturally responsive care, intervention planning and treatment, record keeping, and written reports, given that they are an integral part of the profession of speech-language pathology.

Students will also create their own Cohort Expectations collaboratively at orientation. Although this is not a binding agreement and rather a community pledge, students and faculty should return to this document for guidance throughout the program.

During each academic semester, students should check communications at least daily, and more if it is required by a course or clinical rotation. For example, during summer clinical rotations, Microsoft TEAMS is the primary method of communication throughout the day, and students may be expected to turn on notifications and check frequently for immediate clinical feedback and/or safety communications. Outside of the regular semester but during the MS SLP program, students are required to check all communication channels at least once per week. Attending to official communications from the program and university is essential to student success. Students are expected to engage in “closed loop communication,” meaning they need to respond to communications in a timely manner and with appropriate response type (e.g., “reply” versus “reply all” as appropriate, using fitting language and honorifics, and/or acknowledging via a “like” as appropriate). Repeated violations may lead to the formation of a Student Remediation Committee (SRC) and potential dismissal.

ASHA Code of Ethics and Clinical Requirements

As an ASHA accredited program, the [ASHA Code of Ethics](#) binds the faculty, staff, and students of the UM DeWit RiteCare Clinic and other practicum sites. Read this material carefully and consider its application to all student clinical practice. The principles will be addressed throughout the training program, both in academic classes and in clinical practice. Students should become well acquainted with the Code of Ethics so that the judgments and decisions they make as a graduate student form a solid, ethical foundation for their future as a professional speech-language pathologist. If students have any questions or concerns regarding the Code of Ethics or its application, they should discuss them with their clinical educator, advisor, or the Director of Clinical Education.

Confidentiality Compliance and HIPAA Training

Confidentiality compliance and HIPAA training are part of the University of Montana Research and Creative Scholarship Compliance Oversight. One principle covered in the ASHA Code of Ethics, as well as the mandated HIPAA requirements, involves the protection of clients’ right to confidentiality. This practice includes issues of release of information, digital and auditory recording and observation of sessions, and maintenance of client records. In general, clinicians should err on the side of caution when considering confidentiality.

Practicum Placement Planning

Campus Practicum Assignments

Students are assigned to clinical educators and specific clinics on campus by the Clinic Director and Graduate Program Advisor/Clinical Externship Coordinator based on breadth and depth requirements. These placements are not determined by student preferences.

Campus students do not change their status unless their plan of study changes. The Clinical Externship Coordinator will advise if a status change is required (this is unusual).

Because distance students participate in their first clinical practicum on campus during the summer following the first two semesters, they **are required to complete a [Change of Status form](#) to be eligible for on-campus courses (practicum) during this summer semester only.**

These students return to distance status in the fall.

On occasion, a student may start the program the summer before the official fall start date by special arrangement (this is unusual). Practical experiences are outlined in each student's plan of study.

Off-campus Practicum Assignments

On-campus students typically begin their off-campus practicum during the summer or fall following their first year of graduate study. Distance students typically begin their off-campus practicum during the fall semester following their first year of graduate study. All students complete both a public-school placement and a private practice and/or medical placement (e.g., hospital, skilled nursing facility, rehabilitative center,) as part of their rotations. Any exceptions to these requirements are reviewed on a case-by-case basis, based on the student's needs, breadth and depth of experiences, and must be approved by the clinical education team. A *backward design model* is implemented to plan for the second-year off-site externships when students first start graduate school. That is, students communicate their site preference (medical, schools) for their final full-time SLP 675 off-campus site setting when initially meeting with the Graduate Student Advisor/Clinical Externship Coordinator at the start the SLP graduate program, and then all other site placements are planned accordingly.

Students will request clinical placement preferences through a clinical suggestions spreadsheet that is emailed directly to the Clinical Externship Coordinator. The Clinical Externship Coordinator will make the initial contact with the site. Sometimes, students are familiar with the site they are requesting and may even be acquainted with that site's clinical educators; however, students *may not* initiate externship placements and may be subject to disciplinary measures if this rule is violated. All externship placements must be developed and finalized through the Clinical Externship Coordinator. Specialized final placements, such as a major medical center or specialty clinic, must be made by October 1st of your first semester.

Please email the Clinical Externship Coordinator with this interest. Requests for externships, through spreadsheet submission, must be made in accordance with the following timelines:

Semester Requests	Due Date
Specialty placement (highly competitive)	October 1, Semester 1
Summer	November 1 st , Semester 1
Fall, Spring, Summer (distance)	January 6th, Winter Break

Local placements are defined as sites within a **70-mile radius** of Missoula: This radius includes, but is not limited to: Alberton, Arlee, Bonner, Clinton, Corvallis, Drummond, Florence, Frenchtown, Hamilton, Lolo, Missoula, Potomac, Ronan, Seeley Lake, St. Ignatius, Polson, Stevensville, and Victor. Because Montana is rural, and Missoula is a relatively small community, students must be willing to travel to placements. Location flexibility may be essential in finding placements for all students. Students should think about relatives, friends, Air B&B that would support taking an assignment outside of Missoula.

The Clinical Externship Coordinator will act on students' behalf to secure a clinical placement and will make every effort to secure a suggested placement; however, students must understand that requested clinical sites are not guaranteed.

Students are expected to accept their confirmed clinical externship. Those who do not/cannot accept their confirmed placement may need to defer the externship until the following semester, which may result in prolongation of their education program.

Dropping Clinic or Changing Credits

If a student clinician finds it necessary to either officially drop or reduce the number of credits for a clinic course once the semester has begun, the Clinical Educator, Clinic Director, and the Clinical Externship Coordinator must approve the request in writing. Because of the disruption and change in client services, this change is considered ONLY on rare occasions and is reserved for extreme circumstances (e.g., significant health issues, family emergencies).

Diagnostic Clinic Hours

A specific number of hours is not specified for diagnostic experiences. The MS SLP graduate program requires all students to accrue diagnostic hours of "sufficient breadth and depth" to demonstrate competence in assessment and evaluation procedures. This experience is part of the clinical practica SLP 571, SLP 576, and SLP 675. In addition, students receive didactic instruction in diagnostics throughout their content courses.

