Description of an externship in the Great Falls Public Schools.

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A DESCRIPTION OF AN EXTERNSHIP IN THE
GREAT FALLS PUBLIC SCHOOLS

By

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B.S., Northern State College, 1973

Presented in partial fulfillment of
the requirements for the degree of

Master of
Communication Sciences and Disorders
UNIVERSITY OF MONTANA
1976

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Chairman, Board of Examiners

Dean, Graduate School

Date

Nov. 3, 1976
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PREFACE

The following paper is a description of one individual's participation in the University of Montana, Department of Communication Sciences and Disorders externship as a speech, language and hearing clinician in the Great Falls Public School Speech and Hearing Program. The intent of this paper is to describe actual experiences, relate impressions which resulted from participation in that program, and to interpret the extern's overall role in that program. Finally, the program components are described and impressions of the Great Falls Speech and Hearing Program are related as observed by the extern.
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CHAPTER I

INTRODUCTION

An "externship" as stated by the Department of Communication Sciences and Disorders in the 1975-76 University of Montana Bulletin, was defined by the following course description:

CSD 598 Internship: Prerequisite: completion of all other requirements for Master of Communication Sciences and Disorders Degree. Normally a 9 month professional internship with 30 clock hours per week of supervised professional practice. The internee will maintain weekly records of all clinical activities and will conclude the internship with a three-hour oral examination.¹

Additional prerequisites as established by the Department of Communication Sciences and Disorders included the following:

a. The candidate will have completed 300 clock hours of clinical practicum.
   b. The candidate will have completed course requirements for Certificate of Clinical Competence (CCC).
   c. The candidate will have completed and passed both written and clinical comprehensive examinations.
   d. The candidate will have made written application for the externship assignment three months in advance of that assignment.

When composing the written application for the externship assignment, this candidate included the proposed starting date and location of the assignment, the type of program, and the name of the on-site supervisor. The determined site of

¹University of Montana Bulletin, 1974-76 Catalog, p. 92.
the externship could have been a public school speech and hearing program, a rehabilitation center, a speech and hearing out-patient clinic, a special education center, or a medical facility. The site could be any which provided services for speech, hearing or language impairments other than the University of Montana Speech, Hearing and Language Clinics. When the possible site was determined, the candidate scheduled an interview with the site supervisor. The objective of this interview was for the candidate to review the appropriateness of the program as an externship site and to discuss specific objectives to be completed during the nine-month period. This was completed and agreed upon by all members involved prior to initiation of the externship. (See appendix A.)

The candidate formed a committee approved by the Department Chairman and Graduate School Dean which consisted of the following:

1. Three University of Montana Department of Communication Sciences and Disorders staff members, one who presided as the committee chairperson with the obligation of contacting the site supervisor by phone, letter or on-site visitation in order to evaluate the extern's clinical behaviors.

2. The on-site supervisor (required to possess CCC from the American Board of Examiners in either Speech Pathology or Audiology). It was this individual's responsibility to set aside a specific amount of time as agreed upon by the extern, supervisor and committee to supervise the extern and
to confer with the remaining committee (or staff advisor) as to the status of the program in progress.

3. A professor from a University department other than the Department of Communication Sciences and Disorders.

Additional responsibilities of the externship candidate included the following:

1. To compose a final agreement (contract) which would be approved and signed by the extern, on-site supervisor, committee chairperson, and University of Montana Department of Communication Sciences and Disorders chairperson. (See appendix B.)

2. The extern was to function as a professional contributor to the service function of the site and to keep the normal working hours, work schedule, records, etc., expected of a regular employee.

3. The extern was to determine and have approved the record-keeping procedures for the externship as deemed practical by the type and location of the program site experiences and by the information needed for the committee members. This included time accountability, summary reports, observation reports, and others.

4. The extern was responsible for completing a three-hour oral examination given by three University of Montana staff members and the on-site supervisor within one month of termination of the externship period.

5. The extern registered for no more or less than
three class credits under Internship, CSD 598, each academic quarter while participating in the externship program.

Specific to the externship program in the Great Falls Public Schools was the requirement to sign a teacher contract with an inserted clause explaining the terms of the position at a two-thirds salary as determined by the base pay for the B.A. plus 30, no experience level. (See appendix C.) The extern did not receive insurance benefits but did receive ten days' sick leave and two days' personal leave as did other certified district employees. It was decided by the on-site supervisor and extern to inform only the school district's central administration and participating school principals of the extern's status. The classroom teachers were not informed in order to eliminate possible misunderstandings of the extern's professional background, academic qualifications, and training as a speech, language and hearing clinician. The label of "student teacher" or "practice teacher," and the possible implications of lack of experience and responsibility would therefore be avoided.

The Great Falls Public School Speech and Hearing Program was a coordinated part of the total Special Education Program of the district. This school district offered a variety of special services for handicapped children. A breakdown of services is shown in table I, page 5. All special services functioned with a program coordinator and/or supervisor, assistants, consultants, regular personnel, and
aides (depending on the design of the individual program). Generally, all personnel were responsible to their supervisors, supervisors were answerable to the superintendent, and the superintendent was responsible to the Board of Trustees representing the community of Great Falls, Montana.

The Special Education Program provided a variety of services. These included the following programs:

1. Program A: Educational program for the trainable mentally-retarded person, ages 6 through 21, located at the Special Education Center with ten full-time classroom teachers and seven teacher assistants.

2. Program B: Education program for educable mentally-retarded children, located in some of the public schools at the elementary, junior high and high school levels. There were nineteen full-time teachers and four teacher assistants.

3. Program C: Educational classes for two groups of physically-handicapped children at the elementary level with two teachers and two teacher assistants, a full-time teacher for homebound students at the elementary level, and a part-time teacher for secondary homebound students.

4. Program D: Educational resource classrooms for learning disabled children with emphasis on precision teaching techniques, located at thirteen elementary schools and at one junior high school. There were fourteen teachers and fourteen assistants.

5. Program E: Educational classrooms for the emotionally...
and behaviorally maladjusted students. There were two classroom teachers and two assistants at the elementary level and one teacher and one assistant at the junior high level.

6. Multiple Handicapped Program: Developmental program for severely handicapped children; two classes, one-half day each, with one teacher and one assistant.

7. Pre-School Program: Developmental program for preschool handicapped children; four classes of one-half day each with two teachers and two assistants.

8. PACE: Program for Advanced Children's Education for the gifted and talented students at both the elementary and secondary levels. There were two full-time teachers, two half-time teachers and a half-time art resource teacher.

9. Speech and Hearing Services: Program to provide identification, evaluation, remediation and consultative services for speech, language, and/or hearing disorders in the public schools at the elementary, junior high and high school levels, including the special education programs. It consisted of one half-time and eleven full-time speech, language and hearing clinicians, one audiologist and one audiometrist.

10. Precision Teaching: Precise means of measuring performance on a continuous basis through a detailed record of behavior charts, a behavioral formula for use in analysis and programming, and techniques for interpreting the charted records of students.

11. Seven psychologists served the district.
12. Three family counselors served the special education students and their families.

13. A curriculum consultant served the special education academic program.

14. One home economics resource teacher served special education classes.

15. One full-time music teacher served the special education students in a special project and a half-time teacher taught general music.

16. One physical education specialist served the students at the Special Education Center and the two physically-handicapped classes.

