



College of Education and Educational Technology
Department of Educational and School Psychology

Practicum Manual

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Spring 2014 Revision



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Introduction

With the context of the School Psychology program Indiana University of Pennsylvania (IUP), the term *practicum* refers to the experiences student clinicians are provided to integrate theory from course content and ethics into practical applications of professional skills and competencies. Most practicum students are not certified school psychologists, but some students who are already certified enroll in practicum to demonstrate their competence as a doctoral student or as part of the Supervisor of Pupil Services certificate program. Practica include The Child Study Center (CSC), The Family Clinic, and activities associated with various classes (e.g., EDSP 748, 755, 811, 812, 813, 818, 952). All practica are provided and directly supervised by designated faculty supervisors and, when appropriate, field-based supervisors.

The Department of Educational and School Psychology (EDSP) strives to develop competent, professional school psychologists. Skills and competencies exhibited by school psychologists cannot be mastered in a traditional classroom setting. To that end, a variety of practica are offered so that students can integrate course content into practical experiences. Additionally, practica provide opportunities for graduate students to develop and demonstrate effective communication skills and the capacity to collaborate with a variety of professionals, parents, and students. Practicum experiences are designed to coincide with overall development in other curricular areas. Although students start practicum at various levels of development, continuous growth is expected for each student.

Practica Embedded within Coursework

During the M.Ed. in Educational Psychology and Certificate in School Psychology training sequences, students enroll in a number of theory-based courses that often have a practical component built into the activities and assessment methods. For example, students learn the basic techniques of applied behavior analysis (ABA) in EDSP 748, and a major student activity in that course is to practice using these ABA techniques with a volunteer. Another example is the consultation project undertaken with a teacher in a local school that is a component of EDSP 818. All of these activities are intended to help students develop emergent clinical skills in a variety of school psychology roles. Supervision of these activities is provided by the faculty member teaching each respective class.

Practica Embedded within EDSP 755 and 949

The professional application of skills to meet the educational, cultural, and familial needs of children in a school setting is enhanced by two practicum experiences: Practicum I (EDSP 755) and Practicum II (EDSP 949). Practicum I exposes students to a variety of theories of cognitive and academic development and how these constructs are measured in children. Students then integrate this knowledge within a structured, supervised experience in the onsite CSC. Practicum II is completed at the CSC, a university-based clinic under the close supervision of department faculty and, in summer session, doctoral-level supervisors. This experience usually takes place during the spring and summer terms prior to the student's school-based internship. All supervisors in the CSC are certified school psychologists.

Consultation with parents and schools and a wide range of assessment activities are undertaken at the beginning of Practicum II. As professional confidence and skills increase, students take on more individual responsibilities for these activities but are still under close supervision. Students must display adequate clinical skills and earn at least a B grade in Practicum II, both spring and summer semesters, to qualify for placement at an off-campus internship site.

Additional Practica Requirements

For those wishing to practice school psychology in Pennsylvania should consider the following additional criteria required by the Pennsylvania Department of Education (PDE; 2009):

Pennsylvania considers the education of its children to be among the highest priorities of state government and has dedicated many resources toward that end. Educators prepare for their responsibilities in the schools of the Commonwealth by the completion of (1) state-approved teacher education programs including a student teaching or intern experience, (2) Praxis II assessments and/or America Council Testing Foreign Language (ACTFL) and (3) application materials documenting that all certificate requirements have been met. Those requirements have been raised significantly in recent years.

Additionally, PDE (2009) requires the following background checks for all employees who have direct contact with students. Given the practica experiences involved in most classes, all students and faculty are required to maintain the following, current clearances:

1. Pennsylvania State Police Request for Criminal Records Check (Act 34).
Applies to individuals hired as of January 1, 1986.
2. Department of Public Welfare Child Abuse History Clearance (Act 151)
3. Federal Criminal History Record Information (CHRI) in a manner prescribed by the Department of Education.