Client Accommodations and Sensitivity

Accommodations for Differences and Disabilities

All forms, handouts, and documents should be accessible such that they are available in alternative formats, such as screen readers. All interpersonal activities such as conferences and clinical services can be accommodated, including the use of text telephone (TTY), amplified phone, text, note taker, or the services of sign language interpreter. Please see the website for the [Office of Disability Equity's policy on service and assistance animals.](#)

Multicultural and Diversity Perspectives

UM and the School of SLHOS are dedicated to developing each student's knowledge and understanding of the importance of diverse perspectives. Beginning at orientation and throughout clinical and academic training, students will develop skills and techniques to support their preparation for the diverse clients that will be a part of their profession. The curriculum will focus on the selection of diagnostic tools, analysis of an evaluation, and provision of client-centered services that reflect the cultural values, traditions, and needs of the client, family, and community. Students have an ethical obligation to serve families that may have cultural values different from their own.

Clinic Hours

DeWit RiteCare Clinic

The DeWit RiteCare Clinic operates on a limited basis during normal business hours on weekdays; hours are posted in the clinic and on the website and can change depending on academic schedules and staffing availability. Students are required to be available Monday-Friday for day and evening appointments during terms they are registered for clinical practicum. Students will coordinate with their assigned clinical educator on scheduling and should expect to have their schedule finalized by the time of reviewing the clinical practicum agreement. We acknowledge that students have obligations outside school and clinic but do ask that students make every effort to confirm outside obligations *after* their clinical schedule (e.g., meetings) for the term has been finalized. While in the graduate program, students are expected to give their clinical rotation top priority.

Clinical Preparation and Practice at DeWit RiteCare Clinic

During and prior to the first weeks of each semester in which a student is assigned to a clinical practicum experience at the DeWit RiteCare Clinic, students will participate in general clinic onboarding and training specific to this setting. Onboarding topics include continued HIPAA review, on-site clinical processes (including test and materials checkout, room reservations, computer use, general clinic procedures), electronic medical record system documentation, safety protocols, and telepractice procedures.

After thorough onboarding to the DeWit RiteCare Clinic, students will begin their clinical practice under the supervision of their assigned clinical educator. The clinical process includes chart review, preparation, direct service provision, and documentation. Each clinical educator will have a unique approach to clinical practice. Students must adhere to their assigned clinical educator's expectations throughout their practicum, both as defined in the "Clinical Practicum Agreement" as well as incidentally throughout the placement. Outside of scheduled class time, students are expected to reserve their time during working hours (unless otherwise specified on the "Clinical Practicum Agreement") for their clinical practicum activities. Again, clinic takes priority during the master's program, though we again acknowledge that students have outside considerations and ongoing communication is key in ensuring that clear expectations are conveyed and met.

Admission and Continued Enrollment for the Graduate SLP

Core Functions

The Core Functions guide was modeled from the Council on Academic Programs in Communicative Sciences and Disorders' Guide (CAPCSD, 2023) and specified through iteration via examples from SLP faculty.

Direct Wording from CAPCSD 2023

"This document is intended as a guide for educational programs in speech-language pathology or audiology and individuals seeking a career in these professions. It identifies the core functions that individuals of such programs typically are expected to employ in didactic and clinical experiences to acquire the knowledge and demonstrate the competencies that will lead to graduation and successful entry into professional practice. This document replaces the Essential Functions document created by

the Council of Academic Programs in Communication Sciences and Disorders (CAPCSD) in 2008. The document was updated to differentiate core functions from individual program requirements and to be inclusive of differences in behavioral and learning preferences associated with race, ethnicity, culture, sexual orientation, gender identity, language, and sensory, physical, or neurological status.

Instructions for Appropriate Use of this Document

This document may be used when:

- informing individuals about the core functions associated with the professions of
- audiology and speech-language pathology
- initiating discussions between students and programs regarding student success
- empowering students to make informed choices regarding their pursuit of professions in audiology and speech-language pathology
- facilitating strategies to achieve student success
- assisting programs and students in identifying and advocating for appropriate resources and accommodations
- advancing the professions of audiology and speech-language pathology through the lens of justice, diversity, equity, and inclusion.

This document must not be used:

- to discriminate against individuals for any reason
- as a measure of acceptance or denial into an educational program
- as a tool to presumptively judge individuals' potential for success
- as a stand-alone student assessment or intervention plan
- to dismiss students from a program

Use of this document is not required by CAPCSD or any accrediting or credentialing body, including the Council on Academic Accreditation or the Council for Clinical Certification of the American Speech-Language-Hearing Association. For the sake of this document, the term “core functions” refers to behavioral or cognitive functions that an individual must be able to perform with or without accommodations necessary to ensure equitable access.

The document intentionally does not address how stated core functions are demonstrated, though does attempt to provide multiple salient examples to improve students' understanding and facilitate self-reflection. We recognize that there are multiple ways an individual can successfully meet the demands of clinical education and practice.

Accommodations for disabilities are different in the clinical setting versus the classroom. Students should work with the Office of Disability Equity and their program to communicate as early as possible if a student anticipates needing accommodation during clinical rotations to ensure these will align with real-time clinical practice.

To ensure the integrity of the messaging in this document, a glossary of terms is included at the end of the document.”

Domains and Examples

The following sections include direct wording from CAPCSD in the descriptive paragraph following each heading. Examples have been generated through input from faculty in SLHOS to better illustrate core functions expected to be in place *before* the clinical teaching process begins. The first several examples include a related clinical competency that might be taught in the graduate program over the foundational core function.

Communication Function

Statements in this section acknowledge that audiologists and speech-language pathologists must communicate in a way that is understood by their clients/patients and others. It is recognized that linguistic, paralinguistic, stylistic, and pragmatic variations are part of every culture, and accent, dialects, idiolects, and communication styles can differ from general American English expectations. Communication may occur in different modalities depending on the joint needs of involved parties and may be supported through various accommodations as deemed reasonable and appropriate to client/patient needs. Some examples of these accommodations include augmentative and alternative communication (AAC) devices, written displays, voice amplification, attendant-supported communication, oral translators, assistive listening devices, sign interpreters, and other non-verbal communication modes.

