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Speech Therapy Telepractice Fact Sheet

• Many children and adults living in Maine who have communication disorders do not receive speech therapy. Rural geography, a shortage of qualified speech-language pathologists, inadequate/costly transportation and inclement weather create significant challenges in reaching children and adults in need of services.

• In response, an innovative graduate-level telepractice training program in speech-language pathology has been developed at the University of Maine Department of Communication Sciences and Disorders (CSD).

• Speech therapy telepractice is an efficient way of providing services in a predominantly rural state and it is extremely cost effective in providing the kind of services necessary for children and adults with communication disorders.

• The Department of CSD has the only graduate program in speech-language pathology in Maine. CSD faculty have a broad range of expertise in several areas of communication sciences and disorders.

• This training program is one of the first in the country to teach telepractice as a service delivery model to future speech-language pathologists.

• This training program complies with American Speech-Language-Hearings Association (ASHA) (2013) competency guidelines for the provision of telepractice services and adheres to state and federal regulations for privacy and confidentiality.

• This training program aligns itself perfectly with the Maine Health Plan and national goals. Nationally, $700 billion in savings is expected over the next 15–20 years from health/broadband initiatives (Monegain, 2010).

“Telepractice is “the application of telecommunications technology to the delivery of speech-language pathology or audiology professional services at a distance by linking clinician to client/patient, or clinician to clinician, for assessment, intervention and/or consultation.””


“The speech therapy telepractice program was extremely helpful to my wife. With assistance (from UMaine telepractice), she has improved in her ability to communicate. Because of the therapy provided, she regained confidence in her ability to communicate.”

Bob Jackson about his wife Kathy
Training Program Overview

A. Rationale

Many children and adults with communication disorders, who live in Maine, do not receive speech therapy. Rural geography, a shortage of qualified speech-language pathologists, inadequate/costly transportation and inclement weather create significant challenges in reaching people in need of services. In response to this problem, an innovative graduate-level telepractice training program in speech-language pathology has been developed at the University of Maine Department of Communication Sciences and Disorders (CSD).

This training program is one of the first in the country to teach telepractice as a service delivery model for future speech-language pathologists. The University of Maine has the only graduate program in communication sciences and disorders in the state. CSD faculty have extensive administrative, clinical and training experience in speech-language pathology.

Telepractice is a workforce multiplier providing an efficient way to deliver services in a predominately rural state. Additionally, telepractice is extremely cost effective in providing the kind of speech therapy services necessary for children and adults with communication disorders. For instance, several facilities can pool their resources to hire one speech-language pathologist who is capable of providing speech therapy to multiple geographical locations. Telepractice is the future in health care delivery. This program has the potential to make a significant impact in the state and the country and aligns perfectly with the Maine Health Plan and national goals.

B. Mission

• To provide the highest quality training of graduate students in communication sciences and disorders for the delivery of speech therapy telepractice and technology in compliance with the ASHA (2013) standards, state and federal laws and licensing pertaining to telemedicine.

• To provide the highest quality speech therapy to children and adults with communication disorders in need of services throughout Maine by overcoming any potential barriers through the use of technology.

• To promote efficiency in delivering speech therapy as a workforce multiplier where one speech-language pathologist can provide services to multiple facilities and clients/patients, eliminating the time consuming commute across broad geographical regions.

• To promote cost effectiveness in providing speech therapy services. With this model, several facilities can pool their resources to hire one speech-language pathologist, as they are not bound by geographical proximity.

• To partner with community and state organizations in Maine to build statewide telehealth networks.

• To promote self-sufficiency and carry-over by training eHelpers and other support systems within any setting receiving speech therapy telepractice services.

• To promote the use of technology for building communication networks between individuals with communication disorders and their support systems.

C. Benefits

Quality of competencies: This training program is one of the first in the country to teach telepractice as a service delivery model to future speech-language pathologists. The program complies with the ASHA (2013) guidelines in demonstrating competencies in the acquisition of knowledge and skills in telepractice services. Speech-language pathologists who participate in the University of Maine telepractice program will be competent in using this service delivery model to effectively treat children and adults with communication disorders.

Improve efficiency: This training program is a step in the right direction in solving the critical shortage of speech-language pathologists in Maine, nationally and internationally to better serve the children and adults in need of services. The use of telepractice creates a workforce multiplier where future speech-language pathologists can be more efficient in their service delivery via remote access and expand services to larger numbers of children and adults in multiple locations (e.g., schools, health care facilities, home). Because travel time is eliminated, one speech-language pathologist can treat more children and adults using telepractice than would...
be possible in the traditional therapy model requiring the speech therapist to travel between locations.

**Improve accessibility:** Telepractice improves accessibility of services to children and adults, who otherwise may be inaccessible given the rural geography and inclement weather. Additionally, caregivers, teachers, parents and other professionals involved in the patient’s program can observe the patient’s therapy in real time via remote access from any location.

**Cost effective:** Speech-language pathologists trained at the University of Maine will be able to implement speech telepractice services at a minimal cost to insurance companies, schools, health care facilities, and individuals using existing computers, Internet connections and a secure Web-based video conferencing system. Nationally, $700 billion in savings is expected over the next 15–20 years from health/broadband initiatives, spurred on by $795 million in federal dollars to support rural broadband development (Monegain, 2010).

**Other advantages:** People like technology. Speech therapy telepractice uses a medium that is highly motivating, especially to children, and is already familiar to them. Starting in pre-school, children are connected to a variety of media (e.g., cell phones, tablets, game consoles, social media, virtual games) making this technology present everywhere children live, learn and play. Adults use technology in aspects of their work and for social networking.

Emerging evidence of speech therapy telepractice indicates that this application is as beneficial as a traditional on-site service delivery model for different patient populations. For example, a systematic review of telepractice assessment and treatment of individuals with aphasia indicated that these patients showed improvement from telepractice procedures (Hall et al., 2013). Other research has shown that children with stuttering impairments (e.g., Wilson, Onslow & Lincoln, 2004) and speech disorders (e.g., Waite et al., 2006) have demonstrated excellent outcomes after receiving speech therapy telepractice services. Another study supports the validity and reliability of the assessment of children's literacy via a telepractice system (Waite et al., 2010). Parents, teachers and administrators in a rural school district in North Carolina were satisfied with the telepractice service delivery model for their school-based speech therapy and recommended this model to other school districts (Crutchley & Campbell, 2010).

Public schools, health care facilities and communities are increasingly well connected within and outside of Maine. Maine is known for its substantial investment in the Maine Learning Technology Initiative, which provides a laptop to every child in middle school. The state has also established the Maine School and Library Network providing Internet access and other Internet related services to almost 1,000 schools and libraries across the state. Health care facilities in the state are using telemedicine technology to share information between facilities. CSD graduates will be well trained and familiar with the statewide plans to develop and use information technology infrastructure.

### Technology

#### A. Space, Equipment and Supplies

**Space:** The Madelyn E. and Albert D. Conley Speech, Language and Hearing Center (Conley Center) serves as the on-site training center and has private, secure therapy rooms to provide telepractice services. Each room is located in a quiet environment and has excellent lighting to ensure optimal audio and video quality during sessions.