17. One full-time public health nurse served the special education students with the help of one half-time public health nurse.

The speech and hearing program was only one component of these services provided for children in the Great Falls Public Schools. It was within this program that the extern participated as a speech, language and hearing clinician.
CHAPTER II

PROGRAM DESCRIPTION

Within any public school speech and hearing program, effective administration and organization are essential in providing comprehensive services to communicatively handicapped students. The organization of the Great Falls Public School Speech and Hearing Services was viewed through six essential program components. These included Identification, Evaluation, Intervention, Consultation, Reporting, and Additional Program Procedures such as case selection, scheduling, inservices, public relations, research, and overall activity coordination between specialists. The above mentioned areas were interrelated and dependent upon each other for effective case management of communication disorders.

Identification Procedures

The identification of the communicatively handicapped was an essential prerequisite to effective implementation of speech, language, and hearing services. Students were identified by means of selective or mass classroom screening, classroom teacher referrals, or departmental listings of previously known cases. The primary identifica-
tion method was selected by the clinician to meet the needs of a given segment of his or her school population. It was each clinician's responsibility to acquaint principals, teachers, and other school personnel with the speech, language and/or hearing services available, and to implement an identification program utilizing appropriate screening criteria, materials, procedures, and record-keeping strategies. In order to obtain appropriate and related referrals, the clinician met with school personnel and reviewed referral procedures, familiarized faculty with referral cards (appendix D) and information needed, and provided a complete description of the types of communication disorders to be referred. This was an on-going process throughout the school year, since it had been determined that for satisfactory teacher referrals, the clinician must meet with teachers regularly throughout the year to review referral procedures and to describe communication disorders. Typically, the major referral source was the classroom teacher, although this varied and sometimes included the principal, parent, school nurse, psychologist, or guidance counselor. In addition to these referrals, a list of former students with suspected communication disorders was supplied by the former speech clinician in each school. This list included not only therapy cases to be continued, but also cases which had been monitored throughout the preceding academic year. These included possible language disorders, developmental
articulation disorders, voice problems, and fluency cases as well as articulation clients previously dismissed from active therapy or currently on transfer programs. The school's assigned speech, language, and hearing clinician was then responsible for recording and evaluating screening data obtained and making appropriate referrals and recommendations. (See Reporting Procedures, page 19.)

In addition to screening for identification of speech and language problems, the identification of hearing problems was accomplished through a comprehensive hearing screening program. This program was implemented by the audiolist and his assistant in order to locate students with a significant hearing impairment as determined by screening criteria. Kindergarten, first, second, third, fifth, seventh, and tenth grades were routinely screened each year. Any other students within the school population could have been referred to the Hearing Conservation Program by teachers, parents, physicians, speech and hearing clinicians, or other personnel, at any time throughout the year. Known hearing losses were re-evaluated each year. In addition, a complete hearing screening program was implemented to identify hearing impairments in the pre-school population (three to five years) during the pre-school-kindergarten registration process. Screening was completed by school speech and hearing clinicians during this registration procedure. Following all screening procedures, the Hearing
Conservation Program staff completed an individual hearing evaluation on any student failing the hearing screening test to determine the onset, degree, and type of hearing loss present. When possible, this evaluation was performed in the school building, although it was sometimes necessary for a student to be evaluated at the Hearing Conservation Program Center where more extensive diagnostic testing procedures could be completed. Students with an identified hearing impairment were followed until they had completed specific recommendations. For example, when students were referred to a physician for medical treatment, a post-medical hearing evaluation was completed to determine and document the resulting change. These same students were to be monitored by the program staff for several years. Results of hearing evaluations were routinely reported to parents, teachers, speech, language and hearing clinicians, health nurses, and other professionals concerned with the students' well being. The program attempted to gather appropriate information related to possible educational and social problems resulting from the hearing impairment. Completed case records were maintained for each hearing impaired student identified.

Evaluation Procedures

Following identification procedures of speech and language problems, evaluation procedures were implemented. There was overlap between identification and evaluation
Identification was defined as the locating of "possible" communication problems. Evaluation was defined as the actual diagnostic process used to determine the type and degree of severity of a communication disorder. Careful evaluation and assessment of communication deficits was essential to implementation of effective intervention strategies and case management. Evaluation procedures, as used by speech, language, and hearing clinicians in the Great Falls Public Schools, included formal standardized testing, informal testing, behavioral observations, test data obtained from other professionals, or a combination of all or any of the above. Formal standardized testing procedures included the use of an available battery of tests such as the Peabody Picture Vocabulary Test (Dunn, 1965), Test for Auditory Comprehension of Language (Carrow, 1973), Carrow Elicited Language Inventory (Carrow, 1974), and many others (appendix E). The use of formal testing procedures was at the discretion of the individual clinician.

Often included in the diagnostic process of a child's speech and language problems were observations of parent-child interactions, teacher-child interactions, child-child interactions, language samples obtained from tapes of the child's conversational speech, case history information and Pupil Rating Scales completed by the teacher. Since standardized tests often cannot determine the full extent and variability of a child's communication problems as they exist.
in different environments, formal standardized testing was used to support the results of informal testing procedures. It was the clinician's responsibility to select appropriate diagnostic procedures and to employ these procedures and techniques as deemed necessary for thorough and accurate assessment. The clinician then analyzed and interpreted the diagnostic information obtained as it related to communication disorders. It was also a responsibility of the clinician to make use of all other testing resources available. These included school psychologists, learning disabilities teachers, special education personnel, and remedial reading persons who could supply supplementary diagnostic information when needed for a more complete view of the child's problems in order to determine appropriate educational placement. The clinician also used the speech and hearing case files, special education accumulative record files (when pertinent), and school and health records to supplement diagnostic and history information. Finally, it was the clinician's responsibility to report pertinent diagnostic information to the referral source(s) and other appropriate personnel.

Follow-up diagnostic procedures were essential to determine the change in the status of a child's communication problem(s). The date of follow-up evaluation was left to the discretion of the clinician. Generally, evaluations were on-going throughout the entire school year. However,
it was recommended that re-assessments of developmental problems be completed in late January or early February with additional follow-up evaluations in late April.

**Intervention**

Intervention was defined as any attempt to modify, resolve, and/or reduce the effects of a student's communication deficit(s). Intervention took the form of direct individual or group speech and/or language therapy; prescriptive programs prepared for classroom teachers, parents, or other professionals; and on-going assessment of developmental progress of problems. Intervention procedures composed the core of speech and language services for students with communication problems in the Great Falls program, and were selected to most effectively and efficiently meet individual student needs.

The decision to intervene with a child depended on the type of disorder (articulation, voice, fluency, language) and, more importantly, on the severity of the disorder, as judged by its effect on the student. The clinician was responsible for planning appropriate intervention programs for those individuals found to have speech, language and/or hearing problems which warranted intervention, and for arranging the implementation and organization of these programs within the total educational setting.

