2023-2024 GRADUATE STUDENT MANUAL

UNIVERSITY OF VERMONT
DEPARTMENT OF COMMUNICATION SCIENCES AND DISORDERS

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CHAIRPERSON'S WELCOME

Dear Communication Sciences and Disorders Graduate Students,

Welcome to the Department of Communication Sciences and Disorders at the University of Vermont. You have chosen a highly dynamic, rigorous, and supportive place to pursue your educational interests.

Our department is part of the College of Nursing and Health Sciences (CNHS) and comprises highly qualified academic and clinical faculty who teach in both the undergraduate and graduate programs. As a member of our department, you will join a committed group of faculty, staff, and students who share a vision of professional learning, excellence in teaching and scholarship, and service and leadership in our profession.

*The Communication Sciences and Disorders Department and the University of Vermont Eleanor M. Luse Center **strive to ensure that members of our community receive fair and equitable treatment in an inclusive and welcoming environment (UVM – AAOE statement)** free from harassment, bias, discrimination, and bullying. Every member of the department – faculty, staff, and students – is responsible for maintaining a safe, respectful, supportive, collaborative atmosphere. If an incident occurs, please contact the chair, program director, clinic director, and/or your advisor. Please refer to the Office of Affirmative Action and Equal Opportunity for links to policies and procedures at the bottom of the main page: https://www.uvm.edu/aaeo.*

Consistent with our vision and mission, our department provides an environment that is conducive to learning and professional growth. Faculty serve as mentors and role models and students cooperate with each other to pursue their education. The curriculum is designed to foster personal and professional development so that our graduates are capable of leadership in your profession. That excellence will be demonstrated by the capacity to 1) use theoretical and research knowledge for evidence-based practice, 2) solve clinical problems that have critical outcomes for yourself and others, 3) provide high-quality care in an ethical context, 4) develop effective professional relationships, and 5) engage in activities leading to improvement in quality of care.

These are vital outcomes for professionals providing health-related services in our society and we trust you will be an active partner in achieving those outcomes.

This manual will spell out the specific student-related policies that provide a foundation for the functions of our department and assist all of us in creating a vital learning community.

Michael S. Cannizzaro, PhD, CCC-SLP
Associate Professor and Chair, Department of Communication Sciences and Disorders

DEPARTMENT OF COMMUNICATION SCIENCES AND DISORDERS OVERVIEW

VISION

Inspiring excellence, growth, and positive change in an accessible educational community.

MISSION

Advancing communication so everyone is heard. Through:
• Increasing opportunities and reducing disparities for our students, clients, faculty, staff, and community
• Creating and disseminating new knowledge through exceptional research and education
• Inspiring future leaders to be agents for positive change

STRATEGIC PLAN – Executive Summary

The core values of the Department of Communication Sciences and Disorders are caring, collaboration, compassion, connectedness, and family. These values shape our day-to-day actions and interactions as well as our mission and goals. Our mission is advancing communication so everyone is heard. Our goals focus on (1) increasing opportunities and reducing disparities for our students, clients, faculty, staff, and community, (2) creating and disseminating new knowledge through exceptional research and education, and (3) inspiring future leaders to be agents for positive change. These goals impact everything we do, including our undergraduate and graduate curricula, the extra-curricular activities that we offer to students, research, clinical services, and outreach to the community.

DEPARTMENT DESCRIPTION

The Department of Communication Sciences and Disorders (CSD) is one of four academic departments in the College of Nursing and Health Sciences (CNHS). The other departments are Biomedical and Health Sciences; Nursing; and Rehabilitation and Movement Science. The CNHS supports the department through the leadership of its academic dean, two associate deans, and assistant dean; its Office of Student Services; and several administrative staff members.

CSD is housed in Pomeroy Hall, a building with state-of-the-art research labs and clinical facilities. The department has both undergraduate and graduate degree programs. The graduate program is the only one in the state of Vermont that prepares students to become speech-language pathologists (SLPs). In support of those students, the department comprises tenure-track faculty, lecturers, clinical faculty, and staff to support both our academic and our clinical endeavors. The undergraduate program in CSD educates students in normal communication processes. Special emphasis is placed on linguistics and the scientific study of speech, language, and hearing. Many introductory courses have a sizeable number of students from other majors, such as English, Education, and Psychology. The department offers a master's degree program that is accredited by the Council on Academic Accreditation (CAA) through the American Speech-Language-

Hearing Association (ASHA) and the Vermont Agency of Education.

The UVM Eleanor M. Luse Center for Communication: Speech, Language, and Hearing, is an integral part of the department and a primary practicum site for first- and second-year graduate students. Additionally, many community partners provide clinical experiences for the graduate students. In the 2022-2023 academic year, the department had 35 residential graduate students and approximately 70 undergraduate majors.

EDUCATION OF STUDENTS

Faculty are responsible for promoting a learning environment that:
- Is collaborative and supportive;
- Promotes expression of a variety of opinions and perspectives;
- Supports inter-professional interactions;
- Facilitates students' capacity to use theoretical and research-based knowledge in their professional practices;
- Enhances students' capacity to solve clinical problems that have critical outcomes for patients and clients;
- Facilitates students' ability to integrate their understanding of legal, ethical, cultural, and policy issues in decision-making;
- encourages flexible, creative, and innovative thinking so that students graduate with the ability to manage the complex systems in which they will practice;
- Provides access to, and teaches assessment and application of, the expanding body of health-related knowledge;
- Enhances students' capacity for sensitive and empathetic communication when interacting with individuals of a variety of backgrounds;
- Encourages faculty to serve as mentors and role models for professional excellence and service;
- Enhances enthusiasm for life-long learning and on-going professional development that is supported by self-assessment;
- Optimizes the use of technology to enhance the learning experiences.

RESEARCH AND SCHOLARSHIP

The department places a high value on scholarship. The department expects and encourages faculty to contribute to the body of knowledge by disseminating work in the basic, applied, and clinical sciences that has value to society. Extra-mural funding provides a strong foundation for research in the department. To this end, the scholarly environment:
- Promotes the application of evidence to teaching and professional practice;
- Provides intellectual stimulation and sharing among colleagues locally, nationally, and internationally;
- Encourages the inclusion of students in the research process in a manner that assists in completion of projects and dissemination of knowledge;

- Provides opportunity and freedom to pursue ideas;
- Recognizes the quality of scholarship as well as the quantity;
- Mentors students in the development of their research careers.

SERVICE

Members of the department are responsible to one another and for the smooth functioning of the department, college, and university. Faculty and staff work together toward a shared vision of the future and the application of best practices to teaching, research, student services, and clinical practice. Members of the department are advocates for their respective professions and serve their professional associations in leadership roles at the community, state, national, and international levels.

PRACTICE

Working with clients and students in the UVM Eleanor M. Luse Center, faculty strive to improve the health of individuals and communities through promotion of best practices in their professions and specialty areas. They serve as role models to professional colleagues and students for their high standards of professional behavior, accountability, integrity, advocacy, and caring.

DEPARTMENTAL GOALS

1. Increase opportunities and reduce disparities for our students, clients, faculty, staff, and community
2. Create and disseminate new knowledge through exceptional research and education
3. Inspire future leaders to be agents for positive change

MASTER'S IN COMMUNICATION SCIENCES AND DISORDERS

The graduate program includes coursework related to the science and art of diagnosis and treatment of communication disorders, including basic, clinical, and applied sciences and basic concepts of patient management, practice management, ethics, and quality in health care. This program combines classroom and clinic learning experiences that allow students to integrate clinical, theoretical, and professional practice concepts.

The curriculum includes five to six clinical education courses that comprise two years of clinical practicum experiences. Students practice in a variety of settings under the supervision of clinical educators who are licensed and clinically certified speech-language pathologists. Clinical placements are primarily assigned in our on-campus center, The UVM Eleanor M. Luse Center for Speech Language and Hearing, and throughout the northeastern United States. Additionally, some off-campus clinical experiences are offered in other parts of the country and Canada. There are some special

responsibilities associated with clinical education. **Students should expect to have to travel to their clinic sites. They are responsible for their own transportation to and from clinical sites and, where relevant, for the costs of housing for clinical experiences.** Students are also required to demonstrate adequate immunization against certain specified diseases and must obtain health clearances, a criminal background check, and CPR certification prior to enrolling in the clinical experience.

Upon successful completion of the program, graduates earn a Master of Science degree in speech-language pathology and are eligible to sit for the national professional examination (PRAXIS-2 SLP) administered through Educational Testing Services (ETS.org).

Accreditation: The Master of Science (M.S.) education program in speech-language pathology (residential) at the University of Vermont is accredited by the Council on Academic Accreditation in Audiology and Speech-Language Pathology of the American Speech-Language-Hearing Association, 2200 Research Boulevard, #310, Rockville, MD 20850, 800-498-2071 or 301-296-5700. The current cycle for accreditation is 2020-2028. See the CAA website for more detailed information: http://www.asha.org/academic/accreditation/CAA_overview.htm.

Professional Licensure: The University of Vermont seeks to offer transparency around comparable national standards for our programs leading to licensure. View licensure requirements by state.

The full curriculum outline can be found on the CSD website: http://www.uvm.edu/~cnhs/csd/?Page=ms.html

GRADUATE OUTCOMES

The following table lists the expected knowledge and skills attained by graduates as outlined by the ASHA Commission on Academic Accreditation (CAA).