School psychology interns are required to abide by the National Association of School Psychologists' (NASP; 2010) "Principles for Professional Ethics" and the American Psychological Association's (APA; 2010) "Ethical Principles of Psychologists and Code of Conduct." Moreover, PDE also maintains professional codes of conduct (22 Pa. Code §§ 235.1-235.11) to which all practica students are expected to adhere:

Section 4. Practices

(a) Professional practices are behaviors and attitudes that are based on a set of values that the professional education community believes and accepts. These values are evidenced by the professional educator's conduct toward students and colleagues, and the educator's employer and community. When teacher candidates become professional educators in this Commonwealth, they are expected to abide by this section.

(b) Professional educators are expected to abide by the following:

(1) Professional educators shall abide by the Public School Code of 1949 (24 P. S. §§ 1-101 - 27-2702), other school laws of the Commonwealth, sections 1201(a)(1), (2) and (4) and (b)(1), (2) and

(4) of the Public Employee Relations Act (43 P. S. § § 1101.1201(a)(1), (2) and (4) and (b)(1), (2) and (4)) and this chapter.

(2) Professional educators shall be prepared, and legally certified, in their areas of assignment. Educators may not be assigned or willingly accept assignments they are not certified to fulfill. Educators may be assigned to or accept assignments outside their certification area on a temporary, short-term, emergency basis. Examples: a teacher certified in English filling in a class period for a physical education teacher who has that day become ill; a substitute teacher certified in elementary education employed as a librarian for several days until the district can locate and employ a permanent substitute teacher certified in library science.

(3) Professional educators shall maintain high levels of competence throughout their careers.

(4) Professional educators shall exhibit consistent and equitable treatment of students, fellow educators and parents. They shall respect the civil rights of all and not discriminate on the basis of race, national or ethnic origin, culture, religion, sex or sexual orientation, marital status, age, political beliefs, socioeconomic status, disabling condition or vocational interest. This list of bases or discrimination is not all-inclusive.

(5) Professional educators shall accept the value of diversity in educational practice. Diversity requires educators to have a range of methodologies and to request the necessary tools for effective teaching and learning.

(6) Professional educators shall impart to their students principles of good citizenship and societal responsibility.

(7) Professional educators shall exhibit acceptable and professional language and communication skills. Their verbal and written communications with parents, students and staff shall reflect sensitivity to the fundamental human rights of dignity, privacy and respect.

(8) Professional educators shall be open-minded, knowledgeable and use appropriate judgment and communication skills when responding to an issue within the educational environment.

(9) Professional educators shall keep in confidence information obtained in confidence in the course of professional service unless required to be disclosed by law or by clear and compelling professional necessity as determined by the professional educator.

(10) Professional educators shall exert reasonable effort to protect the student from conditions which interfere with learning or are harmful to the student's health and safety.

Section 5. Conduct

Individual professional conduct reflects upon the practices, values, integrity and reputation of the profession. Violation of § § 235.6-235.11 may constitute an independent basis for private or public reprimand, and may be used as supporting evidence in cases of certification suspension and revocation.

Section 6. Legal obligations

(a) The professional educator may not engage in conduct prohibited by the act of December 12, 1973 (P. L. 397, No. 141) (24 P. S. § § 12-1251-12-1268), known as the Teacher Certification Law.

(b) The professional educator may not engage in conduct prohibited by:

(1) The Public School Code of 1949 (24 P. S. § § 1-101-27-2702) and other laws relating to the schools or the education of children.

(2) The applicable laws of the Commonwealth establishing ethics of public officials and public employees, including the act of October 4, 1978 (P. L. 883, No. 170) (65 P. S. § § 401-413), known as the Public Official and Employee Ethics Law.

(c) Violation of subsection (b) shall have been found to exist by an agency of proper jurisdiction

to be considered an independent basis for discipline.

Section 7. Certification

The professional educator may not:

- (1) Accept employment, when not properly certificated, in a position for which certification is required.
- (2) Assist entry into or continuance in the education profession of an unqualified person.
- (3) Employ, or recommend for employment, a person who is not certificated appropriately for the position.

Section 8. Civil Rights

The professional educator may not:

- (1) Discriminate on the basis of race, National or ethnic origin, culture, religion, sex or sexual orientation, marital status, age, political beliefs, socioeconomic status; disabling condition or vocational interest against a student or fellow professional. This list of bases of discrimination is not all-inclusive. This discrimination shall be found to exist by an agency of proper jurisdiction to be considered an independent basis for discipline.
- (2) Interfere with a student's or colleague's exercise of political and civil rights and responsibilities.