- Employ oral, written, auditory, and non-verbal communication at a level sufficient to meet academic and clinical competencies
- Adapt communication style to effectively interact with colleagues, clients, patients, caregivers, and invested parties of diverse backgrounds in various modes such as in person, over the phone, and in electronic format.
- Examples:
 - Writing or typing an immediate written or visual cue onto a whiteboard, piece of paper, or other visual tool/ device. (Related clinical competency: drafting appropriate visual cues in terms of content specific to a client's disorder and individual needs).
 - Crafting written clinical documentation with proficient basic writing skills.
 - Modifying rate of speech, volume, and choice of language to be intelligible enough (e.g., not too fast) for the client to understand.
 - Openness to learning to work with interpreters.

Motor Function

Statements in this section acknowledge that clinical practice by audiologists and speech-language pathologists involves a variety of tasks that require manipulation of items and environments. It is recognized that this may be accomplished through a variety of means, including, but not limited to, independent motor movement, assistive technology, attendant support, or other accommodations/modifications as deemed reasonable to offer and appropriate to client/patient needs.

- Engage in physical activities at a level required to accurately implement classroom and clinical responsibilities (e.g., manipulating testing and therapeutic equipment and technology, client/patient equipment, and practice management technology) while retaining the integrity of the process
- Respond in a manner that ensures the safety of clients and others
- Examples:

- When conducting an oral mechanism exam, manipulating a penlight, tongue depressor, and gloves simultaneously to complete a thorough and safe structural-functional assessment. (Related clinical competency: accurately identifying and assessing normal versus abnormal structure or function).
- Providing sufficient environmental modifications to keep a child safe, preventing them from leaving a safe space, and potentially chasing to follow.
- Typing and/or dictating to navigate software and manage electronic health records or data collection systems with sufficient speed and accuracy to document during or immediately following a session.
- Physically removing food or liquid stimuli quickly to prevent a safety event.
- Providing basic first aid and CPR.
- Participating in and navigating about real-world settings (e.g., homes, community spaces such as grocery stores, public transportation, etc.).

Sensory Function

Statements in this section acknowledge that audiologists and speech-language pathologists use auditory, visual, tactile, and olfactory information to guide clinical practice. It is recognized that such information may be accessed through a variety of means, including direct sensory perception and /or adaptive strategies. Some examples of these strategies include visual translation displays, text readers, assistive listening devices, and perceptual descriptions by clinical assistants.

- Access sensory information to differentiate functional and disordered auditory, oral, written, and visual communication
- Access sensory information to correctly differentiate anatomical structures and diagnostic imaging findings
- Access sensory information to correctly differentiate and discriminate text, numbers, tables, and graphs associated with diagnostic instruments and tests
- Examples:
 - Visualizing presence of velopharyngeal movement on phonation (e.g., on oral mech exam); i.e., looking into a mouth and visualizing detailed anatomy and movement. (Related clinical competency: identifying and assessing the velum and related structures and assessing whether structure and function is normal or abnormal).
 - Distinguishing between different speech sounds, voice quality, or resonance based on auditory perception.
 - Palpating relevant anatomy with fingers to detect subtle differences (e.g., soft palate).
 - Visualizing communication attempts from communication boards and devices.

Intellectual/Cognitive Function

Statements in this section acknowledge that audiologists and speech-language pathologists must engage in critical thinking, reasoning, and comprehension and retention of information required in clinical practice. It is recognized that such skills may be fostered through a variety of means, including assistive technology and /or accommodations/modifications as deemed reasonable and appropriate to client/patient needs.

- Retain, analyze, synthesize, evaluate, and apply auditory, written, and oral information at a level sufficient to meet curricular and clinical competencies
- Employ informed critical thinking and ethical reasoning to formulate a differential diagnosis

and create, implement, and adjust evaluation and treatment plans as appropriate for the client/patient's needs

- Engage in ongoing self-reflection and evaluation of one's existing knowledge and skills
- Critically examine and apply evidence-based judgment in keeping with best practices for client/patient care
- Examples:
 - Responding to client/ patient interaction in real-time without additional processing time requirements. (Related clinical competency: responding contingently with appropriate content and language level specific to treatment approach, population, and individual need).
 - Reading text across modalities (e.g., typed text on various screens, papers and manuals; hand-written information) with sufficient fluency and accuracy to accommodate real-time clinical interactions (i.e., during a session, immediately before a scheduled session with time constraints, etc.).
 - Retaining information from a supervisor's pre-session briefing and apply it in real time during a session without referring back to the supervisor for repeated clarification; students are encouraged to use any kind of note-taking accommodations that may assist with memory and real-time application.
 - Integrating information from multiple sources — parent report, teacher questionnaire, standardized scores, language sample analysis, information learned in didactic courses — to form a coherent diagnostic picture rather than treating each data source in isolation.
 - Listening a supervisor's post-session feedback, retain specific recommendations, and demonstrably apply those changes in the next clinical session. Students are encouraged to communicate early on about learning preferences (e.g., verbal versus written) but also acknowledge that feedback in a real-time clinical context may be verbal, written, immediate, or delayed.
 - Modifying behavior or materials in the moment to support a client in a session or to keep them engaged.

Interpersonal Function

Statements in this section acknowledge that audiologists and speech-language pathologists must interact with a diverse community of individuals in a manner that is safe, ethical, and supportive. It is recognized that personal interaction styles may vary by individuals and cultures and that good clinical practice honors such diversity while meeting this obligation.

- Display compassion, respect, and concern for others during all academic and clinical interactions
- Adhere to all aspects of relevant professional codes of ethics, privacy, and information management policies
- Take personal responsibility for maintaining physical and mental health at a level that ensures safe, respectful, and successful participation in didactic and clinical activities
- Examples:
 - Tolerating and attending to difficult mental health- related situations to the appropriate resources (e.g., students receive training on suicide prevention and referral and need to be prepared to ask direct questions about whether patients are

considering harm to themselves or others; related clinical competency: responding appropriately, asking responsive questions based on training, and referring to appropriate resources).