Therapy procedures typically began following completion of screening and initial evaluation in late September
or early October and continued until late May, with dismissals as deemed necessary by the individual case's status. It was the clinician's responsibility to record procedures and status of therapy of those individuals enrolled. Most recording techniques were left to the personal style and discretion of each clinician. Frequently, various charting procedures were implemented to record daily status and to establish usefulness of therapy. Several data charts were available and could be re-designed to meet a specific clinician's needs (appendix F). Based on information gathered through the course of therapy, the clinician was responsible for redefining objectives and modifying therapy strategies. Clients dismissed from therapy were followed throughout the remainder of the current school year and possibly for the following year to identify changes of the communication problem(s). The clinician was responsible to communicate information concerning therapy status to parents, classroom teachers, supervisors, and other appropriate professionals. Lack of therapy time or scheduling problems often necessitated the use of "prescriptive programs." These programs were designed by the clinician for use by the classroom teacher, parents, para-professionals, other special staff, or for a combination of those listed. A prescriptive program might include specific suggestions and methods and/or activities to be followed by the individual working with the child and gave directions specific to the communication problem (see appendix G).
Also included in follow-up information on each student evaluated throughout the year was the clinician's report to appropriate persons on the final status of identified speech, language and/or hearing handicapped individuals not enrolled in individual speech and language therapy. Post-therapy evaluations were completed in middle or late May in order to determine the status of the student's communication problems following intervention and to formulate recommendations.

Consultation

Successful management was supported by frequent communication with other individuals within the child's school and home environment. This included the child's parents, classroom teacher, school principal, and other specialists (audiologist, learning disabilities teacher, remedial reading teacher, etc.). Frequent parent conferences were found to help facilitate more efficient and effective outcome of intervention. At minimum, parent-clinician conferences were held: (1) at the initiation of the child's enrollment in therapy in order to explain the purpose of speech and/or language therapy and to obtain the parent's signed permission for their child's enrollment in the program; (2) at some time during the process of therapy to inform the parents of the child's status and progress; (3) at the start of any transfer procedures where the parent involvement was deemed essential (this varied...
according to the type of communication problem); and (4) when it was determined that speech and/or language therapy was no longer warranted. When possible, conferences were held in person. Others were conducted over the telephone.

Also essential to the success of the therapy program was working cooperatively with the classroom teacher and other personnel involved with an individual child. The purpose of these teacher conferences was to provide the most effective program for the child by obtaining teacher input to establish priority goals. It was important that long- and short-term goals be discussed to eliminate redundancy and to maintain continuity between the classroom, special programs, and the child's needs. In order to more efficiently coordinate input from all professionals, the Child Study Team was designed and it was required by state regulations to hold a staffing on each child recommended to receive any form of special services.

No child will be provided special education special services until a child study team has performed a comprehensive education and behavior assessment which yields evidence that the child has learning and/or behavioral problems requiring a specialized service not afforded by the regular program.¹

Through the use of the team, more effective coordination and more appropriate educational placement were implemented. In relation to the speech and hearing program, the

classroom teacher and speech, language, and hearing clinician constituted a child study team. As stated by Montana State Regulations:

Communication problems not compounded by other types of handicaps (a speech defect only) are the responsibility of the speech pathologist and the referring teacher. The classroom teacher and the speech pathologist shall work cooperatively in improving the person's communication.²

The speech, language, and hearing clinician, however, was considered a standard and essential member of any child study team, as was the school psychologist, the child's classroom teacher, and the additional professionals in a school involved with a particular child. The team effort was coordinated and organized by the school principal. Any and all personnel working with a specific child were responsible for coordinating procedures and goals for a child. This was essential in keeping continuity and organization in a child's educational program.

Reporting Procedures

It was essential that accurate record-keeping procedures be followed by each clinician, both for departmental and case management purposes. The Great Falls program used a uniform Statistical Case Tabulation Form (see appendix H), to account for all clinician-student, clinician-teacher, and clinician-parent contacts. This form served as an on-going

²Ibid., p. 10.
record and was kept up-to-date during the school year by each clinician. This form provided the clinician with an on-going record of the status of each student referred, regardless of the referral source or type of problem. Information from this form was also used to compile data for program accountability to be distributed to the principals and other school district administrative personnel. The clinician was responsible for completing and updating cross-reference file cards on every student enrolled in speech and/or language therapy in the Great Falls Public School System. These cards provided general statistical information (birthdate, name, sex, age, etc.) as well as the purpose of therapy and the enrollment and dismissal dates.

Standard departmental reporting procedures included the following:

1. **Initial Student Evaluation Form:** The purpose of this form was to provide immediate feedback to the referral source, following initial speech evaluation. Clinicians substituted the use of this form with any other such procedure designed individually at their discretion.

2. **Summary-Individual Evaluation Results:** The objective of this report was to concisely describe a student's speech and/or language problem following initial evaluation. This report was placed in the child's file. It was completed for all children receiving direct intervention.
3. Speech and Language Therapy Report: The purpose of this report was to describe the statement of the problem, evaluation results, therapy procedures and results, current status, and recommendations for the following year at the termination of therapy. A copy of this report was presented to the classroom teacher, the parent, and placed in the child's speech file. Copies were sent to the other professionals at their request and with the permission of the parents.

Also available to the clinician were case history forms, oral evaluation forms, and diagnostic record forms. The clinician adapted additional forms for reporting clinical objectives, daily lesson plans and charting and recording procedures of the child's daily behaviors in and outside of the therapy environment. The behavioral accounts were essential for documentation of a child's progress or stabilization in therapy. They were also helpful in projecting a need for change in a child's program and indicated the usefulness of a specific therapeutic technique and its effectiveness in the remediation of communication disorders.

Additional Program Procedures

1. Case Selection. Based on test information, the child's needs, and discussion with the teacher and parent, clinicians selected a case load that was seen in each school. Scheduled time per school was dependent upon the needs of the communication problems in that particular school. The selec-
tion of a case for speech and language therapy was determined by the type and the severity of a communication problem and its effect on that child, internally as well as socially. In addition, a clinician considered the extent to which the speech problem interfered with the child's educational progress and social development, whether or not the child was mature and motivated to benefit from therapy, the attitudes of the child's teacher, peers, and family toward his communication disorder, and the prognosis of therapy. Finally, when selecting a caseload, the clinician limited the number of cases in order to insure sufficient time to perform necessary management procedures, thus producing maximally effective services.

2. Scheduling Aspects. Scheduling of the students for therapy was often time-consuming, because a clinician had to program students around the school schedule. Time allotted for each child was determined by the severity and type of communication problem exhibited. The proposed times were then discussed with the classroom teacher to insure that the child was not leaving the classroom at an inopportune time. A child with multiple educational problems was usually most difficult to schedule since he or she may have been obtaining the services of several specialists (learning disabilities, remedial reading, mathematics, etc.). Practically speaking, the number of days scheduled to any individual school were based on the needs of the students with
communication handicaps in that school. These needs were
determined by the number of students with communication
problems identified through the initial screening and eval-
uation process, as well as the type of communication dis-
order and severity of those problems. It was recommended
that schedules be as flexible as possible since they were
subject to change many times throughout the school year,
due to student program changes.

3. Public Relations. An essential component of a
successful speech and hearing program was effective public
relations. This process of informing the public included
not only community members outside of the schools, but
teachers, principals, and parents as well. If the clini-
cian established good rapport and readily offered consultative
services to other school personnel, those individuals
seemed more aware of the speech and hearing services, more
interested in the program and were more likely to make
appropriate referrals. With this awareness, teachers were
interested and cooperated in establishing therapy goals,
scheduling, and assisting with transfer programs. Public
relations with the school personnel, parents, and other
community members were implemented in a number of ways.
Some of these procedures included: (1) program presenta-
tions at Parent-Teacher Association meetings; (2) presenta-
tions via different media, i.e., radio and television talk
shows, newspaper articles, etc.; (3) presentations to parents
at school "open house" or "teas"; (4) frequent communication with principals and teachers through conferences; (5) frequent parent conferences; and (6) efficient follow-up and report-processing to teachers, parents, and other professionals. All of these suggested processes provided information as well as reflected the concern and efficiency of the speech and hearing program.