Standard 3.1.1B Professional Practice Competencies   The program must provide content and opportunities for students to learn so that each student can demonstrate the following attributes and abilities and demonstrate those attributes and abilities in the manners identified.
Adhere to the professional codes of ethics, the speech-language pathology scope of practice documents, professional fiduciary responsibility for each client/patient/student served, and federal, state, and institutional regulations and policies related to the profession of speech language pathology and its services, including compliance with confidentiality issues related to the Health Insurance Portability and Accountability Act (HIPAA) and the Family Educational Rights and Privacy Act (FERPA).
Differentiate service delivery models based on practice sites (e.g., hospital, school, private practice)
Demonstrate an understanding of the effects of their actions and make appropriate changes as needed.
Access and critically evaluate information sources, apply information to appropriate populations, and integrate evidence in provision of speech-language pathology services.
Explain the health care and education landscapes and how to facilitate access to services in both sectors.
Demonstrate the ability to communicate in a responsive and responsible manner with clients/patients/students, communities, and interprofessional team colleagues and other professionals.
Demonstrate knowledge of one's own role and those of other professions to appropriately assess and address the needs of the individuals and populations served.
Demonstrate knowledge of the roles and importance of interdisciplinary/interprofessional assessment and intervention and be able to interact and coordinate care effectively with other disciplines and community resources.

Demonstrate knowledge of the roles and importance of individual and collective (e.g., local, national organizations) advocacy for clients/patients/students' right to care.
Demonstrate knowledge of the role of clinical teaching and clinical modeling as well as supervision of students and other support personnel
Standard 3.1.6B General Knowledge and Skills Applicable to Professional Practice Students acquire knowledge and skills in working with individuals with communication and swallowing disorders across the lifespan and by demonstration of the following concepts:
ethical conduct;
integration and application of knowledge of the interdependence of speech, language, and hearing;
engagement in contemporary professional issues and advocacy
Engagement in self-assessment over the duration of the program to improve effectiveness in the delivery of clinical services
clinical counseling skills appropriate to the individual, family members, caregivers, and others involved in care
interaction skills and interpersonal qualities, including counseling and collaboration;
ability to work effectively as a member of an interprofessional team.
Professionalism and professional behavior that is reflective of cultural and linguistic differences
Standard 3.4B An effective speech-language pathology program is organized and delivered in such a manner that diversity, equity, and inclusion are reflected in the program and throughout academic and clinical education. (These variables include, but are not limited to, age, disability, ethnicity, gender expression, gender identity, national origin, race, religion, sex, sexual orientation, or veteran status).
Demonstrate ability to identify and acknowledge approaches to addressing culture and language that include cultural humility, cultural responsiveness, and cultural competence in service delivery.

Demonstrate ability to identify and acknowledge the impact of both implicit and explicit bias on clinical service delivery and actively explore individual biases and how they relate to clinical services.
Demonstrate ability to identify and acknowledge the impact of their own set of cultural and linguistic variables that affect clients/patients/students' care.
Demonstrate ability to identify and acknowledge how the impact cultural and linguistic variables of the individual served may have on delivery of effective care.
Demonstrate ability to identify and acknowledge the interaction of cultural and linguistic variables between the caregivers and the individual served.
Demonstrate ability to identify and acknowledge the social determinants of health and environmental factors for the individual served. These variables include, but are not limited to; health and healthcare, education, economic stability, social and community context, neighborhood environment, and how these determinants relate to clinical services.
Demonstrate ability to identify and acknowledge the impact of multiple language and explore approaches to addressing bilingual/multilingual individuals requiring services, including understanding the differences in cultural perspectives of being d/Deaf and acknowledging Deaf cultural identities.
Demonstrate ability to recognize that cultural and linguistic diversity exists among various groups, including among d/Deaf and hard of hearing individuals, and foster the acquisition and use of all languages (verbal and nonverbal), in accordance with individual priorities and needs.
Standard 3.8B: Demonstrate ability to understand and practice the principles of universal precautions to prevent the spread of infectious and contagious diseases.
Standard 4-C: demonstrate knowledge of communication and swallowing disorders and differences, including the appropriate etiologies, characteristics, and anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates in the following areas:
Standard 4-D: demonstrate knowledge of the principles and methods of prevention, assessment, and intervention for persons with communication and swallowing disorders, including consideration of anatomical/ physiological, psychological, developmental, and linguistic and cultural correlates in the following areas:

Speech sound production, to encompass articulation, motor planning and execution, phonology, and accent modification
Fluency and fluency disorders
Voice and resonance, including respiration and phonation
Receptive and expressive language, including phonology, morphology, syntax, semantics, pragmatics (language use and social aspects of communication), prelinguistic communication, paralinguistic communication (e.g., gestures, signs, body language), and literacy in speaking, listening, reading, and writing
Hearing, including the impact on speech and language
Swallowing/feeding, including (a) structure and function of orofacial myology and (b) oral, pharyngeal, laryngeal, pulmonary, esophageal, gastrointestinal, and related functions across the life span
Cognitive aspects of communication, including attention, memory, sequencing, problem solving, and executive functioning
Social aspects of communication, including challenging behavior, ineffective social skills, and lack of communication opportunities
Augmentative and alternative communication modalities
Standard 4-E: The applicant must demonstrate knowledge of standards of ethical conduct.
Standard 4-F: demonstrate knowledge of processes used in research and of the integration of research principles into evidence-based clinical practice.
Standard 4-G: demonstrate knowledge of contemporary professional issues.
Standard 4-H: demonstrate knowledge of entry level and advanced certifications, licensure, and other relevant professional credentials, as well as local, state, and national regulations and policies relevant to professional practice.
Standard 5-A: demonstrate skills in oral and written or other forms of communication sufficient for entry into professional practice.
Standard 5-B: Students must complete a program of study that included experiences sufficient in breadth and depth to achieve the following skills outcomes:

1. Evaluation:
a. Conduct screening and prevention procedures, including prevention activities.
b. Collect case history information and integrate information from clients/patients, family, caregivers, teachers, and relevant others, including other professionals.
c. Select and administer appropriate evaluation procedures, such as behavioral observations, non-standardized and standardized tests, and instrumental procedures.
d. Adapt evaluation procedures to meet the needs of individuals receiving services.
e. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention.
f. Complete administrative and reporting functions necessary to support evaluation.
g. Refer clients/patients for appropriate services.
2. Intervention:
a. Develop setting-appropriate intervention plans with measurable and achievable goals that meet clients'/ patients' needs. Collaborate with clients/patients and relevant others in the planning process.
b. Implement intervention plans that involve clients/ patients and relevant others in the intervention process.
c. Select or develop and use appropriate materials and instrumentation for prevention and intervention.
d. Measure and evaluate clients'/patients' performance and progress.
e. Modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients.
f. Complete administrative and reporting functions necessary to support intervention.
g. Identify and refer clients/patients for services, as appropriate.
3. Interaction and Personal Qualities

a. Communicate effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the individual(s) receiving services, family, caregivers, and relevant others.
b. Manage the care of individuals receiving services to ensure an inter-professional, team-based collaborative practice.
c. Provide counseling regarding communication and swallowing disorders to clients/patients, family, caregivers, and relevant others.
d. Adhere to the ASHA Code of Ethics and behave professionally.

STANDARDS FOR THE TEACHER-LEARNER RELATIONSHIP

The Department of Communication Science and Disorders is committed to maintaining an environment in which faculty, students and staff work together to further education and research to advance the health care of society. The educational environment is designed to educate professionals to practice in an environment where patient/client-centered care is valued. We are committed to creating and maintaining a community that supports and encourages respect for every individual. In this community, individuals are treated fairly and civilly regardless of their race, color, religion, gender, sexual orientation, national or ethnic origin, employment status, educational level, age, learning skills, or physical ability. The environment also supports rational discourse, diverse views, and free inquiry and expression among teachers and students. The department operates using the following premises and guidelines.

- Honesty and integrity must be practiced by both teachers and students during all aspects of the educational process. Teachers must foster a respectful environment that supports open and honest communication as well as constructive criticism. Students must follow suit. Comments or actions that belittle another or demonstrate lack of sensitivity to differences are inappropriate.
- Teachers and students must be familiar with and compliant with the University policies on harassment (of any sort) and equal opportunity in educational programs, which are available on the UVM website.

The university adheres to Vermont State and federal laws that ensure equal opportunity in educational programs and activities and non-harassment. There are numerous relevant policies accessible through the UVM website.

Equal opportunity in educational programs and activities and non-harassment: http://www.uvm.edu/policies/student/equaledu.pdf

Student harassment: http://www.uvm.edu/policies/student/studentharas.pdf Sexual

harassment: http://www.uvm.edu/policies/general_html/sexharass.pdf

Procedures for investigating and resolving discrimination complaints:
http://www.uvm.edu/policies/student/equaledu.pdf

Every course has a syllabus in which course objectives, requirements for purchase of books or other materials, assignments, evaluation procedures, remediation policies, and other important information is contained. Faculty may have policies related to use of laptop computers, cell phones, electronic resources, collaborations, etc.