**Equipment:** This program does not require costly equipment as participants in this program use existing computers. The Conley Center is fully equipped with computers and Internet access. Students learn how to deliver speech therapy telepractice services on multiple platforms and mobile devices. The equipment currently used in the telepractice program includes the following:

- A Dell Precision T3500 workstation and microphone, headset, speakers and accessories which possess high quality audio and video capabilities
- An iMac 21.5-inch 2.7G HZ computer system with similar capabilities and one printer
- iPads and iPhones

**Materials and Supplies:** Telepractice materials are not readily available through commercial vendors or any other source. Therefore, telepractice materials are created digitally and stored on a shared website throughout the entire training cycle. These materials assure an available supply of appropriate speech therapy materials that can be used in speech therapy telepractice sessions. The materials cover all major speech and language disorders and are part of the ongoing archived supplies and materials that are being developed during this training program. Supplies include: digital assessment materials, DVDs, license rights for digital images and software, flash drives for storage and transporting of data. At the end of the telepractice training, these extensive archived materials continue to be available in the telepractice program for future training and therapy utilization by other graduate students in our program.

#### B. Application

Speech therapy services are provided at a small cost, using existing computers and Internet connections connected to the secure Web-hosted Cisco WebEx Connect video conferencing system (webex.com). The WebEx Connect system employs a Web 2.0 digital interactive approach where the speech-language pathologist manipulates digital speech therapy materials on a computer in one location, while the client simultaneously manipulates the same materials as his/her computer in any location.
Cisco WebEx Meeting Center offers a rich, real-time collaborative Web therapy session with a powerful feature set for productive and efficient sessions anytime, anywhere on any device. Some of the unique features are as follows:

- **File, application, and desktop sharing**: Users can easily collaborate during sessions while sharing audio and video
- **Comprehensive multimedia experience**: Users can share video files in real time and incorporate multimedia in therapy sessions
- **Real-time video for several participants**: WebEx provides multiple, simultaneous webcam video feeds with voice-activated switching. Up to 25 people can view and/or participate in the session in real-time
- **High-definition video**: The HD video with up to 720p screen resolution provides exceptional clear images of the people and materials

C. Security

Cisco WebEx Connect is a secure Web-hosted encrypted (128-bit SSL) video conferencing system that ensures privacy of therapy sessions in compliance with the Health Insurance Portability and Accountability Act (HIPAA, 1996) and other state and federal rules, standards and regulations. (See Cisco WebEx webex.com for more information).

Program Design

A. Components

The Department of Communication Sciences and Disorders at the University of Maine serves as the on-site training center and owns all of the necessary computer equipment and technology to support the telepractice program. The principal program staff consists of two CSD faculty members who have extensive administrative and training experience in speech-language pathology. One CSD faculty member is the program coordinator. She oversees program operations, is the intensive training instructor and supervises students in telepractice clinical practicum. The other CSD faculty member is an instructor and supervisor.

The training program has three learning components: (1) Intensive Training, (2) Clinical Practicum, (3) Discussion Groups. These complementary activities are guided by ASHA (2013) requirements of knowledge and skills of speech-language pathologists in providing speech therapy telepractice clinical services.

Learning Component 1: Intensive Training. The program begins with intensive training, which is scheduled during the first week of each semester preceding the clinical practicum experience. Extensive classroom instruction and accompanying labs are provided to train students in all aspects of telepractice and technology. Students learn:

- The components of the video conferencing system
- The supporting software applications for developing digital materials
- Web-based content management of digital materials filming and editing recorded therapy sessions
- Training eHelpers
- Interpersonal skills for interacting with individual and multiple users
- Documentation
- Laws and regulations

Learning Component 2: Clinical Practicum. Upon completion of the intensive training, each student trainee provides telepractice services to children and/or adults at remote pilot sites during one semester of clinical practicum. Clinical practicum experiences are supervised by CSD faculty supervisors and scheduled over the duration of 16 week semesters (September–December; January–May) and six weeks during the summer (July–August). Speech therapy is delivered via the secure Cisco WebEx system, which operates on existing computers with web cams and online (high definition) video and audio connections. Therefore, remote sites use their current infrastructure to participate in this program. Students demonstrate competencies in the following areas of the telepractice service delivery model:

- Proficiency in using the video conferencing system and different types of technology
- Client selection
- Assessment
- Intervention
- Training and use of support personnel
- Outcomes measures
- Documentation
- Professional and interpersonal skills
Learning Component 3: Discussion Groups. Individual supervisory meetings between the CSD supervisor and graduate students are held weekly throughout the semester. A discussion group between the students in the telepractice clinical practicum and faculty supervisors is scheduled every other week as part of the experiential learning experience. Individuals within the group share learning experiences, give case presentations, develop new telepractice content, learn different types of technology and how to troubleshoot.

B. Scheduling
The administrative assistant at the Conley Center processes all incoming telepractice referrals. Clients who are deemed appropriate to participate in speech therapy telepractice are assigned to student clinicians in the telepractice clinical practicum. Students are responsible for scheduling telepractice sessions with clients at least three days prior to the session. Individual telepractice sessions are typically scheduled one time/week for 45 minutes to an hour. Group sessions are held every other week for one hour.

C. Tele-ethics, Policies for Confidentiality
Ethics: Graduate clinicians in this program are considered to be one of a team of professionals and will act accordingly. Every student is a representative of the Department of Communication Sciences and Disorders at the University of Maine and the profession of speech-language pathology. Therefore, it is expected that all students will adhere to the standards described in the ASHA Code of Ethics (2010). To ensure the highest quality of services, faculty supervisors will have the appropriate licensure, credentials and competency for training students in the telepractice service delivery model. All clients will be provided with information about the telepractice sessions and sign an informed consent form prior to the initiation of services.


The telepractice program uses Cisco WebEx Connect, which is a secure Web-hosted encrypted (128-bit SSL) video conferencing system that ensures privacy of therapy sessions in compliance with HIPAA and other state and federal rules, standards and regulations.

Specific rules that must be followed at all times to ensure client confidentiality are as follows:
1. All electronic files are to be kept on secure password protected computers that are designated for telepractice. Hard copy folders are locked in a filing cabinet in the central office of the Conley Center.
2. No client identifying information is allowed in any type of electronic transmissions. Use only the client’s initials.
3. Recordings of the sessions are to be stored on the secure password protected computers that are designated for telepractice. Treat these recordings as part of the client’s medical record and protect the privacy of the client.
4. Therapy sessions are to be held only through the Cisco WebEx Connect video conferencing system. Do not use any other unsecure sites (e.g., Skype, social media) to conference with a client.
5. Do not save client identifying information on any computers, devices or other media that is not designated for the telepractice program.
6. Telepractice sessions must be held in private, secure sites by the host, client and any other attendees.
7. Do not discuss any clients in hallways or any other public area. Meetings with supervisors and group discussions are held in private areas.
8. Prior to the initiation of speech therapy telepractice, clients must be provided with information about the delivery of telepractice services and give consent for treatment.

Student Preparation
A. Student Eligibility Requirements
In order to participate in the telepractice training program, graduate students must have experienced at least one semester of clinical practicum in the on-campus Conley Center. The students must exhibit the requisite essential functions in communication, motor, intellectual-cognitive, sensory-observational and behavioral-social areas to acquire the knowledge and skills to deliver telepractice speech therapy services (CAPCSD, 2007).

B. Intensive Training
Students will enroll in an intensive training to be conducted during the first week of the clinical practicum. In this training, students will demonstrate their knowledge of all aspects of speech therapy telepractice in a classroom setting and through lab experiences.

Student learning outcomes include:
1. Students will summarize the benefits and limitations of using telepractice.
2. Students will summarize competencies for speech therapy telepractice and the rules and regulations governing the safety and secure use of telepractice.
3. Students will describe the tools and methods for using the video conferencing systems and demonstrate the use of the following components of the system in hypothetical evaluation and treatment sessions.
   - Schedule, start, maintain and end each session
   - Use interactive video systems without interfering with service delivery
   - Develop and incorporate digital materials into the video system
   - Open and switch between materials, web-based tools, desktop and documents, and incorporate websites
   - Share the presenter status
   - Record and edit sessions
   - Use cross platform and mobile Web-based devices
   - Sharing and transferring digital files

4. Students will demonstrate three interpersonal techniques to engage clients in speech telepractice.

5. Students will demonstrate an evaluation of eHelper competencies and three techniques to enhance eHelper facilitation of the session.

