

JAMES MADISON UNIVERSITY
DEPARTMENT OF COMMUNICATION SCIENCES AND DISORDERS

STUDENT CLINICIAN and CLINICAL SUPERVISOR AGREEMENT

Off-Campus Placement Location Name: _____ Date: _____

The James Madison University Student Clinician _____ agrees to:
(printed name)

1. Begin practicum on _____ (date) and complete practicum on _____ (date). Any changes to practicum dates need to be approved by the program.

2. Maintain the following hours and days of the week: _____

3. Schedule, in advance, the following days off: _____

Under no circumstances are student clinicians to request absences from the off-campus placement for:

- Class and/or test preparation
- JMU-recognized holidays or breaks (including Fall/Spring breaks)
- Trips or vacations scheduled during the semester (including summer)
- Preparation for the Praxis examination
- Personal schedules (including work)

4. Participate in at least _____ hours of clinical observation before beginning to provide clinical services.

5. Be responsible for continuity of care by not canceling or postponing clinical services without prior consent of the off-campus placement supervisor.

If students need to miss scheduled time at their clinical placement for any reason, they must inform both the off-campus placement supervisor *and* the Off-Campus Placement Coordinator via email as soon as possible. Students are responsible for coordinating with their clinical educator to make up any missed time. Multiple missed days may result in the placement being forfeited.

6. Submit evaluations, progress notes, therapy plans, and other reports within these guidelines:

7. Implement decisions regarding evaluation and intervention only after receiving approval from clinical supervisor.

8. Observe appropriate dress codes and professional behavior while at the off-campus placement:

9. Adhere to the following guidelines established by this off-campus placement:

10. Students must remain in this placement for the duration of the semester, as agreed upon. Placements may only be terminated after careful consideration and consultation with the JMU liaison, clinical educator, and with CAC approval.
11. Complete and submit via Typhon the following paperwork at midterm and the end of the placement: midterm and final evaluation and signed Case Log Graphical

The clinical supervisor _____ agrees to:
 (printed name)

1. Maintain and submit to Typhon proof of ASHA Certificate of Clinical Competence (CCC) and state licensure at the beginning of the off-campus placement.
2. Verify completion of the ASHA-required 2 hours of continuing education in supervision.
3. Direct supervision must be in real time and must never be less than 25% of the student clinician's total contact with each client/patient and must take place periodically throughout the placement. These are minimum requirements and should be adjusted upward if the clinician's level of knowledge, experience, and competence warrants.
4. Schedule conferences with the student clinician with the following frequency:

5. Schedule the student clinician for an estimated minimum of _____ clinical hours and an estimated maximum of _____ clinical hours of patient contact per week (based on fluctuating client census).
6. Complete and submit the paperwork from the Off-Campus Placement Handbook at the designated times.

 Clinical Supervisor Signature Date

 Student Clinician Signature Date

Clinical Supervisor Email: _____