- Teachers must fulfill the commitments made at the beginning of a course. Syllabi, assignments, grading principles, and class and office hour schedules involve promises that are made to students and must be adhered to under normal circumstances. Learning activities should be tied to the course.
- Students are responsible for regular attendance and participation, for completion of assignments, and for thorough preparation for examinations.
- Teachers and students must foster an atmosphere of mutual respect, demonstrating common courtesy during interpersonal interactions.
- Teachers are expected to respond promptly to students' need for guidance and feedback and provide reasonable amounts of help outside of classroom time.
- Teachers should ensure that their grading practices are as objective as possible by creating and adhering to clear and specific criteria that are shared with students. Teachers are responsible for ensuring that the assessments of a students' performance are valid, open, fair, reasonable in number, and congruent with the course objectives.
- Teachers must maintain a high level of subject matter knowledge and ensure that the content of the educational experience is current, accurate, representative, and appropriate to the students' program of study. Course content should fit reasonably within the time provided for the course to allow appropriate pacing. Teachers must approach each student with a commitment to meeting his or her educational needs.
- Teachers must communicate course objectives to students and select instructional methods or strategies that are effective in helping students to achieve those objectives.
- Students are responsible for remembering and respecting all information, policies, and guidelines provided on each course syllabus, including deadlines and stipulations concerning completion of work individually versus collaboratively. Plagiarism, collusion, and other unethical behaviors will not be tolerated. Further information is provided at the UVM Academic Integrity website: http://www.uvm.edu/sconduct/?Page=ah.html&SM=menu-programs.html
- Student grades, letters of evaluation, attendance records, and private communications are treated as confidential materials in accordance with the requirements of the federal student records law known as FERPA.

TECHNICAL STANDARDS (CORE FUNCTIONS) FOR CSD GRADUATE STUDENTS

BASIC REQUIREMENTS

In order to acquire the knowledge and skills requisite to the practice of speech-language pathology in a broad variety of clinical situations and to render a wide spectrum of patient care, individuals must have skills and attributes in five areas: communication, motor, intellectual-cognitive, sensory-observational, and behavioral- social. These skills enable a student to meet graduate and professional requirements as stipulated in state licensure and national certification guidelines. Many of these skills can be learned and developed during the course of the graduate program through coursework and clinical experience. The starred (*) items, however, are skills that are more inherent and should be present when a student begins the program. This guideline replaces the Essential Functions document created by the Council of Academic Programs in Communication Sciences and Disorders (CAPSD) in 2008.

As outlined by CAPSD (2022), "core functions" refers to clinical functions a student must be able to perform with or without accommodations. If a student cannot perform each function in the manner described below, she or he will not necessarily be precluded from participating in the program, but will need to be able to perform all essential functions with or without reasonable accommodation. The program in which the student is enrolled will work collaboratively with the student to identify and arrange appropriate clinical experiences, with or without reasonable accommodation, as necessary. If reasonable accommodations are required in the clinical setting, the faculty responsible for the clinical course will work with the student and Student Accessibility Services to communicate those needs to the clinical site. The availability of a specific site or clinical experience is at the discretion of the clinical site. The student is not guaranteed that any specific practicum site will be available. The student must adhere to the procedures for medical clearance required of all students participating in clinical education experiences.

ELIGIBILITY REQUIREMENTS & ESSENTIAL FUNCTIONS

Adapted from Council of Academic Programs in Communication Sciences and Disorders (2017,2022).

COMMUNICATION

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

- Employ oral, written, auditory, and non-verbal communication at a level sufficient to meet academic and clinical competencies

- Adapt communication style to effectively interact with colleagues, clients, patients, caregivers, and invested parties of diverse backgrounds in various modes such as in person, over the phone, and in electronic format.

MOTOR

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

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

- Respond in a manner that ensures the safety of clients and others.

INTELLECTUAL/COGNITIVE

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

- Retain, analyze, synthesize, evaluate, and apply auditory, written, and oral information at a level sufficient to meet curricular and clinical competencies

- Employ informed critical thinking and ethical reasoning to formulate a differential diagnosis and create, implement, and adjust evaluation and treatment plans as appropriate for the client/patient's needs

- Engage in ongoing self-reflection and evaluation of one's existing knowledge and skills

- Critically examine and apply evidence-based judgment in keeping with best practices for client/patient care

SENSORY

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

- Access sensory information to differentiate functional and disordered auditory, oral, written, and visual communication

- Access sensory information to correctly differentiate anatomical structures and diagnostic imaging findings

- Access sensory information to correctly differentiate and discriminate text, numbers, tables, and graphs associated with diagnostic instruments and tests

INTERPERSONAL

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

- Display compassion, respect, and concern for others during all academic and clinical interactions

- Adhere to all aspects of relevant professional codes of ethics, privacy, and information management policies

- Take personal responsibility for maintaining physical and mental health at a level that ensures safe, respectful, and successful participation in didactic and clinical activities

CULTURAL RESPONSIVENESS

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

- Engage in ongoing learning about cultures and belief systems different from one's own and the impacts of these on healthcare and educational disparities to foster effective provision of services.

- Demonstrate the application of culturally responsive evidence-based decisions to guide clinical practice

ACCOMMODATIONS

The University of Vermont is committed to a policy of equal educational opportunity and welcomes individuals with diverse backgrounds and abilities. The University therefore prohibits discrimination, including discrimination on the basis of disability. At the same time, all students in the College of Nursing and Health Sciences (CNHS) must be able to perform the essential clinical as well as academic requirements, as the overall curricular objectives are to prepare students to actually practice in their chosen fields.

Services and accommodations for students with disabilities are coordinated by three University offices:
- Student Accessibility Services (SAS) certifies and coordinates services for students with physical disabilities (visual, hearing, mobility, and/or manual dexterity impairments), learning disabilities, and attention deficit disorders;
- Counseling and Psychiatry Services, part of the Center for Health and Wellbeing, certifies and coordinates services for students with psychological conditions; and
- Student Health Services, part of the Center for Health and Wellbeing, certifies and coordinates services for students with ongoing medical conditions.

Services to equalize opportunities in the classroom and other course accommodations are arranged through these offices. Current and comprehensive documentation of disability or condition is required. Students are encouraged to inform the staff of the appropriate certifying office of any desired services or accommodations in advance of each semester. Early disclosure and consultation enable students to have the benefit of expertise from the certifying office and the student's academic program and generally make for more effective accommodations. More about these services and contact information can be found through the UVM website. It is the responsibility of all students seeking disability accommodations to self-identify by contacting the appropriate Certifying Office (SAS, The Center for Health and Wellbeing: Counseling and Psychiatry Services, or The Center for Health and Wellbeing: Student Health Services) and supplying adequate and comprehensive documentation of the disability. Students are strongly encouraged to self-identify as early as possible. Accommodations cannot be made retroactively. It is the responsibility of the staff of the Certifying Office to certify student disabilities and to recommend reasonable and appropriate accommodations in light of the nature of a student's disability and academic program requirements. Once accommodations have been agreed upon by the student and the Certifying Office, the faculty for whom the accommodation is relevant will be notified, in writing. A student's specific disability will not be revealed to faculty unless communicated directly by the student or as necessary to facilitate provision of the accommodation/s. Once the faculty member has been notified of the need for accommodations, she/he may meet and/or communicate in other ways with the student and/or the disability specialists to discuss the recommended accommodations and work in a collaborative manner to determine their feasibility and to identify effective ways of meeting the student's needs.

Any student not requesting accommodation at the time of admission may not be granted accommodation

after beginning the program until the student has contacted the appropriate Certifying Office, that office has certified that a disability exists, and that office has recommended reasonable accommodations, in writing, to the faculty involved. If a student develops a health condition, has a worsening of an existing health condition, or is diagnosed with a disability while a student and requests accommodations, s/he must provide documentation of the condition from a recognized professional capable of identifying such a condition to the appropriate Certifying Office (SAS, The Center for Health and Wellbeing: Counseling and Psychiatry Services, or The Center for Health and Wellbeing: Student Health Services).

For detailed explanation of policies on disabilities, please see the Student Accessibility Services (SAS) website: http://www.uvm.edu/~access/.

STUDENT SERVICES

A wide variety of services for students exist at the University, within the CNHS and in the Department of Communication Sciences and Disorders. Most of these services provide information and support to both undergraduate and graduate students. In addition, the CNHS Office of Student Services provides a variety of types of assistance for students. Please use the web links below for further information and details.

Some Relevant Websites:

Academic calendars	http://www.uvm.edu/~rgweb/?Page=importantdates/i_academiccalendars.html&SM
SAS Office	http://www.uvm.edu/access/
Career Services Office	http://www.uvm.edu/~career/
Center for Health and Wellbeing	http://www.uvm.edu/~chwb
CNHS Student Services	https://www.uvm.edu/cnhs/student_services
Graduate College Homepage	http://www.uvm.edu/~gradcoll/
Graduate Student Senate	http://www.uvm.edu/~gss/
Information on CSD Faculty	http://www.uvm.edu/cnhs/csd/faculty_and_their_research
The Tutoring Center	http://www.uvm.edu/~learnco/
Mosaic Center for Students of Color	https://www.uvm.edu/mcsc/
Office of International Education	http://www.uvm.edu/~oies/
Registrar's Office	http://www.uvm.edu/~rgweb/
CSD Department Website	http://www.uvm.edu/~cnhs/csd/
University Catalog	http://catalogue.uvm.edu/graduate/
University Policies relevant to Students	http://www.uvm.edu/~uvmppg/ppg/?Page=alphalist.php
University Student Support Services	http://www.uvm.edu/sss/

NATIONAL STUDENT SPEECH-LANGUAGE-HEARING ASSOCIATION (NSSLHA)

Graduate students are encouraged to join the National Student Speech-Language Hearing Association (NSSLHA) and the local group of the NSSLHA. For a small fee, members receive ASHA journals, are eligible for scholarships and fellowships, and receive ASHA certification at a reduced rate after graduation.