6. Students will write a prototype of an evaluation report, lesson plan and S.O.A.P. note for a hypothetical session.

7. Students will summarize different outcome measures and at least one study addressing telepractice outcomes.

8. Students will describe the impact of cultural and linguistic variables on the client’s ability to benefit from telepractice.

C. Clinical Practicum

Students will demonstrate their knowledge and skills of speech therapy telepractice in one semester of clinical practicum under the supervision of a CSD clinical supervisor. (Templates and forms can be found in Appendix A).

1. Intake/Client Selection: Prior to meeting with a client, students will be responsible for ensuring that the Request For Service, Informed Consent and Case History forms along with any medical records are in the client’s file. This information will be reviewed to make a preliminary decision regarding whether the client is a good candidate for telepractice.

2. Candidacy for Telepractice: The student will conduct an evaluation of the remote site using the Technology Checklist to determine if the location, technology, eHelper and client characteristics are adequate for engaging in speech telepractice.

3. Evaluation:
   - An evaluation of the client will be conducted at the remote site and/or telepractice. In addition to evaluating the communication abilities of the client, the clinician will also determine if the client has the appropriate physical, sensory, cognitive and technology capabilities to participate in speech therapy telepractice. The clinical supervisor will determine the format and location for the evaluation.
     - The student will analyze and interpret the results and write an evaluation report following the Evaluation Report template.

4. Plan of Care: Students will write a plan of care for the client based upon the evaluation results following the Plan of Care template.

5. Treatment:
   - Students will develop digital therapy materials and conduct therapy sessions utilizing the knowledge and skills from the intensive training course.
   - Weekly lesson plans will be written following the Lesson Plan template and will be submitted digitally to the supervisor at least three days prior to the session. Digital materials may accompany the lesson plan for review.
   - Following each session, students will write a daily progress note that contains information regarding the parameters for using telepractice following the Daily Progress Note template. A digital copy of the daily progress note without client identifying information will be sent to the client with homework materials. A hard copy of the daily progress note will be signed by the supervisor and placed in the client’s folder.

6. Progress Reports: The student will write a progress report following the Progress Report template at the end of each semester and/or when the client is discharged from therapy. A hard copy of the progress report will be placed in the client’s file and mailed to the client.

D. Individual Supervisory Conferences and Discussion Groups

Students will meet with the supervisor for an individual supervisory conference one time per week. The purpose of individual meetings is to review therapy sessions, prepare future sessions and discuss any issues related to the client and student performance. Students will also meet in a discussion group with peers every week. The purpose of the discussion group is to learn from each other by discussing cases and sharing experiences.

E. Achieving Clinical Competencies

Students will be provided with a Speech Therapy Telepractice and Technology Practicum Evaluation form at the beginning of the practicum (see Appendix A). This practicum evaluation form is specifically geared toward the acquisition of knowledge and skills in telepractice services following ASHA (2005; 2013) guidelines. Each student will be evaluated at the middle and end of each semester using a 0–5 point rating scale (failure to perform effectively–performs with high degree of independence). Areas that are evaluated include knowledge and skills in the:

1) Uses of technology
2) Types of technology
3) Client selection for telepractice
4) Assessments
5) Interventions
6) Cultural/linguistic variables
7) Evaluation of effectiveness and outcomes
8) Documentation
9) Licensure/malpractice, reimbursement, tele-ethics, confidentiality

F. Student Self-Evaluation
Students will be encouraged to informally critique their performance at the end of each therapy session. This critique will be used for discussion in the weekly supervisory conference in addition to the supervisor feedback. Students will also rate themselves at the middle and end-of-semester using the practicum evaluation form. The supervisor and student evaluations will be compared and discussed to note similarities and differences in the ratings. Both assessments form the basis of a mid and end-of-semester conference regarding the student’s strengths and weaknesses.

G. Student Practicum Documentation
Students will be responsible for all documentation pertaining to the client. Students will also be responsible for tracking their clinical practicum clock hours and billing following the same procedures used for clients seen on-campus in the Conley Center.

Supervision

A. Qualifications
The UMaine CSD faculty supervise students in the telepractice clinical practicum. All supervisors have a graduate degree, a Maine license and ASHA certification of clinical competency. Supervisors are trained in speech therapy telepractice and have previous supervision experience and expertise in a broad array of communication disorders.

B. Supervision of Sessions
Clinical supervisors are required to observe students at least one-half of their therapy sessions with each assigned client. Supervision may take place in the on-campus site or via remote access from another location. Following each supervised session, the supervisor critiques the session in writing on the lesson plan form and returns it electronically to the student for review during the supervisory conference.

C. Supervisory Conferences and Discussion Groups
The supervisor schedules a weekly conference with each student to review the student’s performance and the client’s progress. During these conferences, supervisors and students discuss: the implementation of the telepractice service delivery model, planning of the therapy sessions, instructional and interpersonal skills with the client and others involved in the client’s program. Supervisors schedule and facilitate discussion groups comprised of students involved in the telepractice clinical practicum every other week. Students present cases and other aspects of the telepractice program, which are discussed by the group to facilitate experiential learning from their peers.

D. Student Evaluation
Supervisors critique each student’s performance during every therapy session to provide immediate feedback of emerging skills. This feedback is used for discussion in the individual supervisory conferences. Supervisors also evaluate each student at mid- and end-of-semester using the Speech Therapy Telepractice and Technology Practicum Evaluation form.

E. Supervisor Evaluation
Students are asked to complete a Supervisor Evaluation form at the end of each semester (See Appendix B). Supervisors are rated on a 1–4 scale (poor—more than adequate) in general, instructional and interpersonal areas.

Measuring Outcomes

A. Client Outcomes
Each client’s progress in achieving individual treatment goals is measured on a weekly basis using data collected during sessions. Standardized and informal repeated measures are conducted at the beginning and end of each client’s treatment program or at six month intervals for programs of longer duration. Pre-post treatment data is compared to determine the client’s progress and benefits of the program.

B. Student Outcomes
Student learning outcomes are assessed at mid-semester and at the end of each semester using the Speech Therapy Telepractice and Technology Practicum Evaluation form specifically geared toward the acquisition of knowledge and skills in telepractice services (ASHA, 2005; 2013).

C. eHelper Outcomes
When appropriate, the student can evaluate eHelpers using the eHelper Competencies form, at end of each treatment program to determine the competencies that were developed during the program. (See Appendix C). For instance, an eHelper working in public schools may benefit from a competency evaluation as part of his/her end-of-year evaluation at the school. The eHelper is evaluated using a 0–5 point rating scale (fails to perform—consistently performs) addressing technical and instructional skills.