4. Inservice Training. It is important that the speech, language, and hearing clinician be aware of current trends, procedures and techniques in the field of speech pathology and audiology. When possible, clinicians attempted to extend their professional knowledge and skills by participating in seminars, workshops, and other inservice activities related to their profession. In addition, inservice was provided each academic year to introduce new personnel to the school district and to familiarize those individuals with facilities and basic procedures. This pertained not only to the speech and hearing program, but the overall school district as well. It was the clinician's responsibility to read current professional literature. To keep atune to recent changes within the profession, clinicians participated in a "journal club" where many professionals (medical doctors, speech pathologists, audiologists) gathered to review journal articles in the field of speech pathology, audiology and other associated professions.

5. Time Accountability. An additional component of
the speech and hearing program was adequate accountability of time. In order to allow for efficient and effective implementation of program components (i.e., Identification, Evaluation, Intervention, Consultation, and Reporting), time was budgeted. The Great Falls program had been carefully evaluated to determine the approximate percentages of time which should be assigned to each of the major areas mentioned for successful case management. Estimated time allotted in percentages as comprised by the Great Falls Speech and Hearing Program is illustrated on table II. (See page 26.)

6. Research. The Great Falls program had been involved in research projects and the development of program procedures. Most recently was the Vocal Abuse Reduction Program (VARP) which involved the use of precision programmed management techniques in the remediation of public school children with hyperfunctional voice disorders. The department had also completed a three-year study in the use and effectiveness of a form for the collection of data related to case management and accountability. School clinicians can record the "diverse habilitation programs of a variety of communicatively handicapped students . . . and can easily retrieve appropriate data from the form to report program statistics."³ Another major project had been the develop-

TABLE II
Speech and Hearing Clinicians
Projected Time Allotment *

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Time Allocation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Therapy</td>
<td>60%</td>
</tr>
<tr>
<td>Prescriptive Programs</td>
<td>10%</td>
</tr>
<tr>
<td>Identification</td>
<td>2%</td>
</tr>
<tr>
<td>Evaluation</td>
<td>10%</td>
</tr>
<tr>
<td>Consultation</td>
<td>10%</td>
</tr>
<tr>
<td>Program Procedures</td>
<td>10%</td>
</tr>
<tr>
<td>Reporting</td>
<td>8%</td>
</tr>
</tbody>
</table>

*Speech and Hearing Services, Handbook for Clinicians, Great Falls Public Schools, Great Falls, Montana, July, 1974.
ment of a "transfer" (carryover) program for children with articulation disorders based on parent intervention with the production of speech sounds in conversational speech. This procedure had been found to be effective and practical in the carryover of correct target sounds to situations other than direct therapy environments (Wing and Heimgartner, 1973).

It was the responsibility of the extern participating as a speech, language and hearing clinician in the Great Falls Public School Speech and Hearing Program to participate in and implement the above-described program components, and to evaluate these procedures according to the extern's needs and benefit for future use.
CHAPTER III

PROGRAM IMPRESSIONS

Generally, the services provided throughout the Great Falls School District by the Speech and Hearing Program appeared to be efficiently and effectively implemented. This program was one which emphasized the child's needs and placed importance on program flexibility. Clinicians were not assigned to schools according to the schools' population, but according to the number of children with identified communication disorders. Extern participation in this program served to provide experiences which would be beneficial in the future as a speech, language and hearing clinician working in any school district.

The extern participated in the implementation of all program components, i.e., Identification, Evaluation, Intervention, etc., as described in chapter 2, gaining professional experiences and impressions of each. As a result of completing identification procedures, experience was gained in developing and organizing referral procedures, and in defining the types of communication problems. Overall, identification procedures involved approximately two weeks out of the initial school term, depending on the number of schools to
be served by the individual clinician. This appeared to be a practical, yet realistic amount of time. Experience with the program had suggested that if classroom teachers and other professionals were well informed, referrals were effectively made, therefore eliminating extensive, mass screening for speech and language problems. It was particularly important to aid the kindergarten teachers to become aware of children exhibiting delayed articulation and language skills. Periodic meetings with classroom teachers were held during the year to review referral procedures and characteristics of speech and language deficits, therefore emphasizing the "on-going" nature of the Identification process. The experience of having worked with the classroom teachers, defining communication disorders, recognizing problems in implementing procedures, and observing how teachers view the position and duties of the speech, language and hearing clinician may prove to be beneficial in the future when developing and organizing district speech and hearing programs.

Observation of the Hearing Conservation Program was a valuable experience in understanding the total hearing screening process implemented in the schools. This process appeared well organized, including not only the initial screening procedures, but the follow-up evaluation and reporting procedures as well. Evaluation of hearing problems through audiometric techniques seemed to be an objective
process which used techniques standard to most school hearing screening and evaluation programs. Speech clinicians were involved only with pre-school-kindergarten registration screening. Having observed this program, it is believed that the clinician would be more prepared when asked to organize a total hearing screening program in the future. The clinician would be more aware of the component parts of the program and the need for well coordinated procedures.

Initial Evaluation Procedures of speech and language disorders involved approximately three to four weeks of the school term. This again appeared to be a realistic and sufficient amount of time to complete major evaluations. This process included evaluations of all new referrals and re-evaluations of children previously seen in therapy, children being monitored by the clinician, or children exhibiting developmental problems. The previous clinician provided clinical reports on children she/he had previously seen. The extern received a varied experience in the evaluation of school-age children and, most importantly, had the opportunity to evaluate information provided by classroom teachers and other school professionals. There was an opportunity to use a variety of testing materials and techniques. It was interesting to note that informal evaluation techniques appeared to be used most often in the evaluation of certain children. These included children with minor articulation and language problems. Children with severe problems...
warranted more extensive, formal testing procedures for determining the child's functioning age level and pinpointing specific areas demanding speech and language remediation.

The externship year was beneficial for gaining experience with a variety of speech and language remediation techniques. Several approaches to articulation therapy were used and a favored method was developed. A programmed behavioral approach to articulation therapy was adopted. It was observed that with the "functional" articulation problem, use of tasks to develop auditory sound discrimination skills prior to instruction of sound production was not critical. Much therapy time was saved by limiting this step. The approach most often used and found to be most effective by the extern was as follows:

Step 1. Instruction of target sound production through placement of the articulators.

Step 2. Drill of the target sound in words (a. initial position, b. final position, c. medial position, d. consonant blends).

Step 3. Production of the target sound in sentences.

Step 4. Production of the target phoneme in conversational speech, structured environment.

Step 5. Production of the target phoneme in conversational speech in a variety of situations, through the transfer program.

The extern became familiar with precision teaching...
techniques and found them useful in speech and language remediation. Charting materials were effective in determining the progress of a child's skill development. Charts were found to be valuable in keeping an on-going, graphic representation of the child's level of functioning at any point in time. They helped to indicate where the child was to continue on the following therapy session. It is the intent of the extern to continue using charting procedures and materials when possible in future speech and language therapy.