- Managing personal mental health needs for participation in all clinical services (e.g., plans in place and ongoing management for panic attacks that might affect patient care)
- A student must deliver a new or unexpected diagnosis (e.g., autism spectrum disorder, aphasia, progressive neurological disease) to a family in a way that is honest, sensitive, and attuned to the emotional weight of the information for that family.
- Recognizing when personal stressors, mental health challenges, or fatigue are affecting their clinical performance and proactively seek support- through counseling, supervision, or program resources- rather than waiting for a crisis to occur.
- Arriving at clinical placements consistently prepared, rested, and emotionally regulated enough to prioritize client welfare, even during demanding periods of the academic year.
- Seeking medical or mental health support when a physical or psychological condition is interfering with their ability to meet clinical responsibilities and communicate proactively with their program about any anticipated impact on their training.
- Maintaining professional boundaries with clients and families- including on social media and outside of clinical settings- in a way that protects both client welfare and the student's own professional standing.
- Treating clients and families with dignity regardless of socioeconomic status, housing situation, educational background, or other factors that may differ from the student's own lived experience.
- Engaging respectfully with classmates and colleagues during team discussions, accepting critical feedback and disagreement without becoming dismissive or defensive.

Cultural Responsiveness

Statements in this section acknowledge that audiologists and speech-language pathologists have an obligation to practice in a manner responsive to individuals from different cultures, linguistic communities, social identities, beliefs, values, and worldviews. This includes people representing a variety of abilities, ages, cultures, dialects, disabilities, ethnicities, genders, gender identities or expressions, languages, national/regional origins, races, religions, sexes, sexual orientations, socioeconomic statuses, and lived experiences.

- Engage in ongoing learning about cultures and belief systems different from one's own and the impacts of these on healthcare and educational disparities to foster effective provision of services.
- Demonstrate the application of culturally responsive evidence-based decisions to guide clinical practice
- Examples:
 - Welcoming professional interpreters into clinical interactions. (Related clinical competency: demonstrating skilled interaction with interpreters, included speaking directly to the client, providing instructions to the interpreter as needed (e.g., regarding testing procedures), using shortened phrases when appropriate, waiting for

- the interpreter to interpret before continuing, etc.).
- Using clients’/ patients’ pronouns as stated and do not comment on or disclose whether these pronouns have changed or are different from known biological sex.
- Proactively educating themselves about the historical and ongoing mistrust of medical and educational systems among certain communities (e.g., Black, Indigenous, and immigrant communities) and consider how that history may shape a client's or family's willingness to engage with services.
- Acknowledging how socioeconomic disparities affect access to evaluation, treatment, and follow-through (e.g., transportation barriers, inability to take time off work, lack of broadband access for telehealth) and factor these realities into clinical planning rather than attributing missed appointments or inconsistent participation solely to family motivation.
- Recognizing that Western biomedical frameworks for understanding communication disorders are not universal, and that clients and families may hold alternative explanatory models for their child's or family member's communication differences that deserve respectful engagement.
- Incorporating a client's or family's cultural values, communication priorities, and treatment preferences into goal-setting, ensuring that therapy targets are meaningful and relevant within the client's own cultural and community context rather than reflecting only the clinician's assumptions about communicative normalcy.

Glossary

Cultural responsivity involves “understanding and respecting the unique cultural and linguistic differences that clients bring to the clinical interaction” (ASHA, 2017) and includes “incorporating knowledge of and sensitivity to cultural and linguistic differences into clinical and educational practices”.

Evidence-based practice involves “integrating the best available research with clinical expertise in the context of patient characteristics, culture, and preferences” (EvidenceBased Practice in Psychology, n.d.).

American Speech-Language-Hearing Association. (n.d.). Cultural responsiveness [Practice Portal <https://www.asha.org/Practice-Portal/Professional-Issues/Cultural-Responsiveness/>]

Evidence-Based Practice in Psychology. (n.d.). <https://www.apa.org>. Retrieved March 3, 2023, from <https://www.apa.org/practice/resources/evidence>

If an applicant states they can meet the core functions with accommodations, the course instructor and/or academic/clinical education team may review the modification to ensure it does not fundamentally alter the program, cause an undue burden, or cause harm to a fellow student or client. A student can request accommodation through the Office for Disability Equity at any point during enrollment in the MS program. However, retroactive accommodation requests do not have to be honored.

Program Policies and Procedures

Grades and Dismissal

- If a student earns a C+ or lower in a class, a Student Remediation Committee (SRC) will convene to determine the remediation for the student. See Competency and Remediation section below for details and processes.
- Any student who earns one grade of C+ or lower in a graduate class must receive approval from the Student Remediation Committee (SRC) to retake the class or participate in an independent study to demonstrate competencies associated with ASHA CFCC standards of knowledge and skills. Retaking a course will not result in the replacement of the C+ or lower grade. If approval is not granted from the SRC or a C+ or lower is earned in this subsequent class, the student will be dismissed from the graduate program.
- Repeated minor breaches or a single severe HIPAA violation within a clinical placement regardless of intentionality will result in a C+ in clinical practicum and subsequent remediation. Severe or intentional HIPAA violations are grounds for immediate dismissal. Students may be required to inform external placements of past history of HIPAA violations and successful remediation on a case-by-case basis.
- Any student who earns two grades of C+ or lower will be dismissed from the graduate program.
- Additionally, students must meet the Graduate School Grade Policy (see below).

Graduate School Grade Policy

In addition to the SLHOS grade policy, please review all [University of Montana Graduate School Policies](#) taking special note of Policy B2.000 which is included below.

“Students must maintain a B average in courses taken for graduate credit at The University of Montana; no grade below C (including C-) will be accepted toward any degree requirement. The student is automatically on academic probation if the cumulative grade point average falls below 3.0. *The Graduate School may place limits on the time for the student to remediate the academic problem before being suspended (see policy B8.000 for details).*

In addition, a program may set a higher GPA minimum, passing grade thresholds (e.g., B-), and/or specify other academic performance measures for students to remain in good standing. Examples might include successful completion of specific core courses, demonstration of professional competencies, assembling a committee, or successfully being admitted to a research lab. Programs will communicate these standards clearly in their program handbooks. Failure to meet those standards may result in dismissal (see Policy B8.000).