D. Telepractice Outcomes
A Consumer Satisfaction Survey is administered at the end of each therapy program as a measure of the effectiveness of the training program. (See Appendix C). Clients, caregivers, teachers, administrators and/or other people that are involved in the client’s therapy program complete the survey. The effectiveness of this training program and speech therapy telepractice is also determined by the progress that each client demonstrates in individual therapy programs.
References and Resources

References


Telepractice Resources


Appendix A

Clinical Practicum Templates and Forms

- Request for Service
- Informed Consent
- Case History: Child
- Case History: Adult
- Technology Checklist
- Evaluation Report template
- Plan of Care template
- Weekly Lesson Plan template
- Daily Progress Note template
- Progress Report template
- Practicum Evaluation
REQUEST FOR SERVICE

Date of Request _______________________________ For ______ Speech Therapy
                                          _______ Speech/Language Evaluation
                                          _______ Speech Telepractice

Name _________________________________________ Age _____ Date of Birth ____________

Parents Names (for minors) ____________________________________________________________

Address ____________________________________________________________________________

Phone: H) __________________ C) ____________ W) __________________

E-mail Address _________________________________________________________________

Describe problem in Hearing/Speech/Language __________________________________________

_________________________________________________________________________________

Referred/recommended by ____________________________________________________________

Request being made by ______________________________________________________________

Person/Agency to be billed: __________________________________________________________

Insurance Information: Company ______________________________________________________
Policy# ___________________ Group# _____________________________________________________
MaineCare Coverage? ___________ MaineCare# _________________________________

Primary Care Physician _____________________________________________________________
Address ________________________________

________________________________________

IF PERSON IS SCHOOL AGE:
Name of School (RSU/SAD, Union, Town) _____________________________________________
Grade_______ Has school authorized and agreed to pay for services? Yes____ No _________

____________

Date
__________ Pre-appointment forms mailed ____________ Forms returned

Appointment date

Notified of appointment

Confirmed appointment

__________ Service Report Ready Fee ____________

Report to ( ) __________________________________________ Result of evaluation:

( ) __________________________________________ Therapy _____________________________

( ) __________________________________________ Re-evaluation _________________________

________________ Report Sent

__________ Billing Complete
Informed Consent

Clinical Records
Clinical records are the live telepractice sessions, video/audiotapes of sessions, written reports, and progress/file notes that are produced during the provision of speech-language-hearing evaluation/treatment services to clients.

Equipment
The Department of Communication Sciences and Disorders (CSD) has a full-service speech and hearing center, which will serve as the on-site training center and is fully equipped with computers and Internet access. The equipment used for the telepractice program includes the following: one Dell Precision T3500 workstation and microphone, headset, speakers and accessories which possess high quality audio and video capabilities; one iMac 21.5-inch 2.7G HZ computer system with similar capabilities and one printer. Clients will use computers, tablets, smart phones or other accessible devices in their homes, schools and/or other secure locations.

Delivery of Services
Speech therapy services will be provided at a small cost to remote sites, using existing computers, Internet connections connected to the secure Web-hosted encrypted Cisco WebEx video conferencing system. The Cisco WebEx system employs a Web 2.0 digital interactive approach where the speech-language pathologist manipulates digital speech therapy materials on a computer in one location, while the patient simultaneously manipulates the same materials on a computer in any secure location. Caregivers and/or other approved individuals can watch the sessions in real time on a computer in any secure location.

Taping, Observation
The clinical education, research and client service functions of the Department of Communication Sciences and Disorders telepractice training program are met in the following ways. Speech-language-hearing services to clients are provided by a clinician team, consisting of a graduate student clinician and an ASHA certified, state licensed clinical supervisor. In the course of evaluation and treatment, client sessions may be recorded (video, audio, photo) and observed for clinical education and teaching purposes. These materials are viewed by supervisors and graduate clinicians and may be used as demonstration tapes or clinical/case study data in CSD courses. In addition, client sessions are observed by undergraduate students completing the ASHA pre-clinical requirement for 25 hours of supervised observations.

Confidentiality
The Cisco WebEx system employs proprietary technology to ensure that the content of all telepractice sessions is encoded and optimized for sharing with only approved individuals. All presentations are encrypted using the 128-bit SSL encryption standard to ensure confidentiality of sessions. Visit webex.com for more information regarding security standards of the Cisco WebEx system.

Individual client records are kept in accordance with accepted procedures, and confidentiality is maintained in accordance with both state law and ASHA ethical standards. Information related to client services in the department is kept confidential with the following exceptions: (1) when clients sign a form permitting us to release information about them to specified others, (2) when we use videotapes/audiotapes and/or clinical data from sessions in CSD courses and course assignments, with the client’s signed permission on this form. Except as otherwise specified below, I hereby consent and authorize the Department of Communication Sciences and Disorders, its employees or agents, to release any and all of the information contained in the clinical records and to discuss any information relating to the diagnosis and treatment of ________________________________ to CSD Department clinical supervisors, graduate student clinicians and undergraduate students completing pre-clinical requirements for the purposes of clinical and pre-clinical education and client service functions.

Information that I refuse to disclose (specify): ________________________________
If the clinical records contain any of the following information, I understand that the CSD Department needs my specific consent to disclose such information:

1. I Do ____ Do Not ____ authorize disclosure of information which refers to treatment or diagnosis of substance abuse.
2. a. I Do ____ Do Not ____ authorize disclosure of information which refers to treatment or diagnosis of mental health.
2. b. I Do ____ Do Not ____ want to review this information before it is released. I understand that reviews must be supervised.
3. I Do ____ Do Not ____ authorize disclosure of information which refers to HIV/AIDS test results, infection status or treatment information.

**Duration of consent, right to refuse/revoke authorization**
This authorization will expire in 12 months from the date of signature and authorizes repeated disclosures during that time period. Clients have the right to refuse to authorize disclosure of all or part of the information related to their speech-language-hearing services, but that refusal may result in improper diagnosis or treatment, denial of coverage or a claim of health benefits or other insurance and/or other adverse consequences. Clients have the right to revoke this authorization at any time by notifying the department with a written revocation before the expiration date subject to the right of any person who acted in reliance on the authorization prior to receiving notice of the revocation. Revocation may be the basis for denial of health benefits or other insurance coverage or benefits.

The undersigned states that she/he is the person whose records are involved, or if not the person, that she/he is the legal guardian of the person, or if the person is a minor, the person's parent or legal guardian and that she/he has full power and authority to issue this release.

I have read and understood the above information regarding the use of clinical records. I understand that I am entitled to a copy of this Client Consent Form. I understand that signing this Client Consent Form is completely voluntary and is not required as a condition to receive services from the CSD Department.

Signature: ____________________________ Relationship to Client: __________ Date: __________
Witness: ______________________________ Date: __________
Speech Therapy Telepractice and Technology
Graduate Student Training Program
Department of Communication Sciences and Disorders

Child Case History Form

Confidentiality Statement
In order to provide the optimum level of service, appropriate to your child’s needs and wishes, certain background information is very helpful. The information requested will assist us in understanding and developing a plan that best suits your child’s needs. Many factors may impact on the hearing, understanding, and use of speech. The information you provide us will help us understand your concerns and assist us in addressing your needs.

If possible, complete this information form on behalf of your child and return it to us a week before the date of the first appointment. Thank you for your time and cooperation.

General Information

Name of Client: ____________________________________________ Date of Birth: ____________________________
Address: ____________________________________________ Phone: ____________________________
City: ____________________________________________ Zip: ____________________________
Email Address: __________________________________
School: ____________________________
Parent’s Marital Status: Single ____ Widowed/Divorced ____ Married ____ Spouse’s Name: ____________________________
Siblings (include name, gender and ages): ____________________________
__________________________________________________________________________
__________________________________________________________________________

Name of person completing questionnaire if other than the client named above: ____________________________

Refereed by: ____________________________________________ Phone: ____________________________
Address: ____________________________________________
Primary Care Physician: ____________________________________________ Phone: ____________________________
Address: ____________________________________________
Person/Agency paying for service: ____________________________

Medical History
Describe the events that led to your child’s current speech and language problems.
Status of vision and hearing: _______________________________________________________________

Condition of oral structures (i.e., teeth, tongue, etc.): _______________________________________

Oral/motor impairments (i.e., slurred speech, weakness of lips, tongue, jaw, etc.): _______________

_____________________________________________________________________________________

Special concerns regarding physical condition: _______________________________________________

_____________________________________________________________________________________

Describe any major surgeries, operations or hospitalizations that you have experienced in the past (include approximate dates).