One of the more valuable experiences of this externship year was the opportunity to work closely with classroom teachers, principals, and other professionals working with a child. It was interesting to note how these individuals viewed the speech, language and hearing therapist as a consultative person, for matters other than those related to communication disorders, e.g., behavior problems, reading and arithmetic difficulties, social problems, etc. The clinician was found to be an essential component of the Child Study Team and was often requested to attend conferences as a consultant. The team was viewed as a worthwhile process if and when it was coordinated effectively by school personnel. Much inconsistency in the implementation of this concept was noted within the school system. The use of the team concept was observed to be most valuable when a child was having a variety of academic and behavioral problems. It presented an opportunity for all involved professionals to meet,
present evaluation information and observations, and to coor-
dinate remediation procedures. This provided the child with
the full benefit of available special services. Often, more
appropriate school placement for a child was the major con-
cern. The team was essential in determining the final deci-
sion in these matters.

Also valuable was the extern's involvement with re-
porting procedures. It was essential to write comprehensive
and concise reports. Reporting procedures for this program
were devised and developed with time and experience to pro-
vide the minimum of required reports. Folders and final
summary reports were required only for those children receiv-
ing direct speech and/or language therapy, eliminating useless
and redundant reports. Children seen for evaluation, re-
evaluations, etc., were recorded and tabulated on the Statis-
tical Case Tabulation Form (see appendix H). This was a
practical procedure for maintaining on-going records of the
status of all child-clinician and clinician-teacher/parent
contacts throughout the year. It was also an efficient
source for program accountability of all services provided,
and eliminated a significant amount of final paperwork re-
quired at the termination of the school year.

Finally, the extern was involved with the scheduling
and selection of cases to receive speech and/or language
therapy. It was noted that when determining a case load,
the clinician should consider not only the type and severity
of the communication disorder but also: (1) the concern of the teachers and parents; (2) the other additional special services the child is or will be receiving; and (3) how the determined communication deficits handicap the child. In addition, the clinician should consider how the child feels about the communication problem and should determine the child's motivation level. Since the school clinician was involved in the child's environment, it was easier to determine what was essential to meet the child's needs. Based on these factors, the clinician determined priorities as to which cases were most in need of remedial help.

Once the decision of enrollment in therapy was determined, the child was scheduled for therapy. This sometimes presented slight problems, since the clinician had to consider not only other special services which the child was receiving, but the regular classroom schedule as well. It was important that the child not leave the classroom during such activities as art, music, physical education, recess, and instructional periods for those areas he was not exhibiting difficulty.

It should be noted that speech and hearing services were present in the elementary, junior high, and most recently at the senior high school level. While the elementary program appeared to be functioning at top efficiency, some problems existed at the junior and senior high school level in implementation of services, as judged by school staff and
student interest and cooperation. These included the following: (1) difficulty with efficient identification and referral procedures due to the large number of students managed by each teacher; (2) speech and language therapy seemed to be a low priority subject within the student's overall academic requirement; (3) case scheduling problems due to the number of classes, time conflicts, and extracurricular activities; and (4) overall case management problems related to student motivation for therapy and little success with transfer procedures of skills developed.

In addition to experiences with the speech and hearing program, the extern was involved with specially arranged observations throughout the entire Great Falls School District. A list of these observations follows:

1. Observation of the school district administration building and personnel interviews:
2. Observation of the elementary principals' meetings.
3. Observation of the cleft palate team meetings and participation in these sessions.
4. Observation of cleft palate surgery (pharyngeal flap) performed by a plastic and cosmetic surgeon.
5. Observation of school board meetings.
6. Observation and participation in the precision teaching project, including training session with additional observation of precision teaching techniques in the regular classroom, participation and observation of precision
teaching techniques and materials, as used with learning disabled children.

7. Observation of special classrooms for the physically handicapped, emotionally handicapped, learning disabled, and mentally handicapped.

8. Observation and participation in classrooms and activities at the Special Education Center including the preschool classroom for speech and language delayed children, the activity center, and classrooms for the trainable child, ages six to twenty-two.


10. Observation of the classrooms for the multiple handicapped located at the Montana State School for the Deaf and Blind.

11. Observation of the Great Falls Public School Hearing Conservation Program and the audiological evaluation facilities.

12. Observation of other speech, language and hearing clinicians doing therapy using a variety of techniques with different types of communication disorders.

13. Observation of various school Parent-Teaching meetings.

Completion of these observations and experiences resulted in the formulation of several impressions of these special services available to the children in the Great Falls School District. Most interesting and beneficial to the extern was the observation of the administrative personnel and their positions. Included in these were observations of the school board meetings, principals' meetings, and interviews with various supervisors (e.g., coordinator of library services, coordinator of career education). It was interesting to view the operations of these individuals in order to observe how demands and requests of district personnel were implemented.

Observation of the school board meeting was uniquely interesting as were the principals' meetings. The principals seemed to view the value of all programs and proposals according to how they affected their respective schools. It was interesting to observe how strategies were composed and implemented by individual principals. Trustee members of the school board, however, were concerned with the effect of proposals on the public. It was interesting to view the organization of the school board meetings. Little discussion of proposals and programs was conducted at the actual public meeting. All discussions and review of information, and the final decision to pass, reject, or refer a proposal to a different committee for further investigation, seemed to be completed prior to the actual board meeting. However, it was
evident that much thought and consideration was given to all issues and their effect on the community. Representatives were intensively questioned about their proposals, including defining program components and providing a rationale and advantages or disadvantages to a proposal. It appeared beneficial to be aware of how administrators function and to know their existing priorities. This would be especially true when proposing aspects of a speech and hearing program. The coordinator must introduce many proposals for the approval of principals, superintendents, and other administrators. After observing these proceedings, the extern saw the necessity of being prepared when presenting a proposal, being aware of the politics involved, and being an articulate speaker.

Another revealing experience was observation of school Parent-Teacher Association meetings (PTA). From a sample of several school PTA meetings, it was noted that parent participation, other than those serving as officers, was extremely poor. The major percentage of the attendance was school personnel. The exception, however, was at the open house held in the fall at each school, where no meeting was conducted and parents viewed the classroom and talked with teachers. This event, and the kindergarten tea which was hosted in the spring for parents of children entering kindergarten the following year, appeared to be the best opportunity to present information concerning speech and
hearing services to parents.