Through membership in the local chapter of NSSLHA, students have a forum for communicating their needs and wishes to the faculty. Because two years of continuous NSSLHA enrollment are required in order for students to take full advantage of all ASHA benefits upon graduation, students are encouraged to join NSSLHA during their first semester of graduate study.

PROFESSIONALISM

Students are expected to adhere to professional standards in both their appearance and actions in the classroom and clinical settings. Students' professionalism begins when they start the program, not when they graduate. In general, codes for appearance and actions are established and adhered to in order to convey one's dedication to excellence, commitment to meeting obligations, and respect for peers, colleagues, professors, clinical instructors and/or patients and clients. Although the standards for appearance and actions may differ between the academic and clinical settings, students are expected to adhere to the policies set forth within each setting.

First and foremost, **students must adhere** to the Standards for Academic Integrity outlined in University policy (http://www.uvm.edu/~dledford/academicintegrity.pdf) and the ASHA Code of Ethics: http://www.asha.org/Code-of-Ethics/

Faculty also expect students to show respect to peers, professors, clients and their family members, and other UVM community members at all times. Approach professors with courtesy and respect for their position:

1. Set up advance appointments and use office hours to discuss issues with faculty;
2. Attend all required classes and enter on time;
3. Avoid getting up and leaving the room during lectures unless there is an emergency. (We will try not keep you sitting longer than 1 ½ hours at a time.)
4. Turn off cell phones prior to coming to class, clinic, or meetings with professors or peers.

HEALTH REQUIREMENTS

Students in the department's clinical programs must realize there is always an element of risk of exposure to infectious disease. Faculty and clinical staff make every effort to educate all students in appropriate modes of infection control in order to minimize these risks. Students are required to demonstrate immunity to certain diseases and participate in special health safety training workshops such as HIPAA, OSHA, and CPR training. The University is not responsible for medical costs resulting from injury or illness during clinical education experiences, or during any other curricular activity, unless this injury is due to negligence by the University.

STUDENTS' RIGHTS AND RESPONSIBILITIES

As a student member of the University, CNHS, and the CSD Department communities, you have a variety of rights and responsibilities. Students studying in clinical programs may have additional responsibilities associated with their individual programs. Most of the information students need to understand concerning their rights and responsibilities is contained in the University Policies and
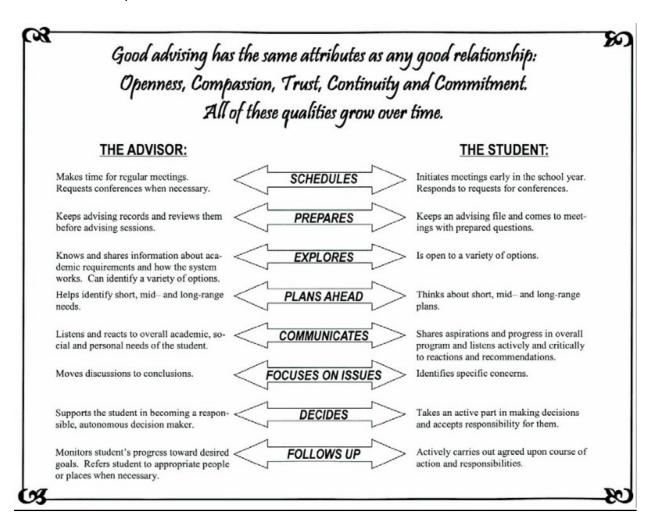
Procedures websites:

The CSD graduate program advisor is also a good resource to help you find and review all policies.

ADVISING

All students in the department have an academic advisor. The advisor is your own personal link to the department, college, and university and can help the student navigate and understand their rights and responsibilities, the requirements of their program and university, and the services available. (Refer to diagram below.) Although the ultimate responsibility for making decisions about educational plans and life goals rests with the individual student, the academic advisor assists by helping to identify and assess alternatives and the consequences of decisions. Advisors assist students in the development of educational plans; clarification of career and life goals; selection of appropriate courses and other educational experiences; interpretation of institutional requirements; evaluation of student progress toward established goals; and referral to and use of institutional and community support services.

Students provide evaluations of their faculty advisors and such evaluations are considered in reviews for reappointment, promotion, and tenure. The CNHS Office of Student Services assumes responsibility for the evaluation process.

Good advising has the same attributes as any good relationship: Openness, Compassion, Trust, Continuity and Commitment. All of these qualities grow over time.

THE ADVISOR:		THE STUDENT:
Makes time for regular meetings. Requests conferences when necessary.	SCHEDULES	Initiates meetings early in the school year. Responds to requests for conferences.
Keeps advising records and reviews them before advising sessions.	PREPARES	Keeps an advising file and comes to meetings with prepared questions.
Knows and shares information about academic requirements and how the system works. Can identify a variety of options.	EXPLORES	Is open to a variety of options.
Helps identify short, mid- and long-range needs.	PLANS AHEAD	Thinks about short, mid- and long-range plans.
Listens and reacts to overall academic, social and personal needs of the student.	COMMUNICATES	Shares aspirations and progress in overall program and listens actively and critically to reactions and recommendations.
Moves discussions to conclusions.	FOCUSES ON ISSUES	Identifies specific concerns.
Supports the student in becoming a responsible, autonomous decision maker.	DECIDES	Takes an active part in making decisions and accepts responsibility for them.
Monitors student's progress toward desired goals. Refers student to appropriate people or places when necessary.	FOLLOWS UP	Actively carries out agreed upon course of action and responsibilities.

ALCOHOL AND DRUG USE

The University of Vermont provides services and programs for all students, faculty, and staff who need assistance confronting drug and/or alcohol abuse. Free and confidential assessments, referrals to on- and off-campus programs, and a variety of support groups are available. A student who needs assistance for a personal problem concerning his/her own use, or use by friends, family or associates, may approach any faculty or staff person at the university to seek help and information. All information will be held in the strictest of confidence. The UVM Alcohol and Drug Policy can be found at the following website: http://www.uvm.edu/~uvmppg/ppg/student/drugandalco.pdf

CONFIDENTIALITY OF CLIENT/PATIENT INFORMATION

The Department of Communication Sciences and Disorders is committed to the maintenance of confidentiality based on ethical, legal, and moral responsibilities to protect the rights of individuals. As a student engaged in academic and clinical education experiences, there are many opportunities to access client /patient information both orally and through written and/or electronic records, on a need-to-know basis. This is termed a *clinical privilege*. Inherent in this privilege is a responsibility to maintain the confidentiality of this information and prevent disclosure of this information to others who do not need to know, nor should know, this information.

HIPAA (The Health Insurance Portability and Accountability Act) represents national legislation enacted in an effort to protect individuals' rights to privacy and confidentiality. CSD students must engage in training in HIPAA regulations.

From time to time, clients/patients may participate in classroom activities. These individuals must be afforded all the rights of confidentiality inherent in HIPAA. Additionally, all patient information used for case studies, case presentations, or other teaching and learning purposes must be devoid of any other information that might allow the individual to be identified.

FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA)

Student grades, letters of evaluation, attendance records, and private communications are treated as confidential materials in accordance with the requirements of the federal student records law known as FERPA. In general, the faculty follow the guidelines listed below:
1. Only those individual student records necessary for the fulfillment of teaching and advising responsibilities are kept by the faculty.
2. Student scores or grades are not displayed publicly.
3. Papers, graded exams, books, or lab reports containing student names and grades are not placed in publicly accessible places.
4. Student educational record information, including grades or grade point averages, are not shared with other faculty or staff members of the University unless their official responsibilities identify their "legitimate educational interest" in that information for that student.
5. Information from student educational records, including grades or grade point averages, are not shared with parents or others outside the institution, including in letters of recommendation,

without written permission from the student.

The University of Vermont FERPA Rights Disclosure can be found at:
http://www.uvm.edu/~uvmppg/ppg/student/ferpa.pdf

STUDENT CONCERNS

Students with a grievance about a course grade should follow the instructions outlined in the UVM Grade Appeals Policy found at: http://www.uvm.edu/~uvmppg/ppg/student/gradeappeals.pdf

Students with a concern or grievance regarding any aspect of the program may refer to the CNHS Student Concern Policy on the Handbooks, Forms and Policies page of the CNHS website: http://www.uvm.edu/cnhs/handbooks_forms_and_policies. Several avenues of communication about concerns are available, as described below.