Section 9. Improper personal or financial gain

- (1) Accept gratuities, gifts or favors that might impair or appear to impair professional judgment.
- (2) Exploit a professional relationship for personal gain or advantage.

Section 10. Relationships with students

The professional educator may not:

- (1) Knowingly and intentionally distort or misrepresent evaluations of students.
- (2) Knowingly and intentionally misrepresent subject matter or curriculum.
- (3) Sexually harass or engage in sexual relationships with students.
- (4) Knowingly and intentionally withhold evidence from the proper authorities about violations of the legal obligations as defined within this section.

Section 11. Professional relationships

The professional educator may not:

- (1) Knowingly and intentionally deny or impede a colleague in the exercise or enjoyment of a professional right or privilege in being an educator.
- (2) Knowingly and intentionally distort evaluations of colleagues.
- (3) Sexually harass a fellow employee.
- (4) Use coercive means or promise special treatment to influence professional decisions of colleagues.
- (5) Threaten, coerce or discriminate against a colleague who in good faith reports or discloses to a governing agency actual or suspected violations of law, agency regulations or standards.

Pre-Service Practicum Experiences and Sequence

Introduction

Students enrolled in the Certificate in School Psychology program are strongly encouraged to document all practicum experiences from their training in the M.Ed. in Educational Psychology program at IUP. Experiences obtained prior to enrollment in the M.Ed. in Educational Psychology and Certification in School Psychology programs and experiences obtained in other University settings have not been included and, typically, do not count as pre-service practicum experiences within either of the IUP EDSP programs. Special consideration of these experiences is addressed by the EDSP Faculty on an individual basis. The EDSP Faculty acknowledges the need for each learner to have practicum experiences that are individualized and continuously revised to meet the needs of the clinician as well as program requirements.

Fall Year 1: Advanced Studies in Behavioral Problems (EDSP 748)

This course examines behavior problems encountered in classroom situations from the perspective of a functional analysis of behavior. The principles and procedures of applied behavior analysis (ABA) will be the basis of the course. Students will develop skills in analyzing school behavior problems and planning and implementing preventative and remedial techniques, including behavior plans that are appropriate for students with learning and behavioral disabilities.

Fall Year 1: Introduction to School Psychology (EDSP 811)

The professional responsibilities of the school psychologist are explored in relation to ethical and legal aspects, state and federal litigation and legislation, dynamics and organization of regular and special education, issues in multicultural and exceptional child education, and provision of assessment, placement, and intervention services in public schools. Students conduct a number of educators interviews and structured observations in various educational settings to learn more about how schools operate.

Spring Year 1: Crisis Intervention and Psychological Counseling of Exceptional Children (EDSP 745)

This course reviews different counseling theories and entry-level skills for counseling children (K-12) who have special needs and assists their families with adjustment and coping skills. Students are exposed to best practices in counseling multicultural populations and those with disabilities in crisis intervention.

Spring Year 1: Assessment for Intervention II (EDSP 813)

Students develop skills necessary to administer and interpret informal, developmental, perceptual-motor, adaptive, achievement, and other allied measures used in a psychoeducational assessment. Moreover, students should become aware of issues associated with individualizing assessment based upon variables such as ethnicity, socioeconomic status (SES), gender, medical conditions, and linguistic and cultural differences.

Summer Year 1: Practicum I (EDSP 755)

Provides school psychology students with an opportunity to learn contemporary theories of cognitive and academic development and how these constructs are measured in educational settings. Students are directly supervised in onsite practicum experiences as they apply these skills in a highly structured university clinic setting.

Fall Year 2: Assessment for Intervention I (EDSP 812)

This course provides students with the knowledge and skills needed to administer, score, and interpret selected individually administered tests of intelligence and achievement. Students are trained to conduct curriculum-based measurement procedures, to communicate assessment results, and to use assessment results for intervention planning.