Competency and Remediation

To meet the requirements of ASHA and remain eligible for a CF, the student must demonstrate competency by achieving a level of 80% or better on each knowledge-and-skill competency standard. Competency expectations and assessment methods are outlined in each course syllabus. For clinical practicum courses, students can refer to the general SLP 571, 576, 675 syllabus for a complete list of competencies, but should refer to a practicum’s individual Clinical Practicum Agreement and/or

syllabus supplement for specific population and practice areas covered. The Knowledge and Skills Areas evaluation is the primary assessment method for clinical practice.

If a student does not demonstrate competency (80% or higher) on the initial attempt, students will be provided with additional opportunities to demonstrate required knowledge and/or skill competencies. These additional opportunities will be presented through **pre-remediation** and **remediation** opportunities (see details below).

If the student does not pass the competency following a pre-remediation or remediation opportunity, further course of action will be determined by the MS SLP program and may result in dismissal from the program. Additionally, if a student fails to demonstrate competency, the Certification for Clinical Practice Verification by Program Director Form required for ASHA certification will not be signed regardless of an acceptable course/clinic grade.

Sequence of remedial plans:

If a student does not demonstrate competence and achieve a level of 80% or better on a knowledge-and-skill competency standard:

- **Step one:** initiation of a pre-remediation opportunity (see Pre-remediation Opportunities section below)
- **Step two:** if a pre-remediation is not successfully completed a formal remediation opportunity will be initiated (see Formal Remediation section below)

Pre-remediation and Remediation Plan

Pre-remediation opportunities and subsequent remediation are required when a student does not meet ASHA knowledge and skills course or clinic objectives, assessed by case studies, demonstration, testing, papers, and/or other assignments, with a minimum of 80% accuracy.

Pre-remediation Opportunities

Within a course or clinical experience, if a student earns a grade of less than 80% on an assignment and/or inadequately demonstrates a particular knowledge or skill, the clinical educator or professor will attempt to address the competency challenge during the class or clinical experience by providing an additional learning opportunity through the pre-remediation process. This can be done through the provision of opportunities such as rewriting an assignment, completion of a new assignment, or additional demonstration of a skill following scaffolding.

Note:

- These additional opportunities (e.g., redoing an assignment) do not necessarily change the assignment grade. Individual faculty will document pre-remediation learning opportunities.
- More than one pre-remediation for different assignments/competency needs can occur within a course. However, the number of pre-remediations allowed is at the discretion of the course professor(s) and SLHOS administrative team.
- The MS SLP Program Director, Clinic Director, or Graduate Academic Advisor may check-in with faculty during the middle and end of the semester to support student progress across the knowledge and skill competencies.

Pre-remediations can take place at two time points: (1) during the academic semester; and (2) at the end of the academic semester. Please read the procedures for these two types of pre-remediations carefully.

During the Academic Semester Pre-remediations

Pre-remediation for Academic Courses during the Semester

- If a pre-remediation is needed during the academic semester, the course professor(s) will send an email to the **student** notifying them of the need to engage in a pre-remediation opportunity, the specific area of need, the plan, and the completion timeline. The professor(s) will include the Graduate Advisor and student in this initial pre-remediation notification email.
- If a second pre-remediation is needed, the course professor(s) will send an email to the student and Graduate Advisor notifying them that a second pre-remediation is needed (within one course) for an assignment/competency. The Graduate Advisor will then set up a **meeting** with the professor and student.
- If a student does not successfully complete a pre-remediation and/or there remains significant concern (e.g., multiple pre-remediations) a Formal Remediation process will be initiated within the semester as outlined below.

Pre-remediation for Clinical Courses during the Semester

- Clinical practicums differ significantly from academic coursework.
- While minimum competency scores are required at each placement level (i.e., 2s by end of semester for Level 1 practica and 3s for Level 2), it is at the discretion of each clinical educator to determine whether a student's performance is of concern based on opportunities given. Students are expected to demonstrate growth across opportunities for each competency. As such, a first-year, first-semester student with a score of 2 in an area may be performing as expected based on opportunities, whereas another student with the same score may be of concern if no growth was observed across multiple opportunities for demonstration and feedback.
- A clinical educator's concern for lack of demonstrated growth over time, instruction/feedback, and opportunities-- regardless of score-- may trigger pre-remediation. Scores of below 2 are of concern across placement levels and would likely trigger pre-remediation.
- Students will be given opportunities for pre-remediation before scoring below the required minimum B- grade by end of semester and will not receive a non-passing grade for a practicum without documented opportunities for pre-remediation.

Grade Change Procedures for Pre-remediations during an Academic Semester

- Grade changes policies are at the discretion of **each** course professor as outlined in the course syllabus.
- Grade change policies may vary across courses and may vary across pre-remediation contexts within a single course (e.g., tests, assignments, projects)
- If a professor(s) allows grade changes in a course, the grade may be **maximally increased to 80%.**

End-of-Semester Pre-remediations

Pre-remediation for Academic Courses at the end of Semester

- If a competency is **not** met for a final project or assignment that **has not had** any previous pre-remediations to demonstrate competency, the pre-remediation opportunity will be initiated.
- Students will receive an “I” (**Incomplete**) that will be updated once the pre-remediation is successfully completed.
- Students will be notified about the need for a pre-remediation at the time grades are due. A plan will be set including the specific area of need, plan, and completion timeline. The Graduate Advisor will be included in these email communications, so they are aware an “Incomplete” was given and a pre-remediation is in progress past the end of the semester.
- At the end of the semester, students will be provided no more than 2 weeks to complete the pre-remediation, and the course professor(s) will have no more than 2 weeks to provide feedback/results.
- Upon completion of pre-remediation, the course professor(s) will notify the Graduate Advisor.
- Once completed, the course professor(s) will submit a grade change to replace the “I” (Incomplete).