Students and student representatives are encouraged to provide programmatic feedback on a regular basis by attending meetings scheduled for that purpose. These are intended to bring up issues that are of ongoing concern or to provide constructive feedback on program improvement for the graduate program. Students in this program have the benefit of being educated in a department in which the faculty and staff care deeply about them and their progress. As such, the faculty and staff are all eager to help maximize the student's learning while helping them to maintain a healthy mental, emotional, and physical lifestyle despite the inevitable stresses of a graduate program. One of our goals is to be good listeners, to hear student concerns as well as their insights, and to celebrate their successes. However, it may not always be clear to students what the avenues of communication are or which of them to use under specific circumstances. Below are some details on avenues of communication students may take:

1. If the student has a problem relating to interactions with a particular person, the obvious first course is to address the issue directly with that person – the sooner the better. We are happy to discuss policies and decisions that we make in our multiple roles as teachers, preceptors, administrators, and support staff with the student. We may not be aware of the ways in which certain policies, procedures, strategies, or even subconscious habits may affect our individual students. We appreciate the student assisting us in our own lifelong learning processes. Discussions of this sort are most likely to go well if they occur at a time and place where both people involved can devote their full attention to the discussion.

2. If the student would like to discuss progress through the program, including personal events or conditions that might affect progress, they are encouraged to contact and set up a meeting with the CSD Graduate Program Coordinator/Advisor. The Graduate Advisor can serve as the liaison, passing on questions or information to other academic and clinical faculty about any special considerations or modifications that might need to be made in a particular case. Again, the most productive discussions will occur at times and places that are selected by both people for this purpose, rather than "on the fly".

3. If the student has a problem or suggestion that relates to the program in a more general sense (e.g., an issue that affects multiple or all graduate students), the departmental graduate student representative(s) should be contacted first.

4. For first year students, the second-year students will often be a very useful source of general information about "how things work around here" as well as of strategies for maintaining the delicate work-life balance that will get the student through. However, if the above approaches are not successful or special circumstances make the student feel that they are inappropriate, the student is welcome to request an appointment with the department chair or graduate advisor, at any time.

Serious concerns or complaints about perceived systemic problems in the department affecting students' ability to obtain a satisfactory education may be brought to the attention of the relevant accrediting body:

American Speech-Language-Hearing Association's Council of Academic Accreditation (CAA): 1-800-498-2071 or 301-897-5700 or by email at accreditation@asha.org. Concerns or complaints on this level should relate to the Standards for Accreditation of Entry-Level Graduate Education Programs in Audiology and Speech Language Pathology and include verification, if the complaint is from a student or faculty/instructional staff member, that the complainant exhausted all pertinent institutional grievance and review mechanisms before submitting a complaint to the CAA. Please see the complete CAA policy statements regarding these actions at: http://caa.asha.org/wp-content/uploads/Accreditation-Handbook.pdf .

PROGRAM EVALUATION PROCESSES

COURSE EVALUATIONS

Students are expected to complete the course evaluations as a demonstration of professional responsibility. This process is handled centrally, at the university level through Blue Survey. All students registered for courses will be prompted to complete course evaluations towards the end of every semester. See the following resource page for more information. https://www.uvm.edu/it/kb/article/blue-completing-course-evals-student/

EVALUATION OF CLINICAL FACULTY

At the end of the semester the student clinician is asked to complete the Clinical Teaching Evaluation for each clinical faculty/instructor with whom they have worked at the UVM Eleanor M. Luse Center or off-campus. This feedback is used to improve the clinical practicum experience and to help clinical faculty continue to develop supervisory skills.

EVALUATION OF ADVISOR

At the end of each semester all students are invited by the Office of Student Services to complete the Advising Survey for their advisor, who will typically be the Graduate Program Coordinator. This feedback is used to improve the advising experience and to help the GPC to develop advising skills.

EXIT FEEDBACK

At the end of the program, the department chairperson or designee convenes focus groups to solicit

feedback from students who are nearing graduation. Feedback about the program in general is sought in the spirit of continuous quality improvement. The feedback is summarized by themes and discussed by faculty after all grades are submitted. The feedback is attributed to the group of students and no individual names are attached to statements.

ACADEMIC POLICIES

There are many policies relevant to graduate students that can be found on the Graduate College Policy website: http://catalogue.uvm.edu/graduate/academicenrollment/

ACADEMIC STANDARDS

Each course syllabus indicates the prerequisites for enrollment in the course. Students must pass any prerequisite courses in order to gain entrance to a course. In order to enroll in clinical education courses, students must be in good academic standing and have passed all prerequisite courses.

All courses except for thesis credits must be taken for a letter grade. Thesis credits are graded on a satisfactory/not satisfactory basis. Under special circumstances other grades may be given. The University outlines these grade options and their definitions in the Graduate College:
http://catalogue.uvm.edu/graduate/academicenrollment/gradingpolicies/

COURSE GRADING SCALE

A+	97 – 100	B+	87 – 89	C+	77-79
A	93 – 96	B	83 – 86	C	73-76
A-	90 – 92	B-	82 – 80	C-	70-72
D	less than 70				

Clinical education courses may have additional expectations for performance. The policies related to clinical education can be found in the clinical manual.

NON-THESIS VS. THESIS OPTIONS

	Non-Thesis Option		Thesis Option
	Systematic Review	**Research Project**	
Requirements	For this default option, students will complete all required credit hours for the degree. They must take **CSD 3380 Research Methods 2** (for 1 credit, fall semester) and **CSD 6385 Non-thesis Research** (for 2 credits, spring semester)	Students selected for this option will complete all the required credit hours required for the degree. They must register for 3 credits of **CSD 6385 Non-thesis Research (1 credit Fall/2 credits Spring)**	Students selected for this option will complete all required credit hours of graduate level courses, including six credits **(CSD 6391)** for conducting research leading to an M.S. thesis.
Purpose of the project	Demonstration of highly developed problem-solving, critical-thinking, and communication skills associated with a small group systematic literature review	Demonstration of highly developed problem-solving, critical-thinking, and communication skills associated with a research study	Demonstration of highly developed problem-solving, critical-thinking, and communication skills associated with a research study
Faculty Support	Course instructor for CSD 6380/6385. Option to informally consult with other faculty members who have expertise in chosen topic area	1 Faculty advisor who must be a tenure-track faculty member in CSD or a CSD faculty member who has a doctoral degree	2 Faculty: 1 Thesis advisor who must be a member of the CSD tenure-track faculty and 1 Faculty member from a different department (Committee Chair). The Committee Chair is nominated by the student's Thesis Advisor and approved by the Graduate College Dean; two members of the Committee must be members of the Graduate Faculty
Number and content of presentations	Poster Presentation	Poster or Oral Presentation	Thesis Proposal Hearing and Defense
Nature of written documentation	Final paper and poster presentation containing prescribed elements. (Examples of scientific posters in CSD are available at the ASHA website, at the Ziegler Research Forum and throughout the department.)	Oral presentation or poster (Examples of scientific posters in CSD are available at the ASHA website, at the Zeigler Research Forum, and throughout the department.)	Thesis: Please see UVM's Graduate College Guidelines regarding timelines, formatting, and expectations. (Also see examples of previous theses available in Pomeroy 300)

Formatting of written products	APA format of references	APA format of references	The thesis must coincide with "Guidelines for Writing a Thesis or dissertation" available from Grad. College; 2 forms are allowed: Traditional thesis and journal article manuscript formats.
Evaluation	As determined by the instructor	Pass, Fail, Pass with Qualification	Satisfactory/ Unsatisfactory
Deadlines	As determined by the course instructor for CSD 6380/6385. In general, students learn about systematic reviews during the fall semester (6380) and then work within small groups during the spring semester (6385).	Presentation format and arena to be determined in advance by consultation with faculty advisor.	Format check by Grad. College required 3 weeks before defense; manuscript due to committee members 2 weeks before defense. (Missed deadline will result in postponement of the Defense to the following semester). *Final hearings must be completed by the mid-March deadline set annually by the Graduate College.*

PORTFOLIO EXPECTATI ONS

Individual portfolios are used by students to share evidence of their growth in skills and knowledge over the course of their training. This evidence includes a set of four reflective essays: an introductory essay written during orientation at the beginning of a student's participation in the M.S. program, then one essay written in each of three semesters in which both academic and clinical work are undertaken. Each essay should discuss goals developed based on the student's reflections. Evidence also consists of artifacts selected by the student to reflect growth in specific areas of academic and clinical knowledge and skills required by the American Speech-Language-Hearing Association and the Vermont Department of Education.

Other aspects of growth to be demonstrated include increasing rigor in critical thinking and methods of inquiry for research and its application. The portfolio is used by this department as an alternative form of Comprehensive Examination; thus, it is meant to provide a rich demonstration of the students' achievements in their course of study. More detailed information about the portfolio can be found in Appendix B. Portfolio instructions are also posted on the CHNS website and in student's Teams folders.

RECORDING/VERIFYING CLINICAL HOURS

Students are responsible for recording all clinical hours throughout their degree program. All hours must be obtained in accordance with the guidelines set forth by the American Speech- Language Hearing Association (ASHA) under appropriate supervision from a Speech-Language Pathologist who holds the Certificate of Clinical Competence from ASHA. Hours are reviewed and verified each semester by the clinic director.

CLINICAL/ACADEMIC REVIEW

The purpose of the Clinical/Academic Review (CAR) meeting is to provide a forum for discussion of faculty concerns regarding the academic and/or clinical performance of a particular student as well as non-academic issues that may be relevant to a student's progress in the program. Any faculty member with relevant concerns may request a CAR meeting about any student. Following a period of open discussion, the graduate advisor (or designated faculty member) summarizes the issues presented, and suggests an appropriate plan of action (e.g., follow-up meetings of the graduate advisor and other faculty with the student to set remediation goals). A written summary of the recommendations, action plan, and appropriate follow-up are documented in the student's file. The student's advisor is responsible for monitoring compliance with the CAR meeting recommendations.