Fall Year 2: Assessment of Personality and Behavior Problems of Children (EDSP 963)

This course introduces the administration, scoring, and interpretation of various personality and behavior assessment techniques used in psychoeducational assessment.

Spring Year 2: Instructional Consultation (EDSP 818)

The course reviews basic principles of the consultative process as applied to working with teachers and school-based problem-solving teams to help students with academic problems. Students are expected to demonstrate skill in consultative interviewing regarding academic problems, problem identification, data gathering relevant to both curriculum and the classroom environment, and intervention design, execution, and evaluation in pre-kindergarten through high school settings.

Spring Year 2: Advanced Assessment of Low Incidence Disabilities (EDSP 814)

Students are provided with the knowledge and skills needed to administer, score, and interpret selected individually-administered tests of cognitive, academic, adaptive, and developmental functioning in populations with low incidence disabilities (e.g., Developmental Delays, Autism Spectrum Disorders, Speech or Language Impairment, Intellectual Disabilities, Visual Impairment, Physical Impairment, Traumatic Brain Injury). Students will become familiar with multicultural issues related to the assessment and diagnosis of low incidence populations.

Spring Year 2 and Summer I Year 2: Practicum II (EDSP 949)

The student clinician will engage in a closely supervised practicum experience with children and youth, their parents, and teachers completed at the IUP CSC. Student clinicians will demonstrate their knowledge base and clinical competencies through a team approach to the completion of comprehensive case studies of community referred children and youth with learning and/or behavior problems. Case planning, implementation, staffing, and follow-up consultation with parents and teachers will be the primary focus of the practicum.

Fall and Spring Year 3: Internship (EDSP 952)

This two-semester, six-credit course involves a series of supervised field experiences in public school settings. The student will have the opportunity to apply their understanding and skills in the general practices of school psychology.

Practicum Opportunities for School Psychology Students in Addition to the Core Sequence

Enrollment in practica associated with other programs (e.g., COUN, EDEX, PSYC, LTCY, ALS, CURR) may count toward requirements for both school psychology and another certificate, but should not be taken without consent from the student's advisor, the EDSP Faculty, and the appropriate counterparts in the related department.

Documentation of Practicum Hours

Introduction

To obtain practicum *clock* hour credit for previous experience, you must follow the procedures outlined below. Placements in schools and other school-related settings can also count as practicum hours without enrolling in a practicum course, but all placements must be pre-approved by the EDSP Faculty. Failure to obtain pre-approval means that you are engaging in activities which are not part of your supervised course of study. As such, you may be in violation of Act 52 of 1986 (State Board of Psychology), and subject to penalties and injunctions against unlawful practice. Unauthorized practice also subjects you to personal liability for any claims made by persons or institutions, constitutes a violation of the ethical principles, and can result in appropriate penalties by the EDSP Department.

Practicum Hours for Pre-IUP Experiences

Students desiring to document practicum hours for experiences gained prior to enrollment in the M.Ed. in Educational Psychology at IUP must write a memo in which the student states the name of the place employed, when the work was completed, and provide a copy of the job description. If a job description is not available, describe the activities performed, estimate the number of hours you worked per week, and indicate the number of weeks worked. Name your supervisor at the time and indicate how he/she may be contacted. **Your supervisor should be a doctoral-level school psychologist / psychologist.** In describing the activities you performed, relate them to the competencies outlined in this Practicum Manual. For example, therapeutic staff support under the supervision of a licensed psychologist may have completed 100 hours of behavioral intervention provided to a 16-year-old client with autism. Past experiences which were adequately supervised and are applicable to our program's training requirements will be accepted up to a maximum of 300 hours, consistent with APA accrediting guidelines.

For "Atypical" Field Practicum Experiences

On occasion, students are able to receive supervision from a qualified supervisor in their home community. If students are interested in such an experience, they must follow these guidelines. First, write a proposal specifying where and what the practicum experience will be and provide the name and contact information of the site supervisor. **Your supervisor should be a doctoral-level school psychologist / psychologist.** A designee of the EDSP Faculty will then contact this individual to discuss the appropriateness of the placement and the Department's goals for the placement before approval is granted.