The experiences of this externship were extremely beneficial in indicating how public relations, whether good or bad, affect the success of a speech and hearing program. When good rapport was established with the principal, he was more interested in the speech and hearing program, he attempted to provide better physical facilities, and he enforced acknowledgment of the speech and hearing program in his school. Equally important, when rapport was established with the classroom teachers, they were more interested and cooperated in establishing therapy goals, scheduling, and assisting with transfer programs. It was found to be important to keep the classroom teacher well informed of therapy procedures and progress throughout the year. Teachers seemed to appreciate the clinician's interest in their observations of a child's behavioral changes in the classroom environment. Most teachers were found to be cooperative when asked to assist in language stimulation activities. Finally, it was found to be important to work as closely as possible with the child's parents. The clinician attempted to inform them of all therapy progress and to meet periodically to discuss problems and their involvement with their child's therapy program. It seemed that the more the clinician tried to involve a parent, the more cooperative the parent was when carryover activities were warranted for therapy success.
In analyzing the programs observed throughout the district, the precision teaching program and other special education services seemed to be most impressive. The precision teaching project as observed at a national demonstration school (Sacajawea Elementary School, Great Falls, Montana) appeared to be an efficient and beneficial technique for instructing children in basic academic skills and to be independent and responsible as well. This form of monitoring and teaching of basic skills seemed to be an excellent motivator for students at the elementary and junior high level. Even though this procedure was time-consuming and additional work for the classroom teacher initially, several teachers indicated it to be a highly useful instructional approach not only for the regular classroom child, but especially for the learning-disabled child. This procedure was also a good source of accountability, indicating the child's growth (rate and amount) over time. This also was found helpful in determining the adequacy of a teaching tool, technique, or total approach. Indication of a need for change in a child's program of instructional approach could also be obtained. Such techniques were found useful in speech and/or language therapy as well. Use of charting procedures could be implemented in articulation, voice, and language therapy. It was, however, important that the clinician carefully pinpoint the behavior to be remediated whether it be correction of a target phoneme, grammatical
error, or syntactical error.

The extern also gained impressions from observation of several special education classroom facilities. These included not only the classrooms and activities for the trainable and educable child located at the Special Education Center, but those located in the regular schools for the educable mentally retarded, physically handicapped, emotionally handicapped, learning disabled, and the gifted and talented child. The primary emphasis within the special education curriculum appeared to be the instruction of self-help skills, socialization skill development, and academic aspects, including speech, language, cognitive, and motor skill development. Carryover between home and school activities was stressed throughout the program at all grade levels, including pre-school. All children recommended to the special education program, regardless of the type of program, were carefully screened by a team of professionals. These included a psychologist, special education classroom teacher, speech, language and hearing clinician, school health nurse, and family counselor. This screening process was required to determine the eligibility and placement for each child. Screening procedures involved a review of health status, records, previous evaluation reports, and parent interviews by the family counselors and school nurse. The overall atmosphere of the special education activity center was "low key" yet extremely programmed for structure and orga-
nization. The schedules were flexible in order to enable the clients to receive special instructions including speech, language and hearing remediation, reading and arithmetic remedial help, and participation in extracurricular activities. It was acknowledged that teachers often became frustrated working with these children, especially since visible progress was extremely slow. There appeared to be much regression of learned material over weekends, vacation, and even from one day to the next. In view of this factor, programs were carefully reviewed and priority behavioral objectives carefully pinpointed for each child. These goals had to be beneficial to skill development, but practical and realistic for the child's capabilities. Activities, therefore, were coordinated among all teachers having contact with each child.

All observations made through the course of the externship were beneficial experiences. They aided in providing insight needed for evaluation of programs and therapeutic techniques to be used in the future.
CHAPTER IV

EXTERNSHIP EVALUATION

The advantages and disadvantages of choosing the externship, non-thesis option will vary from one candidate to another. Justification for choosing that option would therefore depend on that individual's professional needs. For example, a person completing graduate school after working as a public school clinician probably would not choose an externship site in the public schools since there would be little professional growth in that environment. However, this would not totally rule out the non-thesis externship option since a program could be designed in other sites, e.g., a hospital, rehabilitation center, audiological center, etc.

The extern's primary objective for completing a professional externship should be to provide additional practical training in the field of speech pathology and/or audiology. It is important that the individual gain a variety of experiences in order to choose a major area of employment interest within these fields. Therefore, the "ideal" externship program might include having the extern gain experience working in a variety of sites. For example,
spending one quarter in a medical environment (hospital, ENT office, county health center), one quarter in a rehabilitation center or special education center, and finally one quarter in a public school setting would provide a variety of experiences with different situations, program operations, age levels, and types of cases.

The externship site in the Great Falls Speech and Hearing Program involved spending the entire nine-month period in the schools. It was, however, unique in that a variety of experiences were programmed along with the advantage of being a stationary personnel member in the schools. The program was designed to provide a variety of experiences and to develop impressions about several aspects including medical, special services, and administration. With careful planning, a candidate could participate in this type of program in the public schools when some time is appropriately scheduled for a variety of observational opportunities. It is important that the extern have a reduced caseload as compared to other clinicians, in order to schedule these observations and additional experiences. The public school site offered the additional opportunity to follow a child's development in a variety of experiences and situations, and to observe that child's interaction with other professionals. For example, it was a valuable practical experience to be working with a cleft palate child, and offer a professional opinion concerning surgery, observe the actual surgical
procedure, and to then follow that child's post-surgical results as related to speech.

An additional advantage of participating in an externship in the public school setting was to be able to observe administrative functions within a district program and to see how the speech and hearing program fit into the entire realm of special services. Also, it was interesting to observe how the speech and hearing program was viewed by administrators and other professionals in a school district, where it was not the major program. The Great Falls program was an excellent program in which to participate because the organization, coordination and supervision resulted in efficient and effective services. This could be attributed to the program's flexibility and the continuing evaluation systems used for services and programs implemented.

As a result of participating in this externship, there are some suggestions which may be beneficial to future candidates when organizing and planning an externship program, regardless of the chosen site. These are as follows:

1. Critique your professional background to determine which type of externship site would be most beneficial for a practical experience.

2. Review possible externship sites critically in order to determine whether available services would provide a variety of experiences.

3. When the site has been determined, work closely
with the supervisor and program coordinator when designing the extern's task analysis of duties and program design (appendix A). It is important to schedule a specified amount of time for completion of program observations. These might include any types of special programs, regular classrooms, community services, medical facilities and procedures, which are related to the fields of speech pathology and/or audiology.

4. Design reporting techniques and forms which are efficient as well as practical in relation to time allotment and form complexity. Candidates should consider that they are completing not only reporting procedures for the externship but those required of a speech, language and hearing clinician while on the job.

5. It is important to plan effective communication procedures with the committee members, especially when the site is located in a city other than the university. The format of the initial summary report describing activities completed following each quarter will depend on the type and location of the externship site. In the public school setting it was more practical to complete a short report following the completion of fall quarter with a final comprehensive report following completion of the externship. Other reports appeared to be redundant and not practical. It is recommended that plans be made for committee members to make on-site visits when possible, since this appears to be the most efficient way of describing what is occurring on the job.
Most documentation of activities and experiences should be recorded on the time accountability record forms. These forms were felt to be efficient as well as practical. (See appendix I).

6. Finally, it is recommended that the extern experiment with a variety of therapeutic techniques. In this way the individual can adopt favored approaches to speech and language remediation. The extern can experiment with several techniques to determine which are most useful, effective, and efficient for successful intervention and professional growth.

Overall, if an externship has programmed and carefully planned observations and on-the-job experiences appropriate to the needs of the candidate, the non-thesis externship option can and will be a worthwhile and rewarding practical experience.
BIBLIOGRAPHY

Administrative Organization and Job Description. Great Falls Public Schools, Great Falls, Montana, 1975-76.


EXPERIENCE

I. Intern will participate in all aspects of program implementation for speech, and hearing services in the schools. (Dist. Orientation, Staff orientation meetings with principals, teachers and other school personnel).

II. Intern will determine accurately and efficiently those students who exhibit communication problems within assigned school population.