Check which of the following illnesses and conditions you have experienced:

- Adenoidectomy ______  
- Allergies ______  
- Asthma ______  
- Chicken Pox ______
- Convulsions ______  
- Dizziness ______  
- Draining Ear ______  
- Ear Infections ______
- Encephalitis ______  
- German Measles ______  
- Headaches ______  
- Hearing Loss ______
- High Fever ______  
- Influenza ______  
- Mastoiditis ______  
- Noise Exposure ______
- Otosclerosis ______  
- Pneumonia ______  
- Seizures ______  
- Sinusitis ______
- Tinnitus ______  
- Stroke ______  
- Tonsillectomy ______  
- Head Injury ______
- Other: ____________________________________________________________________________

Does your child have any eating or swallowing difficulties? If so, please describe.

List all medications your child is currently taking.

Is your child having any negative reactions to these medications? If yes, please describe.

Describe any cognitive and/or language difficulties your child is currently experiencing.
What do you believe may have caused these difficulties?

How does your child’s communication difficulty affect his/her school work, daily activities at home, with friends, in the community, etc.?

**Developmental and Educational History**

What grade is your child in school? ________

Did your child reach developmental milestones on time? If no, please describe.

Does your child have a history of learning disability, reading or writing problems? If yes, please describe.

Describe any problems your child is experiencing in school.

**Family History**

Describe your family members and where they live.

Are there any family members who experience communication difficulties? If yes, tell us your child’s relation to the family member and describe the nature of the difficulties.
What languages are spoken at home? Include the languages your child speaks and indicate which is the primary language.

**Hobbies and Interests**

What are your child’s hobbies and/or special interests?

What activities does your child participate in (church, community, etc.)?

**Computer Skills**

1. Describe your child’s knowledge of computers and any other digital devices that your child knows how to operate.

2. Does your computer have video and audio connections? Yes No

3. Do you have Internet access? Yes No

4. How many years has your child used computers? _________________

5. How often does your child use computers, smart phones or other digital devices?
   Daily  Weekly  Monthly

6. Rate your child's knowledge and experience of using computers.
   Beginner  Average  Advanced

Why did you decide to request speech therapy telepractice services? What do you hope will result?

Provide any additional information that might be helpful in the evaluation or therapy process.
Person completing this form: ____________________________

Signature: ___________________________________________ Date: __________

If you have any questions regarding the completion of this information form, call our office at 207.581.2006.

Return this form to:
lynk@maine.edu

or

Madelyn E. and Albert D. Conley Speech, Language and Hearing Center
Department of Communication Sciences and Disorders
University of Maine
5724 Dunn Hall, Room 344
Orono, ME 04469-5724
Confidentiality Statement
In order to provide the optimum level of service, appropriate to your needs and wishes, certain background information is very helpful. The information requested will assist us in understanding and developing a plan that best suits your needs. Many factors may impact on the hearing, understanding, and use of speech. The information you provide us will help us understand your concerns and assist us in addressing your needs with you.

If possible, complete this information form and return it to us a week before the date of your first appointment. Thank you for your time and cooperation.

Date: __________________________________________

General Information

Name of Client: ________________________________  Date of Birth: __________________

Address: ______________________________________  Phone: ________________________

City: __________________________________________  Zip: __________________________

Email Address: _____________________________________

Employer/School: _________________________________

Marital Status:  Single ____  Widowed/Divorced ____  Married ____  Married ____  Spouse’s Name: __________________________

Children (include name, gender and ages): ____________________________________________

___________________________________________________

Name of person completing questionnaire if other than the client named above: _______________________

Referred by: ________________________________  Phone: ________________________

Address: ______________________________________

Primary Care Physician: ________________________________  Phone: ________________________

Address: ______________________________________

Person/Agency paying for service: ________________________________

Medical History
Describe the events that led to your current medical condition.

Status of vision and hearing: ________________________________________________________________

Condition of oral structures (i.e., teeth, tongue, etc.): __________________________________________

Oral/motor impairments (i.e., slurred speech, weakness of lips, tongue, jaw, etc.):
____________________________________________________________________________________
____________________________________________________________________________________

Special concerns regarding physical condition: ________________________________________________
____________________________________________________________________________________

Describe any major surgeries, operations, or hospitalizations that you have experienced in the past (include approximate dates).

Check which of the following illnesses and conditions you have experienced:

- Adenoidectomy _____
- Allergies _____
- Asthma _____
- Chicken Pox _____
- Convulsions _____
- Dizziness _____
- Draining Ear _____
- Ear Infections _____
- Encephalitis _____
- German Measles _____
- Headaches _____
- Hearing Loss _____
- High Fever _____
- Influenza _____
- Mastoiditis _____
- Noise Exposure _____
- Otosclerosis _____
- Pneumonia _____
- Seizures _____
- Sinusitis _____
- Tinnitus _____
- Stroke _____
- Tonsillectomy _____
- Head Injury _____
- Other: ________________________________________________________________

Do you have any eating or swallowing difficulties? If so, please describe.

List all medications you are currently taking.

Are you having any negative reactions to these medications? If yes, please describe.
Describe any cognitive and/or language difficulties you are currently experiencing.

What do you believe may have caused these difficulties?

How does your communication difficulty affect your daily activities at home, with friends, at work, in the community?

**Developmental History**
Did you reach all of your developmental milestones on time?

Do you have a history of learning disability, reading or writing problems?

**Educational and Vocational History**
What is the last grade you completed in school?

Describe your employment history. Are you currently employed?

**Family History**
Describe your family members and where they live.
Are there any family members who experience communication difficulties? If yes, tell us your relation to the family member and describe the nature of the difficulties.

What languages are spoken at home? Include what languages you speak and which is your primary language.

**Hobbies and Interests**

What are your hobbies and/or special interests?

What organizations do you participate in (church, community, etc.)?

**Computer Skills**

1. Describe your computer and any other digital devices that you know how to operate.

2. Does your computer have video and audio connections?  
   - Yes  
   - No

3. Do you have Internet access?  
   - Yes  
   - No

4. How many years have you used computers?  

5. How often does your child use computers, smart phones or other digital devices?  
   - Daily  
   - Weekly  
   - Monthly

6. Rate your child's knowledge and experience of using computers.  
   - Beginner  
   - Average  
   - Advanced

Why did you decide to request speech therapy telepractice services? What do you hope will result?
How did you hear about us?

Provide any additional information that might be helpful in the evaluation or therapy process.

Person completing this form: _____________________________________________________________

Signature: __________________________________________________________ Date: ______________

If you have any questions regarding the completion of this information form, call our office at 207.581.2006.