Pre-remediation for **Clinical** Courses at the end of Semester

- Pre-remediation that occurs at the end of the term for a clinical placement does not follow the guidelines in the handbook for a 2-week completion window. Rather, the pre-remediation will occur in the subsequent semester and be led by the clinical educator assigned for that placement and/or the externship coordinator, which will likely be different from the clinical educator with the initial concern.
- Additional opportunities within a pre-remediation for clinical practicum may include additional assignments and other opportunities to demonstrate a skill (e.g., through simulation or clinical activities) and the timeline will be appropriate to the nature of the concern and designed opportunities for learning.
- Pre-remediations are supported by the clinic director for on campus clinical experiences and by the externship coordinator for off campus clinical experiences.

Grade changes procedures for Pre-remediation end of semester

- Grade will be updated from an “I” (Incomplete)
- Grade policies are at the discretion of **each** course professor as outlined in the course syllabus
- Grade change policies may vary across courses and may vary across pre-remediation contexts within a single course (e.g., tests, assignments, projects)
- If grade changes are **allowed** in a course, the grade may be **maximally increased to 80%**

NOTE: If competency is **not** met for a final project or assignment that **had** a previous pre-remediation opportunity, the **Formal Remediation** process will be initiated as described below. All Formal Remediation paperwork must be completed within one week of the end of the semester (see Formal Remediation Procedures below).

Formal Remediation Procedures

Following the completion of a pre-remediation, if a student in a course or clinic does **not** achieve (80%

or higher) or demonstrate competency on associated ASHA knowledge and skills, then the formal remediation process is initiated. Important to note: Competency achievement is not necessarily equivalent to the final course grade. It is possible to have a passing grade in a course and not meet a specific competency.

Formal Student Remediation Process

Step 1. A Student Remediation Committee (SRC) is formed. The SRC is made up of:

- **The SRC Chair** is the **clinical educator/professor who initiated the remediation**. This person is responsible for managing the remediation and seeing it through to its conclusion.
- **Faculty** who are appropriate to the needs and challenges of the student (*only if appropriate and can be requested by a student*).
- At least **one of the following** (depending on student needs): (1) **School Chair**; (2) **MS SLP Program Director**; (3) **Clinic Director**; or (4) **Graduate Student Advisor**

Step 2.

The SRC Chair completes the **ASHA Knowledge and Skills Remedial Plan** and coordinates the formal remediation meeting which includes the full SRC committee and the student. During the meeting, the student and committee discuss the competency concern, note the ASHA standard(s) in question, and determine a measurable goal and plan of remediation that includes a timeline of completion. At the conclusion of this meeting, the student and SRC Chair sign and agree to the plan and follow up is completed according to the plan.

Step 3.

At the completion of the remediation plan timeline, the SRC Chair initiates a followup meeting to be attended by the student and SRC Committee. The achievement of the remediation goal is measured and documented.

- **Step 3a.** If the student successfully meets competency and the remediation goal is met, then successful completion is noted on the ASHA Knowledge and Skills Remediation Plan and the form is signed a second time by the student and SRC Chair - noting the completion of the plan and the occurrence of the follow-up second meeting.
- **Step 3b.** If the student does not successfully meet competency and the remediation goal is not achieved, the SRC Chair invites the MS SLP Program Director/School Chair to the follow up remediation meeting (if not already part of the committee) and the student, MS SLP Program Director/School Chair, and SRC document the next steps for the remediation Plan on the ASHA Knowledge and Skills Remedial Plan form. The committee and student will discuss and document why the plan was not successful. Following this discussion, the Chair/MS SLP Program Director decides whether an **additional** remediation opportunity is warranted/approved.
 - **If** an additional remediation opportunity is **approved**, the student is typically placed on formal academic or clinical probation. The subsequent remediation plan with a measurable goal and timeline is agreed upon, and consequences are clearly outlined. Additionally, the SRC determines the actions and timeline required for the student to end probation. Students can be on School probation for a maximum of one semester. If a student fails to complete the required probationary steps within the assigned timeline, he/she may be dismissed from the graduate program.
 - If an additional remediation opportunity is **not approved**, the SRC will proceed to Step

4.

Step 4.

At the conclusion of the remediation plan timeline, the SRC Chair will follow up and initiate another remediation/academic probation meeting with the SRC, MS SLP Program Director/School Chair, and student. The achievement of the remediation goal is measured and reported. The student and committee document the level of competency achievement regarding the completion of the remediation goal on the student's original ASHA Knowledge and Skills Remediation Plan.

- **Step 4a.** If the student successfully meets competency and the remediation goal is met, then successful remediation completion is noted on an addendum to the ASHA Knowledge and Skills Remedial Plan and this form is signed by the student and SRC Chair noting the completion of the plan. At this time, academic/clinical probation will be lifted.
- **Step 4b.** If the student does not successfully meet competency and the remediation goal is not met, the student will be dismissed from the SLP graduate program.

NOTE:

- According to MS SLP program policy, students can only be on academic probation for a maximum of one semester. If a student fails to complete their probationary steps within the assigned timeline, they will be dismissed from the graduate program.
- A student can have no more than **three** Formal Remediations during their MS SLP program, even if they are successful. That is, if a student requires a fourth Formal Remediation, they will be exited from the SLP graduate program and will not enter into a 4th Formal Remediation opportunity.
- For formal remediations for **clinical** courses, students may only count clock hours once competencies are met, and the course is passed. Hours accrued during a clinical course for which remediation is failed cannot count towards total hours in the graduate program.

Conflict Resolution and Formal Grievances

Conflicts arise in many situations. Most conflicts can be resolved by remaining thoughtful, respectful, and courteous with the other party. You can communicate to us in many ways, such as:

- Having a conversation with a staff or faculty member
- Sending an email to your Graduate Student Advisor
- Meeting with the Clinical Director or a trusted Professor/Clinical Educator
- Working with a student organization (NSSLHA)
- Completing course evaluations and exit surveys

In the event that a conflict cannot be resolved, the following procedures are recommended:

- Contact the MS SLP Program Director/School Chair
- If the MS SLP Program Director/School Chair is unable to resolve the matter or is unresponsive to your requests, contact the Associate Dean of the College of Health or the Dean of the College of Health. They may also direct you to other Student Success personnel within the College of Health or

within the Provost's Office.

- Please also reference the [University of Montana's, institutional procedure for resolving grievances, under Academic Concerns](#).
- If the Dean's Office is unable to resolve the matter or is unresponsive to your concern, you may consider reaching out to the Council for Academic Accreditation for Speech-Language Pathology and Audiology (CAA).