A. Intern implements an identification program utilizing appropriate screening criteria, materials, procedures and record-keeping strategies.

B. Intern records and evaluates identification data.

II. Intern will determine through competent evaluation and diagnostic procedures the nature, etiology and severity of specific handicaps of communication for those students assigned to intern.

A. The intern selects appropriate diag-

EVALUATION

Reports (to be assigned) submitted to supervisor

Supervisor observation and critique of procedures

Intern submits data to supervisor

Supervisor observation and critique of procedures A through E
University of Montana/Great Falls Public Schools

EXPERIENCE

Intern selects appropriate diagnostic information as it relates to communicative disorders.

Intern uses additional professional resources when supplementary diagnostic information is needed.

D. Intern reports diagnostic information to referral source and other appropriate persons.

E. Intern reviews case files and school health records for children referred and previously enrolled.

F. Intern selects cases according to appropriate criteria for assigned schools following September identification and evaluation.

G. Intern devises a time schedule for student therapy for assigned schools following September identification and evaluation.

IV. Intern plans an appropriate therapy program for students with communicative handicaps within the total educational setting.

A. Intern formulates short- and long-term therapeutic goals to meet individual needs.

EVALUATION

Intern submits justification to supervisor for approval

Intern submits schedule to supervisor for approval

Submit performance objectives to supervisor for assigned students.
University of Montana/Great Falls Public Schools

EXPERIENCE

Intern selects and plans appropriate remediation procedures or strategies for modifying.

C. Intern plans and conducts minimum of one teacher conference per case to report diagnostic results and therapy plans.

V. Intern conducts a program which effectively modifies the behavior which characterizes the communication disorder with assigned cases (equivalent of a full-time speech clinician's case load) for a minimum of 24 weeks.

A. Intern establishes and maintains a dynamic clinician-student relationship by utilizing materials and techniques, maintaining productive discipline and guiding students toward awareness of responsibility for therapy goals for assigned students.

B. Intern implements therapy for assigned students with communication handicaps according to therapy plans.

C. Intern records and analyzes student responses related to modifying communication behaviors of those re-

EVALUATION

Submit therapy plans to supervisor for assigned students.

Submit report and/or log of conferences to supervisor.

Supervisor observation and critique

Supervisor observation and critique

Supervisor observation and critique

Submit recording system
EXPERIENCE

D. Intern reinforces gains within the therapy setting, and provides appropriate reinforcement within other environments for students receiving therapy from intern.

E. Intern redefines objectives and modifies therapy strategies as needed for students receiving therapy from intern.

F. Intern coordinates therapy with classroom activities and home environment when appropriate for students receiving therapy from intern.

G. Intern utilizes variety of therapy techniques, programs and materials as suggested by supervisor and staff and intern.

VI. Intern accurately records and reports progress and status of students with communicative handicaps assigned to intern.

A. Intern maintains records of pertinent information relative to progress of students receiving therapy from intern.

EVALUATION

Supervisor observation and critique

Supervisor critique

Submit program plans to be reviewed with teacher (minimum of 5 students).

Submit log and evaluation of new procedures and materials.

Submit therapy log and/or notes to supervisor for evaluation and critique.
University of Montana/Great Falls Public Schools

EXPERIENCE

B. Intern reports therapy progress information to parents by means of conferences.

C. Intern reports therapy progress information to classroom teachers by means of conferences.

D. Intern reports final therapy results to teachers and parents on all students assigned to intern.

E. Intern reports therapy and program progress to building principal on a periodic schedule throughout the year.

II. Intern demonstrates understanding of other aspects of public school program related to Speech and Hearing Services by observing the following:

A. All Speech & Hearing Staff meetings.

B. Minimum of 4 Special Education staff meetings.

C. Minimum of 4 Special Education Department staffing sessions.

D. 1 Cleft Palate Team meeting.

E. Special Education Classroom (4 days).

EVALUATION

Submit report of 5 conferences and/or log on conferences to supervisor.

Submit report and/or log of conferences to supervisor and staff (minimum of 10 students).

Submit final reports of progress to supervisor and staff on all assigned students.

Observation reports on B through C submitted to supervisor.
EXPERIENCE

Pre-school handicapped class (4 days).
Hearing Conservation Program equivalent to 4 days to observe screening, refined testing, counseling and hearing rehabilitation.

II. Intern demonstrates understanding of other aspects of total school program by observing the following:

A. 10 faculty meetings in schools.
B. 4 PTA meetings.
C. 1 principals' meeting.
D. 1 school board meeting.
E. Other related inservice and district meetings.

EVALUATION

Observation on A through E submitted to supervisor.

X. Intern interacts cooperatively to assist associated professionals in providing the most effective program for each child through participation in assigned child study team staffings.

Submit report of (minimum of 5) staffing.

X. Intern maintains a categorical record of time as it relates to all of the above activities.

Submit summary times, summary report to supervisor.
APPENDIX  B

SPEECH PATHOLOGY INTERNSHIP PROGRAM
This Agreement is made by and between the University of Montana, hereinafter termed the UNIVERSITY, and Great Falls Public School District #1, hereinafter termed the DISTRICT, and the student intern, hereinafter referred to as the INTERN.

This Agreement shall take effect on the first day of teacher orientation in August, 1975, and it shall terminate on the last PIR day in June, 1976, with no DISTRICT obligation to hire said INTERN beyond that time.

The DISTRICT hereby agrees to designate from their staff a person possessing the Certificate of Clinical Competence from the American Speech and Hearing Association, to function as a clinical supervisor for the INTERN. The DISTRICT further agree to schedule the equivalent of five hours per week of the supervisor's time for the purpose of supervising the university INTERN. Supervision will include those activities as outlined in the "Revised Clinical Fellowship Year Guidelines" (effective September, 1972).

The DISTRICT supervisor agrees to confer weekly or whenever necessary by telephone, or letter with the UNIVERSITY's assigned advisor to the INTERN.

The DISTRICT further agrees to provide for the support of the INTERN at a rate of two-thirds of the DISTRICT'S...
current salary scale for certified employees according to the INTERN's academic training. Salary amount to be specified on Teacher's Contract. The DISTRICT will not make use of the intern program to supplant an existing service.

The DISTRICT supervisor further agrees to participate as a member of the UNIVERSITY's oral examination committee for the assigned INTERN, within a month of the termination of the internship Agreement period at a location mutually agreed upon by the DISTRICT and the UNIVERSITY.

The INTERN shall function as a professional contributor to the DISTRICT, keeping normal working hours, work schedule, and adhering to current personnel policies expected of regular employees.

The INTERN further agrees to maintain a complete record of all experiences outlined in the attached job description/task analysis for the position of INTERN Speech and Hearing Clinician.

The UNIVERSITY agrees to provide a member of its Communication Sciences and Disorders faculty to confer weekly, or whenever necessary with the DISTRICT supervisor, and to make one on-site visit per quarter.

Coordinator of Speech & Hearing Services
Great Falls Public Schools

Date
Supervisor of Special Education
Great Falls Public Schools

Department of Communication Sciences & Disorders
University of Montana

Date
Student Intern
University of Montana

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APPENDIX C

TEACHER'S CONTRACT
TEACHER'S CONTRACT

THIS AGREEMENT, made and entered into this 3rd day of September, 1975, by and between the Trustees of School District No. 1, Cascade County, Montana, hereinafter designated as the School District, and SUSAN CURRY—Intern in Speech Pathology, hereinafter designated as the Teacher, with specified obligations for internship program as outlined on separate agreement and job description/eval analysis.