All graduate students' clinic and academic progress will be discussed at least once per semester even if a CAR is not requested.

LOW SCHOLARSHIP

Students are encouraged to seek help from instructors early in a term when it appears that their performance in a course may not be satisfactory. If health or family issues are the cause of the poor performance, students are encouraged to be proactive and to work with their faculty and academic advisor to plan for delaying assignments, making up work, or receiving incomplete grades.

Academic: Students whose academic progress is deemed unsatisfactory at any time may be dismissed from the Graduate College by the dean upon consultation with the student's department or program. In addition, students may be dismissed if they receive two grades or more below a B (3.00), or they receive a U (Unsatisfactory) or UP (Unsatisfactory Progress) in Thesis or Dissertation Research. Students will be dismissed from the graduate program if they fail the comprehensive examination (portfolio) on both the first and second attempt or if they fail a thesis or dissertation defense on both the first and second attempt.

Professional: Students whose professional integrity is deemed unsatisfactory at any time may be dismissed from the Graduate College by the dean upon consultation with the student's department or program. Breaches of professional integrity include, but are not limited to, violations described in the Misconduct in Research and Other Scholarly Activities policy, violation of the Code of Academic Integrity, and actions that violate the standards of professional practice in the discipline of study or in duties associated with an assistantship.

PRACTICUM EVALUATIONS AND GRADING POLICY

At mid-term and at the end of each semester in clinical practicum, the clinical faculty/instructors and the student clinician complete a Clinical Evaluation Form (See CALIPSO site). The student will also be asked to complete a self-evaluation to bring to the evaluation. This process is a time for the student to engage in self-reflection on their learning process and the goals they have for future learning. Supervisors will ask for additional self-reflections and personal goal setting throughout the semester. In addition, it is an opportunity for the clinical faculty to help the student identify areas of growth and areas where continued focus on learning is expected. The evaluation form is discussed with the supervisor during a scheduled conference and mid-term goals are identified to promote professional and clinical growth. Student Performance Evaluations on Diagnostic Evaluations will be done within ten days of the completion of the diagnostic report.

Clinic grades are based on performance during the semester and are typically computed by averaging all evaluations for the student both on- campus and off-campus if applicable. Clinic grades also include attendance at either on- or off-campus placements, communication with faculty, families, and peers, and completing all aspects of practicum, including required paperwork. The student's clinic grade is also impacted by professional behaviors, as listed on the Core Functions Document (Council of Academic Programs in Communication Sciences and Disorders, 2023).

If a student receives a combination of three scores below 3.0 OR any one score at or below 1.0 from items marked with an asterisk (in the Evaluation; Intervention; Professional Practice, Interaction and Personal Qualities; or Clinical Excellence in Writing sections on the CALIPSO evaluation), OR two or more "Not Met" scores on the Professionalism section, this will automatically result in a failing grade for that practicum experience.

1. If a failing grade occurs, a committee consisting of the Clinic Director, the Chair and the Grad Program Coordinator will meet to decide if the failing grade will get averaged in with the other clinic grades for that semester or will stand on its own as the sole clinic grade for that semester. They will also determine which portion of the student's clock hours accrued, **if any**, will be counted from that practicum.
2. Students who fail to meet the Core Functions could automatically receive a non- passing grade. Students who engage in conduct that does not uphold the ASHA Code of Ethics and/or university academic integrity and federal privacy policies could be automatically dismissed from the program. Please refer to the graduate college policy listed below:
3. If a failing grade occurs in a clinic class, or if a clinic class is not taken, those courses must be repeated before graduation.

Students who fail to meet Core Functions could automatically receive a non-passing grade. Students who engage in conduct that does not uphold the ASHA Code of Ethics and/or university academic integrity and federal privacy policies could be automatically dismissed from the program. Please refer to the graduate college policy.

REVIEW OF STUDENTS' CLINICAL PERFORMANCE/CLINICAL PROBATION PROCESS

1. A student's clinical performance is evaluated formally in a written evaluation by each clinical faculty/instructor at mid-semester and again at the end of the semester for each fall and spring term the student is involved in clinical practicum. A conference is scheduled between the student and the clinical faculty to discuss the written evaluation. During summer sessions, the student and clinical faculty will develop clinician goals to focus feedback throughout the summer practicum; however, mid-term meetings are not required. The student is encouraged to discuss any concerns about clinic policies and/or supervision with the clinical faculty and or the Clinic Director at any time.

2. Midway through the fall and spring semesters, a joint meeting of all faculty is held to review the students' academic and clinical performance.

3. When an on-campus or off-campus clinical faculty/instructor develops concerns about a student's decisions and/or behavior with respect to appropriate conduct at any time during a semester, and/or the student demonstrates insufficient progress (two or more grades below a B or repeated demonstration of challenges in specific clinical areas) in meeting clinical competencies at the mid-term evaluation for either on- campus or off-campus practicum and/or the student repeatedly presents with challenges meeting goals, the student will be considered to be on Clinical Probation. Under these circumstances, a Planning Team will be convened. This team will include the student (and advocate if desired) and 1-3 of the following faculty: the clinical instructor (or off-campus coordinator), Clinic Director, academic advisor, department Chair. The purpose is to identify the problems and develop a remediation plan with specific goals and a timeline. The remediation plan will include reviewing the circumstances of concern, identification of the challenges, and development of behavioral goals and action plans to support the student's professional and clinical growth in the area(s) of concern. Target dates for accomplishing the goals will be established and regular meetings of the Planning Team will be outlined to review progress and revisit goals and target dates. A written Action Plan will be completed at the close of each Planning Team meeting and a copy distributed to all parties.

   The student who does not demonstrate improved skills in the specified time period may be removed from the practicum placements and clock hours accrued may not be counted or may only be partially counted. These decisions will be made jointly by the clinical instructor/faculty and the off-campus coordinator (when relevant) along with the Academic advisor, Clinic Director, and Chair. On occasion, an off-campus supervisor may insist that a student's placement be discontinued without an opportunity for a remediation plan.

4. The student who completes a semester with an unsatisfactory rating for progress in meeting

clinical competencies (has not met goals in a previously-developed remediation plan or has a mean semester clinical grade of B- or below) is not eligible for an off-campus placement in the subsequent semester. Instead, the student would remain in an on-campus practicum. This process is designed to provide the student with intensive clinical instruction to support progress towards clinical performance goals. This policy is designed to assist the student in developing professional competency and to protect clients and affiliations with off-campus practicum sites.

If the student is in the last semester of the graduate program and ends the semester with an unsatisfactory grade (B- or below) in practicum, (s)he may find it necessary to extend his/her graduate program to meet all the clinical requirements (competencies and/or clock hours).

At the end of each semester the student clinician must complete a Clinical Teaching Evaluation for each clinical faculty/instructor with whom they have worked. This feedback is used to improve the clinical practicum experience and to help clinical faculty continue to develop supervisory skills.

APPEALING DISMISSAL

Please refer to the Appeal procedures in the CNHS Low Scholarship Policy on page 10 of the CNHS Student Handbook: http//www.uvm.edu/sites/default/files/College-of-Nursing-and-Health-Sciences/2022-2023_CNHS_Undergraduate_Handbook.pdf

WITHDRAWAL, LEAVE OF ABSENCE AND FALLING OUT-OF-SEQUENCE

Students who may be out of sequence in their course of study, or are considering withdrawal or leave of absence from the University, should discuss and develop plans with their advisor and review Graduate College Policies on their website.

WITHDRAWAL

Students who wish to withdraw from the University must notify their chair in writing. Students who have left the University for one semester or more must write to their chair to request readmission. Graduate students must also notify the Graduate Dean's Office in writing. Students who, prior to completing enrollment for all credit requirements, do not enroll for one or more credits for a period of one calendar year and are not on an approved leave of absence are deactivated from the college.

Reactivation into a program requires the approval of the program and the Graduate College. Students are reactivated to their program only as space is available. The reactivation process and procedures are outlined on the Graduate College website.

LEAVE OF ABSENCE

Officially registered and matriculated students may apply for a leave of absence if they are in good academic standing according to the policies on student standards in the department and CNHS. Students are encouraged to seek a leave rather than withdraw to keep options open for returning. Leaves are for professional, academic, or personal circumstances, and are subject to approval by the department chair and, in the case of graduate students, the Graduate College Dean. A leave of absence may be awarded for a period of up to one year. The leave suspends the time limit for master's students

for the duration of the leave. It does not suspend the time limit for the completion of individual courses. The time limit for Master's degree completion is 5 years.

Students who successfully petition for a leave of absence are expected to understand the relationship between their leave and program of study. Therefore, a petition for a leave is sought only by students who, after consultation with their academic advisor, have carefully planned a sequence of courses, understand when particular courses are normally offered, and know the date by which degree requirements must be completed. Students who take a leave of absence without a plan are not guaranteed a position in a class upon their return. When students plan to return from leave or to repeat required classes, they must notify the department chair in writing one month prior to the scheduled date of return. Students who do not enroll at the end of a leave of absence period will be considered withdrawn.