Return this form to:
lynk@maine.edu

or

Madelyn E. and Albert D. Conley Speech, Language and Hearing Center
Department of Communication Sciences and Disorders
University of Maine
5724 Dunn Hall, Room 344
Orono, ME 04469-5724
Technology Checklist

Joining the Therapy Session

1. Send a meeting invitation to the client’s email address.

2. Send the client the following instructions in a separate email to join the meeting.
   
   A. First steps:
      • Click on the <univmainetelespeech> link
      • Enter your name and email if requested
      • Enter the password for the session
      • Click on <join>

   B. Establish audio connection:
      • Click on <call using computer>
      • Audio icon should be gray

   C. Establish video connection:
      • Click on <video icon>
      • Video icon should be green

Equipment Check

1. Computer type: ______________________ Operating system: _________________

2. Audio quality: ______________________ Video quality: _________________

3. Internet connection (type/quality): _______________________________________

4. Printer connection: _____________________________________________________

5. Other equipment (e.g., iPad, iPhone): _____________________________________

eHelper Check

1. Explain the role of the eHelper

2. Who is the eHelper? _____________________________________________________

3. Availability: ___________________________________________________________

4. Sufficient computer experience: ___________________________________________
Navigating Features of Video Conferencing System

1. **Web-based tool check**: Explain to client and eHelper, “You can use web-based tools to write on your desktop. By clicking on different icons, you can do the following.” Then ask the client to demonstrate each web-based tool after you demonstrate each one.

   ___ Arrow to use as pointer
   ___ “T” to type on the screen
   ___ “/” and the box icon to draw shapes
   ___ Pencil icon to draw
   ___ Eraser icon to erase
   ___ Change colors

2. **Moving between windows**: Explain to the client and eHelper, “You can move between different windows.” Then ask the client to demonstrate moving between windows following your example.

   ___ Full screen display
   ___ Thumbnails

**Client Selection for Telepractice**

1. Physical and sensory characteristics: Adequate ___ Accommodation___ Not adequate___
2. Cognitive and behavioral characteristics: Adequate ___ Accommodation___ Not adequate___
3. Communication characteristics: Adequate ___ Accommodation___ Not adequate___
4. Client environment/resources: Adequate ___ Accommodation___ Not adequate___

**Client Candidacy for Telepractice**

Good candidate

Good candidate with accommodations

Not a good candidate
Speech Therapy Telepractice and Technology
Graduate Student Training Program
Department of Communication Sciences and Disorders

Speech-Language Pathology Evaluation

Client: ___________________________________________ Date of report: ___________________________________

Address: __________________________________________ Site: _________________________________________

____________________________________________________ School (if applicable): _______________________

Date of birth: ___________________ Age: ___________ Date of evaluation: ______________________________

Phone: ___________________________________________ DX: _________________________________________

Parents: __________________________________________

I. Background
Start text here. Wrap around text and make a hanging paragraph so that the second line of text starts here. Content should include pertinent history, reason for referral for evaluation and referring party. If you are conducting a telepractice evaluation you must note that here.

II. Behavioral Observations
Start text here. Wrap around text and make a hanging paragraph so that the second line of text starts here. Content should include pertinent observations of your client’s behavior during the evaluation period.

III. Procedures Employed
1. Start text here. List the names of the assessments used. If any one test has a name longer than the formatted line, wrap around text and make a hanging paragraph so that the second line of text starts here as shown.
2. Be sure to add the common initialed acronym after the formal name of the test. For Example, you would write; Goldman Fristoe Test of Articulation, 2nd Edition (GFTA-2)
3. Note that the numbers for this section are in **bold type**
4. Any adaptations of test protocols for telepractice must be noted.

IV. Results
1. **Name first test here in bold.** Start text here. Wrap around paragraphs to keep left margin under the N in name. If there are a lot of subtests to report, consider putting results in table form, with a narrative explanation. Introduce the test (what/why) in first paragraph and then give client’s results in the next.
2. **Name second test here.** Start text here. Wrap around paragraphs to keep left margin under the N in name. If there are a lot of subtests to report, consider putting results in table form, with a narrative explanation.
3. **Name third test here and so on for as many assessment instruments that are used.** Start text here. Wrap around paragraphs to keep left margin under the N in name if there are a lot of subtests to report, consider putting results in table form, with a narrative explanation.

V. Diagnostic Summary and Impressions
This is a narrative section where you will be interpreting the results and formulating a diagnosis. *Your opening statement should always state if there is a problem or not.* Start paragraph with indentation and wrap text around so left margin lines up under D in diagnosis.
VI. **Recommendations**

Start text here and format the paragraph as for Section IV. Is speech therapy telepractice indicated? If yes, include a prognostic statement. Include specific information of areas to be addressed. Include other recommendations. You may list them in bulleted format. [Do not use numbers unless you are rank ordering them.]

- First recommendation
- Second recommendation
- Etc.

Thank you for referring ________________ to the Conley Speech, Language and Hearing Center. If you have any questions concerning this report, call the center at 207.581.2006.

________________________
(Name) *(M.A, M.S., Ph.D., or M.Ed.) CCC-SLP
Graduate Student Clinician
Title
Plan of Care

Client: ___________________________________________________ Date of report: __________________________________________

Address: __________________________________________________ Site: _________________________________________________

Date of birth: _____________________ Age: _______________ School (if applicable): ________________________________

Phone: ___________________________________________________ DX: _________________________________________________

Parents: __________________________________________________

I. Summary of Communication:
   A. Pertinent Background Information
      Note: This section contains essential things to know about client relevant as to why he/she has been referred for services. Take note of the margins.

   B. Evaluation Results
      This is formatted same as above. Margins are to keep the left edge of content lined up under the left leading margin of each specific header. First line of each paragraph should also be set to be indented in five spaces. Only summarize the most recent evaluation and refer reader to client file for details. Enough information should be entered so that the goals and objectives would be obvious, given the information in this section.

   C. Performance

      1. Strengths: Start context here and wrap around to left edge. This section contains client’s strengths which would benefit progress in therapy.

      2. Needs: This section contains information which relates to why services are needed. What sets this client apart from normal population?

      3. Current Communication: State current observations about client’s communication skills and also give/report on any current diagnoses along with severity levels.

II. Plan of Care for Report Period: ____________________________ to ____________________________

   A. Frequency and Duration of Direct Services
      This paragraph contains information about how often the client will receive services.

   B. Indirect Services
      What else will you be doing for the client that is not face-face direct contact. Carryover and transfer activities? Consulting with parents on strategies to use at home?
C. Long Term Goals and Short-Term Objectives:

**Goal 1:** Start text on this line and wrap text to the left edge of the letter “g,” like this line. Underline “Goal 1.”

**Short-term Objectives**

1. a Start to write on this line and then wrap text around to the left edge of the number.

1. b

1.c.

**Goal 2:** Same as above.

**Short-term Objectives**

2.a

2.b

2.c.

**Goal 3:**

**Short-term Objectives**

3.a

3.b

3.c.

D. Methods for Measuring Progress:

Start this paragraph below header and indent first line of all paragraphs.

We look forward to working with ___________________________. Contact the Conley Speech, Language and Hearing Center (207.581.2006) or the individual clinicians if you have questions regarding this report.

__________________________

____________________________

______________________________________________________

(Names)  (Name) *( M.A, M.S., Ph.D., or M.Ed.) CCC-SLP

Graduate Student Clinician           Title
### Telepractice Lesson Plan

Client Initials: __________  Clinician: ____________________  Tx Date: ______  Clinical Supervisor: ______________

<table>
<thead>
<tr>
<th>Client Goals/Objectives</th>
<th>Materials/Activities/Strategies</th>
<th>Results/Data/Supervisor Comments</th>
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</table>
Daily Progress Notes

Client initials: ____________________

Date: ________  Time In: _________  Time Out: _________  Total Time: _________  Service Code: ____________

Patient Physical Location: ____________________________________________________________

The patient is informed about the use of telepractice using the usual procedures described in the Speech Therapy Telepractice and Technology Training Manual. This visit was completed using existing computers and Internet connections connected to the secure Web-hosted encrypted Cisco WebEx video conferencing system.