The CAA also has a process in place for complaints to be filed against the MS SLP program. Before filing a complaint, it is strongly recommended that you read Chapter XIII: Complaints in the [Accreditation Handbook](#). Complaints against the CAA must be filed within 1 year of the date the conduct being complained about occurred and must relate to the content or the application of the [Standards for Accreditation of Entry-Level Graduate Education Programs in Audiology and Speech-Language Pathology](#).

University of Montana Non-Discrimination and Title IX Statement

The University of Montana is committed to providing a learning and working environment that promotes respect, dignity, and equity for all individuals. In accordance with federal and state law, the University does not discriminate—and prohibits discrimination—on the basis of race, religion, color, national or ethnic origin, ancestry, creed, sex (including pregnancy, childbirth, lactation or related medical conditions), gender, (including gender identity, gender expression, and gender transition), sexual orientation, physical or mental disability (including having a history of a disability or being regarded as having a disability), marital or family status, genetic characteristics or information, age, veteran or military status, political ideas, or any other legally protected classification in its educational programs and activities, including admission and employment.

In accordance with Title IX of the Education Amendments of 1972 and its implementing regulations, the University of Montana does not discriminate on the basis of sex in any education program or activity that it operates. This requirement extends to admission and employment. Inquiries about the application of Title IX may be referred to the University's Title IX Coordinator. The University of Montana has designated a Title IX Coordinator and Director of Equal Opportunity to coordinate its compliance with Title IX and other non-discrimination laws and policies. Their contact information is:

Title IX Coordinator and Director of Equal Opportunity
Office of Conflict, Resolution, & Policy
University Hall 004
University of Montana
Missoula, MT 59812
Phone: (406) 243-5710
Email: conflict@umontana.edu
Website: umt.edu/eo
[Submit a report online](#)

Individuals may also contact the U.S. Department of Education's Office for Civil Rights (OCR) with inquiries, questions, or complaints at:

Office for Civil Rights (OCR)
U.S. Department of Education
400 Maryland Avenue, SW
Washington, D.C. 20202-1100
Phone: 800-421-3481
TDD: 800-877-8339
Email: OCR@ed.gov
Website: <https://www.ed.gov/ocr>

Any person may report discrimination, harassment (including sexual harassment), or retaliation—by using the contact information listed above, or by any other means that results in the Title IX Coordinator or the Office of Conflict, Resolution, & Policy receiving the report. Reports may be submitted at any time, including during non-business hours.

The University has adopted and published grievance procedures providing for the prompt and equitable resolution of student and employee complaints of discrimination, harassment, retaliation, and sexual harassment, including formal complaints under Title IX. Information about how to file a report or formal complaint, and how the University will respond, is available from the Office of Conflict Resolution and Policy on the [Equal Opportunity and Title IX website](#), including:

- [Discrimination, Harassment, and Retaliation Policy and Procedures](#)
- [Sexual Harassment Policy and Procedures](#) (anticipated issuance in August 2025)

This non-discrimination statement is prominently displayed on the University of Montana’s website and included in relevant publications, including handbooks and catalogs distributed to students, employees, applicants, and unions or professional organizations holding collective bargaining or professional agreements with the University.

Concluding the MS SLP Program

PRAXIS Exam

All Speech-Language Pathology and Audiology graduate students must take the ASHA national exam by ETS called the Praxis Speech-Language Pathology exam, which is part of the Praxis II series, and report their scores to the school in order to graduate from the School of Speech, Language, Hearing and Occupational Sciences. Students are required to take the national exam by the end of the final semester of the MS SLP program. Students are encouraged to take the test by March 15, or two months prior to their final semester, for scores to be received and recorded in time for graduation.

Graduate Program Completion

A graduate student will officially graduate at the end of the semester during which all academic coursework, Praxis exam, and all clinical coursework are complete. If a student does not successfully complete all requirements by the end of the last semester listed on the student’s program of study, the student will continue as an MS SLP student, until all graduation

requirements have been met. The "degree conferred" semester will be the semester that the student actually completes all degree requirements and final grades are posted. Students will not receive a letter confirming program requirement completion before the degree is awarded.

Plans of Study and Leave of Absence

The MS SLP program expects graduate students to maintain and register for courses according to their plan of study established at the beginning of their graduate studies. A graduate student who experiences unexpected health problems or other compelling personal circumstances which affect the ability to successfully maintain full-time status may request a leave of absence by petitioning the School Chair. The School Chair will work with the student to determine the length of the leave of absence which is typically assigned a semester at a time and is no longer than one year.

The student:

- may only petition for one leave of absence during their MS SLP program
- is responsible for any missed courses and/or clinical practica which may extend the graduate program and result in a change in their plan of study
- may not petition for a leave of absence as a means of avoiding low grades in academic courses or clinical practicum
- is expected to resume the program at the end of the approved leave of absence. If the student is unable to return, it may be recommended that the student be removed from the program. Should the student wish to reapply to the graduate program, he/she may do so on a competitive basis according to the MS SLP program's regular graduate admission deadlines and procedures.

Certification and Licensure

ASHA Certification Requirements for CCC-SLP

The Council for Clinical Certification (CFCC) is responsible for processing applications by individuals who have graduated from programs accredited by the Council on Academic Accreditation (CAA), and for awarding the Certificate of Clinical Competence in Speech Language Pathology (CCC-SLP). The requirements for certification (CCC-SLP) include:

1. Successful completion of an accredited graduate program in communicative sciences and disorders.
2. Successful documented competencies in the ASHA 2020 Speech-Language Pathology Standards requirements.
3. Accrual of a minimum of 400 hours of supervised clinical practicum experience or equivalent. The 400 hours includes 25 observation hours.
4. A passing score on a National Praxis II examination.
5. Successful completion of a post graduate Clinical Fellowship (CF) year, which is often accomplished during the graduate's first year of employment.

Upon successful completion of the major requirements listed above, post graduates are eligible to apply for the Certificate of Clinical Competence in Speech-Language Pathology (CCC- SLP). The CCC-SLP is ASHA's way of informing the public that an individual has met the minimum

standards for clinical competence.