OUT-OF-SEQUENCE

Students who fall out of sequence with their original class cohort due to academic difficulty may return to repeat classes needed for progression in their program. As curricula change, returning students may need to take courses that were not required when the leave of absence was granted or when they were required to step out of sequence to repeat courses.

COURSE TRANSFER CREDITS, WAIVERS, AND SUBSTITUTIONS

MINIMUM REQUIREMENTS

All students are required to complete mandatory coursework in pursuit of the M.S. in Communication Sciences and Disorders. This coursework includes content areas met by the following CSD courses:
- CSD 3720 - Hearing Rehabilitation
- CSD 6430 - Augmentative Communication
- CSD 6200 - Clinical Preparation and Management
- CSD 6290- School Based Issues for SLPs
- CSD 6210 - 6250 Clinical Study
- CSD 6330 - Stuttering Assessment & Treatment
- CSD 6300 - Speech Sound Disorders
- CSD 6310 - Language Disorders
- CSD 6320 - Seminar in Language/Learning Disabilities
- CSD 6340 - Swallowing Disorders
- CSD 6460 - Voice Disorders
- CSD 6350 – Neurogenic Communication Disorders I – Aphasia & Motor Speech Disorders
- CSD 6450 - Neurogenic Communication Disorders II – Cognitive Communication Impairments (e.g., TBI, RHD, Dementia)
- NH 6990 - Fundamentals of Critical Inquiry: Evidence -Based Practice
- CSD 6380 - Research Methods in Communication Sciences and Disorders I
- CSD 6380 & CSD 6385 - Systematic Reviews in Communication Sciences and Disorders

(In some cases, a thesis (CSD 6391) or a research project (CSD 6385) may be substituted for CSD 6380)

Comparable courses taken at the UG level through Continuing Education or at another institution **may** not need to be repeated and **may** make room for elective courses **with faculty permission**. Students are required to take one to three credits of Clinical Study, CSD 321-326, for each semester they are active in the program. See the course schedules for the total number of credits required for the non-thesis track versus thesis track.

Please refer to the course sequence outlined in Appendix C.

COURSE TRANSFER CREDITS

Formal academic courses completed at another accredited institution may be considered for course transfer credit. If approved, only the credits are transferred onto the transcript, not the grade. Students are allowed to transfer a maximum of 9 total credits with approval of the CSD Department. Thesis or dissertation credits may not be transferred. Undergraduate courses are not accepted as transfer credits into the graduate program. In order to be considered for transfer credit, courses should meet all of the following:

- Approval by UVM CSD course instructor (*Complete form on last page of this document and submit to instructor with course syllabus attached.*)
  - Grade of B or better
  - Completed within 3 years of the time of transfer into the program

COURSE WAIVERS

Course waivers may be granted to students who have completed previous coursework and/or research comparable to certain required courses in the graduate program of study.   In such cases, a student may petition the CSD Department in advance and submit evidence of prior, comparable knowledge in order to waive the relevant course requirement(s). (*Complete form on last page of this document and submit to instructor with course syllabus attached.*)

If the course waiver is approved, the student need not take the relevant course(s). The waived course will not appear on the transcript.

STUDENT AWARDS

NAME	MECHANISM	CATEGORY	PURPOSE	NOTES
CNHS				
Student Diversity Award (CNHS)	Nominated by faculty in February	CNHS Undergraduate or graduate student	Recognizes an undergraduate or graduate ALANA student who has made a major contribution(s) to create an environment of social justice, inclusion and equity at the department and/or college and/or university and/or community levels	Awarded at Spring Awards Ceremony
Dean's Award (CNHS)	Nominated by faculty in February	Graduating graduate and undergraduate students	Recognizes a graduating CNHS graduate and undergraduate student who, in the opinion of their faculty, has demonstrated exemplary professional growth and contributions during their tenure at UVM.	Awarded at Spring Awards Ceremony
Department				
Eleanor M. Luse Award	Elected by faculty	Outstanding clinical, academic, and professional performance	Award for outstanding achievement	Awarded at Spring Awards Ceremony

SAFETY/EMERGENCIES

Students are responsible for following faculty instructions. If there is an accident or illness, students should report immediately to faculty who will assist them in completing an incident report. If students believe a hazard exists, they should report the hazard to their instructor. If the instructor takes no action to correct the situation, students should notify Risk Management directly (x63242 or risk.management@uvm.edu).

CAMPUS SAFETY

The University uses the **911** phone number for campus emergencies. Dialing 911 from an on-campus phone will connect you to a UVM Police dispatcher. The UVM Police dispatcher can contact the necessary emergency personnel for the particular situation. If using an off-campus phone or a cell phone, dial UVM Police Services at 656-3473. (From an off-campus phone or a cell phone, dialing 911 will contact the regional 911 emergency service.)

In the event of a **life-threatening emergency:**
1. Activate the emergency medical system by dialing **911**
2. Provide first aid or cardiopulmonary resuscitation (CPR) immediately if appropriate, and if qualified;
3. As soon as feasible, contact the department chairperson.

4. Within 72 hours of <u>any</u> incident, complete and submit an incident report form (available in Pomeroy Room 305).

In the event of a **fire:**

1. Pull the fire alarm.
2. If it is safe to do so, close any door that could contain the fire.
3. Exit the building.
4. Find the nearest campus phone in a safe location and call 911. Give the UVM emergency dispatcher the exact location, nature of the fire, and your name.
5. If the post-stroke communication group is in session, please see the fire procedures that are posted in the classroom where the group meets. These procedures differ from the customary procedure for the building occupants.

APPENDIX A: COURSE CREDIT TRANSFER, WAIVER OR SUBSTITION FORM

Due first day of classes for semester. Please attach **official transcript** and **course syllabus/ description** or supporting documents.

Student Name_____ID#_____Date _____

Local Address _____

E-Mail Address_____Local Phone _____

CSD Advisor _____

UVM Course # and Title_____to be:

           _____waived

           _____substituted

           _____transferred

Title of equivalent course_____

Institution_____

Year of Completion_____

Please submit a brief explanation of your request with justification that includes a comparison of the course content of the required course and your suggested course (e.g., from course description or syllabus) or work experience. (Please use reverse side if necessary.)

_____

_____

_____

_____

_____

_____   _____

Student Signature   Date

Program Decision (To be granted/communicated by end of first week of classes)

___APPROVE ___DENY ___NEED MORE INFORMATION: _____

O TRANSFER   O WAIVER   O SUBSTITUTION

Reviewer_____ Date _____

Comments:

University of Vermont

Department of Communication Sciences and Disorders

Graduate Student Portfolios – Comprehensive Exam

The Intended Function of Portfolios

By creating individualized portfolios, students share evidence of growth and the integration of clinical skills and academic knowledge over the course of their graduate training. This evidence includes essays, written each semester, that demonstrate reflection and progress in their coursework and clinical experiences. Documentation of evidence is offered in the form of artifacts (i.e., exemplary works created during the MS program) selected by the student to reflect development in specific areas of academic and clinical knowledge and skills required by the American Speech-Language-Hearing Association and the Vermont Agency of Education. Students carefully select artifacts that represent a breadth and depth of experiences and cover both clinical and academic competence (research papers, class assignments, thesis or non-thesis documents, clinic reports and materials, treatment plans, discharge summaries, etc.). Additional aspects of growth include increasing academic rigor, professionalism, critical thinking, and methods of inquiry for research and its application. UVM's Department of Communication Sciences and Disorders uses the Portfolio as a form of Comprehensive Examination. Thus, it is meant to provide a rich demonstration of the students' achievements across their graduate program.

- *Note: Portfolios are created and organized using Microsoft Teams (licensed through UVM). Each student will be invited to a team by the Graduate Program Coordinator. Teams consist of the Student, the Graduate Program Coordinator, the student's matched mentor(s)/reviewer(s), and the CSD Graduate Program Administrative Assistant.*

Portfolio Structure, Submission, and Evaluation

Portfolio development is meant to be an ongoing process with regularly scheduled faculty feedback and grading. This culminates in a final review of the comprehensive student work demonstrating acquired "knowledge and skills in sufficient breadth and depth to function as an efficient, well-educated, and competent clinical speech-language pathologist" (CAA p.18 3.1B). Faculty members evaluate each portfolio carefully with the intent of providing formative feedback at the end of each semester and summative review after the final submission (see schedule of submissions and review below).

Writing:

- All written Semester Essays and Case Studies should be typed, double-spaced, 12pt font, with 1" margins. Artifacts can be left in the original formatting of the assignment.
  - Semesters and essays are labeled as follows: Fall of the 1st Year, Spring of the 1st Year, Summer of the 1st Year, Fall of the 2nd Year, Final Essay (Spring of the 2nd Year).