The need for telepractice is established as (check one):
Geographic barrier _________  Physical limitations _________  Social limitations _________

Video/audio quality and connectivity maintained through the treatment period that was (check one):

_____ Fully acceptable
_____ Acceptable/minor delays
_____ Minimal/noticeable interruptions, no affect on quality of treatment
_____ Moderate/some interruption in treatment session
_____ Unacceptable/session terminated and rescheduled

An eHelper _________________________ (name/title)

_____ Was present
_____ Was not present
_____ Was observing
_____ Was actively assisting with treatment

[CONTINUE WITH THE TREATMENT DOCUMENTATION IN THE USUAL MANNER]
Progress Report

Client: ___________________________________________________ Date of report: ____________________________

Address: __________________________________________________

Service delivery site: Conley Speech, Language, and Hearing Center

Date of birth: ___________________ Age: ___________________

School (if applicable): ___________________________

Date of evaluation: ___________________________

Phone: __________________________________________________

DX: _______________________________________________

Parents: _______________________________________________

I. Summary of Telepractice Services:

A. Direct Services
State the telepractice services that you provided directly to the client.

B. Indirect Services
State services that were provided indirectly such as homework, recommendations for carry over and supplemental educational materials that were provided to the client.

II. Current Testing and Other Evaluative Measures:

Put pre-post testing here.

III. Results of goals and short-term objectives:

Progress Key

L — Limited Progress  S — Satisfactory Progress  M — Goal Met  N — Not introduced
Goal 1: Start text on this line and wrap text to the left edge of the letter “G”, like this line. Underline Goal 1.

Short term Objectives

1. a. Note: for short term objectives. Start to write on this line and then wrap text around to the left edge of the number like this paragraph.

Progress:

Comments:

1. b.

Progress:

Comments:

1. c.

Progress:

Comments:

List all other goals/objectives in the same format as above.

IV. Summary of Progress

V. Recommendations

It has been a pleasure to work with _________________________. Contact the Conley Speech, Language and Hearing Center (207.581.2006) if we can be of further help or if you have any questions regarding this report.

(Name) *( M.A, M.S., Ph.D., or M.Ed.) CCC-SLP
Graduate Student Clinician

Title
Practicum Evaluation

Student clinician: ____________________________  Practicum site: CSLHC/Telepractice

Semester: ____________________________  Dates of review: ____________________________

Supervisor: ____________________________  Practicums completed: ____________________________

First time in this clinical setting?  Yes  No  Approximate no. of clients assigned: ____________________________

____ child  ____ adult

Percentage of session observed:  dx ____  tx ____  Client communication needs (list):

________________________

ASHA certification number: ____________________________

Rating Scale

5.0  Student consistently performs effectively with a high degree of independence, taking initiative and making changes when appropriate

4.0

3.0  Student performs effectively with general guidance from supervisor

2.0

1.0  Student performs effectively only after specific direction and/or demonstration from supervisor

0.0  Student fails to perform effectively regardless of the amount of supervision

Professional and Personal Qualities

ASHA Standard IV-G.3: The applicant must communicate effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the client/patient, family, caregivers and relevant others; collaborate with other professionals in case management; provide counseling, regarding communication and swallowing disorders to clients/patients, family, caregivers and relevant others; adhere to the ASHA Code of Ethics and behave professionally.

Midterm  Final

_______  _______  The clinician upholds ASHA Standards explicit in the Code of Ethics.

_______  _______  The clinician follows all policies and procedures for appointments, including cancellation notification, punctuality and paperwork deadlines.

_______  _______  The clinician shows good judgment regarding behavior, language and personal appearance in the clinical environment.

_______  _______  The clinician can state licensure, liability and malpractice laws and requirements for telepractice and the potential sources of reimbursement for telepractice.
Uses of Technology

ASHA Telepractice Knowledge and Skills (2005) Role 1.0: The clinical will have knowledge of synchronous technology applications, asynchronous technology for store and forward transmission of clinical data, and the ability to test the applications without an on-site facilitator.

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| The clinician can conduct a needs assessment to determine whether the telepractice model adequately matches needed services at any potential site.
| The clinician demonstrates knowledge of the need for telepractice software and hardware applications to be configured for use with encryption, VPN or firewall applications to ensure confidential transmission of client information using synchronous or store and forward technology.

Types of Technology

ASHA Telepractice Knowledge and Skills (2005). Role 2.0: To understand the appropriate specifications and operations of equipment that is used for telepractice service delivery.

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| The clinician can set up meetings and maintain contact throughout the sessions with remote sites.
| The clinician can use interactive videos systems without interfering with service provision (e.g., desired camera characteristics, audio settings, video settings, bandwidth requirements).
| The clinician can open and switch between materials, use web-based tools and pass presenter status, share desktop and documents, and incorporate Web 2.0 applications.
| The clinician can record sessions and link the recorded sessions to caregivers and/or others involved in the client's care.
| The clinician can provide telepractice services using cross platform as well as mobile Web-based devices.

Client Selection for Telepractice

ASHA Knowledge and Skills (2005). Role 3.0: To select clients who are appropriate for assessment/intervention services via telepractice.

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| The clinician demonstrates an understanding of the potential impact of physical and sensory characteristics on the client's ability to benefit from telepractice and provide modifications or accommodations for any limitations (e.g., hearing ability, visual acuity, manual dexterity, physical endurance).
| The clinician demonstrates an understanding of the potential impact of cognitive and behavioral characteristics on the client's ability to benefit from telepractice and provide modifications or accommodations for any limitations (e.g., level of cognitive functioning, maintaining attention).
| The clinician demonstrates an understanding of the potential impact of communication characteristics on the client's ability to benefit from telepractice and provide modifications or accommodations for any limitations (e.g, auditory comprehension, literacy, speech intelligibility, cultural/linguistic variables).
| The clinician demonstrates an understanding of the potential impact of the client's resources on his or her ability to benefit from telepractice and provide modifications or accommodations as appropriate (e.g., availability of technology, broadband, environment, eHelper).
Assessment and Interventions

ASHA Knowledge and Skills (2005). Role 4.0: **To use technology to deliver appropriate assessments and interventions.**

### Assessment

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The clinician develops rapport quickly within a telepractice session to engage each client.

The clinician can select and administer formal and informal diagnostic tools at a distance and/or face-to-face (e.g., traditional, digital diagnostic materials).

The clinician can apply appropriate criteria for determining the reliability and validity of assessment procedures performed via telepractice.

The clinician can analyze and interpret quantitative and qualitative information from the evaluation to develop appropriate goals/objectives/recommendations.

The clinician can explain the evaluation results to the family/caregivers and mutually develop appropriate goals/objectives/recommendations.

### Intervention

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The clinician can develop digital materials that are appropriate for stated goals for clients to receive optimal services at a distance.

The clinician uses appropriate vocal loudness, affect and pacing of presenting materials to match the needs of the client within each session.

The clinician demonstrates flexibility in adjusting pre-planned lessons to meet a current need within a telepractice session.

The clinician demonstrates deliberate practices (i.e., maximizing number of response opportunities) within a telepractice session.

### Cultural/Linguistic Variables

ASHA Knowledge and Skills (2005). Role 5.0: **To be sensitive to cultural and linguistic variables that affects the identification, assessment, treatment and management.**

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The clinician demonstrates an understanding of the potential impact of cultural and linguistic variables on the client’s ability to benefit from telepractice and provides modifications or accommodations.
Use of Support Personnel

**ASHA Knowledge and Skills (2005). Role 6.0:** To train and use support personnel (e.g., eHelper, family, caregiver) appropriately when delivering services via telepractice.