Montana Licensure Requirements

[The Board of Examiners in Speech-Language Pathology and Audiology](#), a division of the Department of Labor, Licensing, and Regulation, grants licenses to practice in the state of Montana. The UM MS SLP program requirements are consistent with Montana licensure regulations.

Graduation Form

In spring of year 2, students will be instructed, through the SLP 675 course, to complete their graduation applications. All applications will be collected and submitted to the Graduate Office **by the Graduate Advisor**. Students' GrizPortal accounts will be charged the UM graduation fee.

At graduation time, the School Chair will sign the current ASHA Standards of Knowledge and Skills Competence in Exxat. Students are instructed to download the official Certificate of Clinical Competence document from Exxat for their record. Upon completion of the CF year and the final electronic application to ASHA, the SLP program will be contacted to officially sign off on all Standards competencies and supervised clock hours.

REFERENCES

[American Speech-Language Hearing Association](#)

[Anderson, J. \(1988\). The supervisory process in speech-language pathology and audiology. Boston, MA: College-Hill.](#)

[Council of Academic Programs in Communication Sciences and Disorders Council on Academic Accreditation](#)

HIPAA Quick Guide

Physical Security

- Locks, alarms, and other physical security devices are used to keep areas secure at all times.
- Unattended areas are kept secure with locks and other devices whenever possible, even during business hours.
- Access to sensitive equipment and data is controlled -- that includes access to printers, fax machines, computers, and paper files.
- Visitors are appropriately monitored and, as necessary, escorted.
- Keys, ID badges, and anything else that controls physical access are kept secure from visitors. Theft or loss of such items is reported immediately.

Oral Communication

- Conversations involving sensitive information take place, whenever possible, in non-public areas where they cannot be easily overheard.
- Sensitive conversations are not permitted in public areas.
- Names or other information that could identify individuals are avoided whenever possible; in case a conversation is overheard.

- Only initials are used in public areas (for emergencies only).

Telephone Use

- Telephone conversations involving sensitive information are conducted in non-public areas, where they cannot be overheard – If you are in the clinic office, the door and window must be shut.
- When discussing confidential information on the phone, the other person's identity must be confirmed before proceeding with the conversation.
- **Only names and callback numbers are left on voicemail or answering machines -- or with the person that takes the message -- if a person cannot be reached directly.** Such as: "This is Shelby from the DeWit RiteCare Clinic. Please call me back at (406) 243-2405."
- The speaker volume is turned down on answering machines or voicemail systems so that incoming messages cannot be overheard when left or played back.

Information on Paper

- Sensitive documents are kept in secure places, like a locked filing cabinet, and never left in unsecured areas such as unattended computer printers, photocopiers, fax machines, or persons' desktops.
- Documents that are no longer needed are securely shredded immediately.
- Sensitive documents are never left in plain view in areas where visitors could be present. (If such materials must be kept in public areas, they should be face down or otherwise concealed.)
- Sign-in sheets ask for only limited information -- only initials. (In health care settings, patient schedules should not be left in public areas or where they can be easily viewed by non-staff.)

Email

- Care is exercised with every email message received, especially email containing attached files that may be infected. (Spam, spoofs and hoaxes should just be deleted. Do not reply.)
- Every arriving attachment should be confirmed as originating with a trusted source, or checked with antivirus software before opening.
- Links in emails are only accessed when the message is confirmed to originate from a trusted source.
- **Sensitive information is not sent in email messages, including email attachments.** Graduate student clinicians are trained in using the electronic medical record system to send documents via a secure portal to clients/ patients.
- Email recipients and contents should be re-read before sending. (Confirm that you have the correct "to", "cc" and "bcc" addresses.)

Master of Science in Speech-Language Pathology Program
University of Montana

Academic/Clinic Handbook Signature Page

I have fully read, understand and agree to the terms and conditions outlined in the 2026 Academic Graduate Student Handbook, including that I meet the requirements for Core Functions and that I will contact the Office of Disability Equity before beginning my academic program, if appropriate.

Graduate Student Printed Name

Graduate Student Signature

Date

SLP Program Director Signature

Date

Authorization of Release of Information

I, _____, authorize the School of Speech, Language, Pathology, and Occupational Sciences to release compliance/immunization documents to clinical externships sites for placement and audit purposes.

Graduate Student Printed Name

Graduate Student Signature

Date

Photo and Video Release

For consideration herein acknowledged as received, I _____, grant to the University of Montana, its representatives, employees, and other constituents, the right to take/use photographs or video of me and my property in connection with my participation in academic, research, or outreach activities sponsored by UM. I authorize UM, its assignees and transferees to copyright, use, and publish the same in print and/or electronically. I agree that UM may use such photographs or videos of me with or without my name and for any lawful purpose, including for such purposes as publicity, illustration, advertising, social media and Web content. I understand that at any time I can withdraw my consent by expressing my intentions to do so in writing to the relevant representative of UM.

I hereby release and discharge UM from any and all claims and demands arising out of or in connection with the use of photographs, videos, and/or comments, including without limitation any and all claims for libel or invasion of privacy.

I release the University and those acting pursuant to its authority from liability for any violation of any personal or proprietary right I may have in connection with such use. I understand that all such recordings, in whatever medium, shall remain the property of the University.

I have read and understand the terms of this release.

Signature _____

Date _____

Name: _____

Phone: _____

Address: _____

Email: _____

City, State ZIP: _____

Frequently Used Abbreviations

ACE	Alternative clinical education
ASHA	American Speech-Language-Hearing Association
BA	Bachelor of Arts
CAA	Council for Academic Accreditation
CCC	Certification/certificate of clinical competence
CF	Clinical Fellowship
CFCC	Council for Clinical Certification
CSD	Communication sciences and disorders
KASA	Knowledge and skills acquisition
MS	Master of Science
MSHA	Montana Speech-Language-Hearing Association
SLHOS	Speech, language, hearing, and occupational sciences
SLHS	Speech, language, and hearing sciences
SLP	Speech-language pathologist
SLPA	Speech-language pathology assistant
SRC	Student Remediation Committee
UM	University of Montana