Artifacts:

- Each semester, a minimum of 4 artifacts should be chosen to address ASHA and VT AOE standards (See *MS in CSD Table of Portfolio Standards - ASHA & VT AOE 2020*).
  - Each semester submission must include <u>at least 1 academic artifact and 1 clinical artifact</u>. Please include at least 1 reflection about Diversity, Equity, and Inclusion (DEI) and/or interprofessional activities (IPE/IPP), respectively each semester.
  - Students are required to provide a minimum of one artifact for each of the ASHA & VT Standards (see CSD Table of Portfolio Standards). In total, 15-20 artifacts will be necessary to complete the entire portfolio project.
  - *Note for the summer semester:*
    - Artifacts may be clinical only if no CSD Graduate coursework was taken.
    - Case studies will serve as a type of artifact for the summer semester and are expected as part of the summer contribution (see details below).
    - In many summer placements, typical artifacts are not possible due to confidentiality guidelines. However, artifacts can be included from the summer in addition to the case studies as permitted by the placement.
- To the greatest extent possible, <u>artifacts submitted should be a version that includes the grade and supervisor/faculty comments.</u> If this is not possible, please include your grade on the assignment and the name of the faculty/supervisor in your essay description.
- If an artifact was completed as part of <u>a group or team project,</u> <u>you must detail your role in creating the artifact. Be specific!</u>
- Artifact document files should be de-identified according to HIPAA standards
- Artifact document files should have password-protection removed
- Artifact documents should be named and identified accordingly: Artifact #, Title of Document, Semester & Class Artifact was Created, & Standard(s)addressed.
  - *For example: **#12, TBI Express Presentation, Fall 2nd Year, CSD 353 Neurogenic Communication Disorders 2, ASHA Standard V-A.***
- Artifacts should be added to the CSD Table of Portfolio Standards-ASHA & VT AOE each semester. The naming and identifying of artifacts should be consistent with what is included in the portfolio.

Submission & Faculty Evaluation

- Communication Sciences and Disorders graduate program faculty members are assigned to follow and provide critical feedback to students throughout the course of the portfolio. Student faculty assignments are made by the graduate program coordinator using random number generation. These pairings are maintained throughout the entirety of a student's graduate program.

- Feedback from the faculty should remain visible to faculty reviewing revised versions. Therefore, students should either 1) upload the revised version as a separate document, labeled the date of revision or 2) work directly in Teams when making changes. If you choose the second option, leave track changes on and keep the faculty comments and suggestions.
- Portfolios are turned in for review at specified times throughout the program (see Table below).

Semester	Due Date:	Content
Fall 1st Year	First Friday of the following semester (Spring)	Introductory Essay, Fall 1st Year Essay, Associated Artifacts
Spring 1st Year	First Friday of the following semester (Summer)	Spring 1st Year Essay & Associated Artifacts
Summer 1st Year	First Friday of the following semester (Fall)	Summer 1st Year Essay & Associated Artifacts
Fall 2nd Year	First Friday of the following semester (Spring)	Fall 2nd Year Essay & Associated Artifacts *Additional artifacts from previous semesters can also be included here to complete *MS in CSD Table of Portfolio Standards - ASHA & VT AOE 2020.* These must be described in the semester essay *All artifacts fulfilling the standards outlined in the Portfolio Standards-ASHA & VT table must be met at this time.
Spring 2nd Year	March 31st	Final Reflective Essay
Notes:		
• *Semester essays and related content will be reviewed by faculty two weeks after submission. The exception to this rule is the Spring 1st year submission, which will be reviewed in the Fall of the second year (at the same time as the Summer submission).*		
• Failure to submit the portfolio on time could lead to the student being placed on academic probation.		

Grading

- The grading standard benchmark is equal to or greater than 3, based on a 4-point scale (see related document *MS in CSD - Portfolio Grading Rubric*). That is, each and every section in every category must meet this standard. Students will be given constructive feedback and will be required to revise and resubmit work that is below the standard.
  - Failure to attain the minimum evaluation standard after a second revision will lead to the activation of an in-depth review committee. The committee with determine the future direction of remediation for the student.

- o An in-depth review committee will consist of the graduate program coordinator, and two other faculty members outside of the student's team. This will most commonly include the clinic director and department chair as available.
  - ▪ <u>Substandard work and revisions can lead to the student failing the CSD MS Comprehensive exam and potential recommendation for dismissal from the graduate college.</u>

Introductory Essay

Include your personal essay from your UVM CSD Graduate Program application or your UVM early admissions essay (for Early Admissions Students Only).

Semester Essays for - Fall 1st Year, Spring 1st Year, Summer 1st Year, Fall 2nd Year

Description/Instructions: Compose a reflective essay that describes your academic and

clinical work undertaken during this semester. This essay should include the following

information:

A. REFLECTION: Reflect on your overall semester development as a student, clinician, and future speech-language pathologist. Examples of reflection could include: personal and professional growth, discovering new challenges, overcoming or working to overcome challenges, new ways of understanding yourself and others, interprofessional/collaborative experiences, knowledge regarding diversity, equity, and inclusion (DEI), etc.

B. COURSES: Describe the courses taken during the semester (if applicable) and the <u>impact</u> the course had on your development of knowledge and skills as a future speech-language pathologist.

C. CLINICAL EXPERIENCE: Describe the clinical experiences from the semester and the <u>impact</u> the experiences had on your development of knowledge and skills as a future speech-language pathologist (e.g., interpersonal skills, writing, interprofessional collaboration, cultural humility). In these clinical experiences, describe how you applied specific information from your previous coursework.

D. ASHA & VERMONT STANDARDS: Describe the artifacts you have chosen that reflect academic and clinical growth in knowledge and skills related to professional standards of the American Speech-Language-Hearing Association, the Vermont Agency of Education (AoE), and the Council on Academic Accreditation (CAA). Other aspects of growth to be demonstrated include increasing rigor in critical thinking and methods of inquiry for research and its application.

  - o *Summer only: Choose 1-2 different case studies from your summer placement and describe how they contributed to your growth with respect to the professional standards of the American Speech-Language-Hearing Association, the Vermont Agency of Education (AoE), and the Council on Academic Accreditation (CAA). These will serve as summer artifacts.*

  o *For each case, include a brief background, your role on the case (assessment/treatment etc.), list of client challenges, evidence-based intervention(s) and the outcome. You are especially encouraged to include examples that demonstrate:*

    ▪ *Diversity, equity, and inclusion (cultural humility)*
    ▪ *Interprofessional Practice (IPP, clinical work with other professionals)*

  o *Other artifacts can be included from the summer in addition to the case studies, as permitted by the placement.*

NB: All artifacts and written work in this portfolio must be de-identified in accordance with HIPAA standards. It should be made clear when a pseudonym is included, or fictional client information is being used.

Final Reflective Essay (~2-3 pages maximum)

Look back over your entire portfolio, starting with your Introductory/Graduate Application personal essay and reflect on your growth.

- What have your challenges been and how did you meet them?
- How did your experiences prepare you for a professional career?
- What strategies do you have in place to maintain critical thinking and self-assessment?
- What strategies will you use to continue to implement EBP?
- In what areas do you anticipate needing or wanting more preparation?
- How will you give back to your chosen profession in the future and what leadership roles might you take?
- Where do you see yourself in the future and discuss your thoughts on your upcoming CF experience?

APPENDIX C: COURSE SEQUENCE

Students must have completed all pre-requisite courses prior to the start of graduate course work in CSD. Comparable courses taken at the UG level, through CDE, or at another institution <u>may</u> not need to be repeated and <u>may</u> make room for elective courses.

Students are required to enroll in Clinical Study, CSD 6210-6250, for each semester they are active in the program. In total, 48-56 credits of graduate coursework are required for the non-thesis track and 51-59 credits of graduate coursework for students who write a thesis.

Equivalent graduate level coursework may be used to waive up to a maximum of nine credits, if approved by the graduate program coordinator, reducing the total number of in-residence credits needed for completion of the program.

Fall 1	Winter 1	Spring 1	Summer	Fall 2	Winter 2	Spring 2
Course (credits)	Course (credits)	Course (credits)	Course (credits)	Course (credits)	Course (credits)	Course (credits)
CSD 321 (1) Clinic Practicum Study 1	CSD 326 (1) Clinic Practicum Study 6 (optional)	CSD 322 (2) Clinic Practicum Study 2	CSD 323 (3) Clinic Practicum Study 3	CSD 324 (2) Clinic Practicum Study 4	CSD 326 (1) Clinic Practicum Study 6 (optional)	CSD 325 (3) Clinic Practicum Study 5
CSD 271 (3) Introduction to Audiology (if not previously taken & approved)		NH 396 (3) Fundamentals of Critical Inquiry: Evidence-Based Practice	CSD 272 (3) Hearing Rehabilitation (if not previously taken & approved)	CSD 313 (3) Augmentative Alternative Communication		CSD 352 (3) Voice Disorders
CSD 320 (3) Clinic Preparation & Management		CSD 327 (1) School Based Issues for SLPs		CSD 353 (3) Neurogenic Communication Disorders 2		CSD 362 Thesis (3) (6 credits total of 362 required for thesis)
CSD 340 (3) Speech Sound Disorders in Children		CSD 332 (3) Assessment and Treatment of Stuttering		CSD 361 (1) Research Methods II (systematic review)		CSD 363 (2) Non-thesis research (research project and systematic review)
CSD 341 (3) Language Disorders		CSD 350 (3) Swallowing Disorders		CSD 362 (3) Thesis (6 credits total of 362 required for thesis)		GRAD 901/2/3, (0) (to achieve full-time status if <5 hr.)
CSD 342 (3) Language/Learning Disabilities		CSD 351 (3) Neurogenic Communication Disorders 1		CSD 363 (1) Non-Thesis Research (research project)		
Total 14 - 17	0-1	14	3-6	12-14	0-1	5 – 6