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<tr>
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<tr>
<td>The clinician provides appropriate training to the support personnel in the delivery of services via telepractice.</td>
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<tr>
<td>________</td>
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</tr>
<tr>
<td>The clinician can establish a relationship with the eHelper to provide coaching support for the eLearner within the telepractice session.</td>
<td></td>
</tr>
<tr>
<td>________</td>
<td>________</td>
</tr>
<tr>
<td>The clinician provides opportunities for family, caregivers and others to observe and participate in telepractice sessions when appropriate.</td>
<td></td>
</tr>
</tbody>
</table>

Evaluation of Effectiveness and Outcomes

**ASHA Knowledge and Skills (2005) Role 7.0:** To be familiar with available tools and methods and apply them to evaluate the effectiveness of services provided via telepractice and measure their outcomes.

<table>
<thead>
<tr>
<th>Midterm</th>
<th>Final</th>
</tr>
</thead>
<tbody>
<tr>
<td>________</td>
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</tr>
<tr>
<td>The clinician will apply appropriate criteria for determining how the telepractice model may impact the validity and reliability of assessment tools and evidence-based treatment protocols.</td>
<td></td>
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<tr>
<td>________</td>
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<tr>
<td>The clinician will evaluate the quality of care delivered via telepractice including: access to care, timeliness of care, continuity of care, coordination of care and comprehensiveness of care.</td>
<td></td>
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<tr>
<td>________</td>
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<tr>
<td>The clinician will collect and analyze clinical outcomes data to support reimbursement for telepractice services.</td>
<td></td>
</tr>
</tbody>
</table>

Documentation

**ASHA Knowledge and Skills (2005) Role 8.0:** To manage potential risk and liability by documenting the difference between telepractice encounters and traditional face-to-face encounters.

<table>
<thead>
<tr>
<th>Midterm</th>
<th>Final</th>
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</thead>
<tbody>
<tr>
<td>________</td>
<td>________</td>
</tr>
<tr>
<td>The clinician will provide information consent for the use of telepractice and document the telepractice encounter (e.g., the type of equipment used, the location of the client, the role of every person present, and client’s responses).</td>
<td></td>
</tr>
</tbody>
</table>
Summary of Clinical Performance

Review of mid-term goals and emerging competencies:

Suggestions for continued clinical skills development:

Final Grade: ______

Supervisor Signature       Date       Student Signature       Date

Adapted 2012 from:
Appendix B

Supervisor Evaluation Form
## Supervisor Evaluation Form

**Student Name:** __________________________________________  **Date:** ________________________________________________

**Supervisor Name:** ______________________________________  **No. of clients:** ________________________________________

1=Poor  2=Less than adequate  3=Adequate  4=More than adequate

### General:

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrates knowledge of technology</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professional expertise in field</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Maintains appropriate focus on student's work</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrates knowledge and expertise in the clinical intervention</td>
<td></td>
<td></td>
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<tr>
<td>Supervisor observes student often enough to have good understanding of work</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Encourages students to be creative and push limits of technology</td>
<td></td>
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</tbody>
</table>

### Instructional:

<table>
<thead>
<tr>
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<th>1</th>
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<th>4</th>
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</thead>
<tbody>
<tr>
<td>Supervisor is clear as to what is expected</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provides therapy/evaluation suggestions and directives as appropriate</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Offers guidance to resources</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shares owns clinical experience and knowledge</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supervisor demonstrates techniques as appropriate</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supervisor stimulates students to think for him/herself</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supervisor gives feedback promptly</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supervisor gives feedback clearly</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>
Interpersonal:

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervisor offers criticism about therapy in helpful ways</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Supervisor identifies specific areas of weaknesses in helpful ways</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Supervisor offers praise and support regarding clinical strengths</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Supervisor listens acceptingly to student’s perceptions, opinions, and rationales</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Listens effectively to student’s feelings and concerns</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Shares personal self (feelings, mistakes) as appropriate</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Accepts feedback about supervisory process</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Strives for open relationship</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

Describe areas in which you feel your supervisor has done well:

Describe areas in which you feel your supervisor could improve:

Describe supervisory techniques that you have found especially helpful:
Appendix C

Measuring Outcomes Forms

eHelper Competencies
Consumer Satisfaction Survey
eHelper Competencies*

Name of eHelper ____________________________________ Practicum Site: ____________________________________

Rating Scale

5.0  eHelper consistently performs effectively with a high degree of independence, taking initiative and making changes when appropriate
4.0
3.0  eHelper performs effectively with general guidance from supervisor
2.0
1.0  eHelper performs effectively only after specific direction and/or demonstration from supervisor
0.0  eHelper fails to perform effectively regardless of the amount of supervision

Technical Skills

_____ 1. Set up a schedule that provides an optimal and consistent time for patient to offer best responses.
_____ 2. Troubleshoot basic audio and video difficulties.
_____ 3. Can access email and Internet to locate the links and online connections for the telepractice session.
_____ 4. Help patient access web-based therapy tools (e.g., highlighter, pointer text tools).
_____ 5. Can establish the video and audio connection for the telepractice session on the local computer.
_____ 6. Provide feedback about the quality of items being displayed and make appropriate adjustments to ensure highest quality.

Instructional Skills

_____ 1. Establish an adequate therapy environment for the patient including positioning for privacy.
_____ 2. Utilize email, texting and direct communication with other involved personnel, families and caregivers about any pertinent updates before or after treatment sessions.
_____ 3. Establish proper seating for the patient, allowing access to the computer and appropriate lighting for adequate video transmission.
_____ 4. Understand therapeutic strategies and provide timely cueing and strategies to help the patient become independent in responding to the teletherapy therapist.
_____ 5. Follow directions of the therapist.
6. Provide accurate feedback about the patient response to materials, restate the patient’s utterance if needed for clarification and provide statements that will aid in completing tasks.

7. Attend solely to the patient’s needs during teletherapy sessions with no other job requirements.

8. Help patient transition from an existing activity to the next activity.

9. Provide feedback and restate expectations for behavior to the patient at appropriate times during the session.

10. Become aware of the patient’s strengths and needs, acquire a basic understanding of the patient’s communication needs, and have knowledge of the treatment goals.

11. Assure privacy and confidentiality of the patient.

*Adapted 2013 from:
Consumer Satisfaction Survey

Name: ___________________________________________ Date: ________________________________

Relationship to client: _______________________________________________________________________

We want to ensure the highest quality of speech therapy telepractice services. Help us by responding to the questions below and return this survey to: judy.perkins.walker@umit.maine.edu. Thank you for your time.

<table>
<thead>
<tr>
<th></th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
<th>No comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>My expectations for the speech therapy telepractice program have been meet.</td>
<td></td>
<td></td>
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<tr>
<td>2.</td>
<td>Progress was made toward speech-language goals through the speech therapy telepractice program.</td>
<td></td>
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<tr>
<td>3.</td>
<td>I would recommend this speech therapy telepractice program to other people in need of speech therapy.</td>
<td></td>
<td></td>
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<tr>
<td>4.</td>
<td>The graduate student clinician providing the speech therapy was easy to reach when needed.</td>
<td></td>
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<tr>
<td>5.</td>
<td>The speech therapy telepractice provided in this program meets the needs of the clients involved in this program.</td>
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<tr>
<td>6.</td>
<td>The graduate student clinician was responsive to my concerns.</td>
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</tr>
<tr>
<td>7.</td>
<td>Overall, I am satisfied with the speech therapy telepractice services I have received.</td>
<td></td>
<td></td>
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</tbody>
</table>

Comments: ________________________________