WITNESSETH:

(1) That the School District hereby agrees to employ the Teacher to teach, and the teacher agrees to teach and to render related professional services for the school year of 1975-1976. The school year shall consist of 190 days of professional duty to the school district. Actual teaching days shall be not less than 180 days nor more than 185 days, exclusive of legal holidays and days of vacation as determined by the Board of Trustees of the district.

(2) That the School District shall pay to the Teacher the sum of FIVE THOUSAND SEVEN HUNDRED DOLLARS, ($5,733.33), payable in ten equal installments; except upon written request of the Teacher to the Superintendent of Schools of the district, the contract sum may be divided into twelve equal amounts, one of which shall be paid to the Teacher at the end of each calendar month. The last three of the twelve equal amounts will be available to the Teacher at the completion of this contract.

(3) It is agreed that, should this contract be terminated prior to completion, as specified herein, the final salary payment shall be in such amount, when added to the total previously received, as will be equal to that part of the total salary (recorded in this contract) determined by multiplying said total salary by a fraction, the numerator of which is the number of days served and the denominator of which is 190 days. It is further provided that, if the teacher resigns from the position without giving at least two weeks' notice, then it shall be within the discretion of the School District to withhold 5/190th of the annual salary as recorded in this contract, herein named as liquidated damages caused by resignation, unless for the cause of ill health or for other imperative reasons the Board of Trustees of the School District finds such resignation necessary and accepts it to take effect without loss of pay.

(4) That this document shall operate as the notice of election of the Teacher for the school year designated herein, and that, unless the teacher shall accept, sign, and return the document to the office of the Clerk of the District within twenty (20) days from the date hereof, it shall be without legal effect.

(5) That the rights and obligations of the parties to this contract shall be governed by the laws of the State of Montana, and the personnel policies which have been approved and adopted by the Board of Trustees of the District, which are made a part hereof by reference.

IN WITNESS WHEREOF the parties hereto cause this agreement to be duly signed in duplicate originals, each of which shall be entitled to full faith and credit.

*Basic contract, 860, pro-rated for two-thirds of amount.

Susan Curry
Teacher

BOARD OF TRUSTEES
School District No. 1
Cascade County, Montana

(1) Please check one of the following blanks:

[ ] I wish to be paid the $200 advance in September.
[ ] I do not wish to be paid the $200 advance in September.

(2) I wish to have my salary paid to me as indicated below:

[ ] 10-pay plan
[ ] 12-pay plan

Teacher
APPENDIX  D

REFERRAL CARDS
APPENDIX D

Referral Cards

Great Falls Public Schools  SPEECH and HEARING SERVICES
Great Falls, Montana

REFERRAL FOR SPEECH/
LANGUAGE SERVICES

Person making referral: ____________________ School: ____________________
Grade: ____________ Room: ________________ Date of Referral: ________

Student  Description of problem/reason for referral

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Hearing Referral Card

Great Falls Public Schools  SPEECH AND HEARING SERVICES
Great Falls, Montana  Hearing Conservation Program

School ______________________ Date ______________
Name of Student __________________________ Age ______ Grade ______
Name of Parents ___________________________ Phone ____________
Address ___________________________________
Teacher ___________________________________
Person Making Referral ______________________
Reason for Referral _________________________
Date Received ______________________________

Hearing Conservation Program - 4400 Central Avenue, Phone 761-5800, ext 368
Send Card by School Mail to - Paul J. Perry, Audiologist
Easter Seal Center

-OR-
Give this card to Speech Clinician in your building
APPENDIX E

SPECIFIC DIAGNOSTIC/EVALUATION INSTRUMENTS
AVAILABLE FOR USE IN ASSESSING
SPEECH AND LANGUAGE PROBLEMS
APPENDIX E

Specific Diagnostic/Evaluation Instruments Available for Use in Assessing Speech and Language Problems

Arizona Articulation Proficiency Test
Auditory Language Evaluation Check List
Carrow Elicited Language Inventory
Elbert/Shelton Sound Production Tasks
Goldman/Fristoe Test of Articulation
Goldman/Fristoe/Woodcock Test of Auditory Discrimination
Head Start Language Screening Test
Illinois Test of Psycholinguistic Abilities
Los Angeles Developmental Language Profile
McDonald Deep Test of Articulation
Northwestern Syntax Screening Test
Peabody Picture Vocabulary Test
Pupil Behavior Rating Scale
Robbins Speech Sound Discrimination Test
Templin-Darley Test of Articulation
Test for Auditory Comprehension of Language
Utah Test of Language Development
Van Riper Predictive Test of Articulation
Vineland Social Maturity Scale
Vocal Phonics Test
Washington Speech Sound Discrimination Test
Wepman Auditory Discrimination Test
APPENDIX F

PERCENTAGE CHARTS
APPENDIX G

EXAMPLES OF PRESCRIPTIVE PROGRAMS
Great Falls Public Schools
Speech and Hearing Services

RESCRIPTIVE PROGRAM FOR PRONOUN USAGE (he/she)

PROCEDURE 1 Sentence Production with Pictures

Timings: Two 1-minute timings (chart best of two).
Task: Teacher presents stimulus question: What is he/she
baking... etc.
Student response: He/She is baking a cake, etc.
Chart: Correct responses vs. error responses.
Pass Criterion: Three days, 50 responses per day, 0 to 1 error.
Materials: Pictionary or similar single action pictures
Stop watch or timer, six-cycle chart paper.

PROCEDURE 2 Sentence Production with Pictures

Timings: Two 1-minute timings (chart best of two).
Task: Teacher presents stimulus question: Who is baking... etc.
Student response: He/She is baking, etc.
Chart: Correct responses vs. error responses.
Pass Criterion: Three days, 50 responses per day, 0 to 1 error.
Materials: Pictionary or similar single action pictures
Stop watch or timer, six-cycle chart paper.

PROCEDURE 3 Sentence Production—True Life Situations

Timings: Two 1-minute timings (chart best of two)
Task: Teacher presents stimulus question: What is Carol doing...etc.
Student response: He/She is writing...etc.
Chart: Correct responses vs. error responses.
Pass Criterion: Three days, 25 responses per day, 0 to 1 error.
Use a minimum of 3 different situations: Classroom, recess, etc.
Materials: Use of different locations as suggested above. If the
classroom is used, vary the times of day when the children
are performing different tasks.
Stop watch or timer, six-cycle chart paper.

PROCEDURE 4 Abstract Sentence Production from Stimulus Pictures

Timings: Two 1-minute timings (chart best of two)
Task: Teacher presents any of the following stimulus questions:
1. Tell me what the people are doing.
2. What is the lady doing?
3. What is the little boy doing?
Student response: He/She is....... 
Chart: Correct responses vs. error responses.
Pass Criterion: Three days, 35 responses per day, 0 to 1 error.
Materials: Use pictures containing several people performing
different activities.
Suggestions: Situation cards from Peabody Kits, pictures from books.
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*Doug Wing, "A Data Recording Form for Case Management and Accountability," Language Speech and Hearing Services in Schools, VI, 1 (January, 1975), 40.

APPENDIX H
APPENDIX I

WEEKLY TIME RECORD