After obtaining approval from the EDSP Faculty and completing your placement, be sure to thank your supervisor(s), whatever the quality of your experiences at the placement. Then, submit a written summary of the practicum to the EDSP Faculty with completed log sheets attached. In the summary, be sure to include the hours spent on particular tasks and their relevance to your practicum goals. Also note whether or not your field supervisor received a copy of your report. Feedback will

also be solicited from the field supervisor of your placement in written form or via telephone by the EDSP Faculty.

Documentation Process and Forms

Please use the Weekly and Quarterly Logs to document your hours of practicum experience. Refer to your Faculty Supervisor for the relevant course to determine which forms are required as a Daily Log may be required for some courses and Faculty.

An excel file of the Weekly/Quarterly Log is located on the department website. Minimally, students are to maintain the Weekly Logs which are then automatically aggregated on the Quarterly Logs. Regarding completion of the Weekly logs: follow the instructions on each tabbed page for each week regarding how to document time in 30-minute increments. Please make sure to record all supervision received or delivered separate from the 10 NASP Standards.

Once students have filled a Weekly Log, the totals from the right-most column are automatically transferred to the first available weekly column on the Quarterly Log. Note that up to 13 weeks can be documented on the Quarterly Log. If a practicum experience spans more than 13 weeks students can use a second Quarterly Log and continue the process. Please note that students are to estimate the percentage of time working face-to-face with various populations on the “Category” sheet. The “Category” sheet provides students with a mechanism to document an estimated percentage of time working face-to-face with various populations.

The Quarterly Log is the only log that students, your field-based supervisor, and Faculty Supervisor sign. Students are to maintain the original of all logs, but must provide an electronic copy of the completed excel sheet and a pdf of the signed Quarterly log to their Faculty Supervisor for the relevant course.

The School Psychology Standards of Competency (Appendix A) is a guide to help students decide under which standard a particular professional activity within your practicum experience applies.

Supervision

Introduction

Supervision is provided by the EDSP faculty; doctoral-level, certification school psychologists (for EDSP 949 only) school-based professionals; and appropriately credentialed temporary faculty in an ongoing relationship based on expectations of mutual responsibility. Peer observation and consultation is also strongly encouraged.

Rationale and assumptions regarding supervision:

1. Student clinicians are self-responsible and will attain competence at different rates.
2. The most effective learning takes place within the context of an accepting environment and a relationship of mutual respect and trust between supervisor and supervisee.
3. Modeling is a key factor in learning--supervisory staff endeavor to model supervisor behaviors which have been identified in the literature as facilitative of learning.
4. Learning involves change, which is often accompanied by some dissonance. It is expected that dissonance will occur in the supervisee, and it is recognized as part of the learning process.
5. An ongoing evaluation process is crucial in any teaching/learning endeavor. It is recognized that the supervisee must have input into the process to maximize its effectiveness.

Role of Faculty Supervisor

The faculty supervisor or the practicum student will negotiate a practicum placement between the practicum student and a field supervisor per the specifics of each practicum experience. The practicum student will meet with the faculty supervisor to determine which activities will be appropriate for that semester. The faculty supervisor will meet / communicate with field supervisors as often as necessary to discuss student needs and the availability of practica opportunities. The faculty supervisor will grade the student after conferring with the field supervisor.

Role of Field Supervisor

Field supervisors will provide practicum activities that are meaningful to the student and practical for them and their districts. They will serve as models for the student and should convey a commitment to professional and social responsibilities as defined by statutes and the ethical code of school psychology. The field supervisor should meet with the practicum student and identify what activities he/she can provide. For certain experiences specific plans and contracts will need to be approved by IUP, the EDSP Department, and the practicum site.

Role of Practicum Student

Practicum students are expected to participate in only those activities identified and defined for them by the field supervisor and agreed upon by the faculty supervisor. Practicum students are required to keep log sheets documenting the type of activities engaged in and the time spent on them.

EDSP 949 Practicum II – Child Study Center (CSC)

Introduction

The culminating experience for the Certificate in School Psychology program is EDSP 949 Practicum II. Students traditionally enroll in EDSP 949 both in the Spring and Summer I sessions of the year prior to entering their school-based internship. In the Practicum II experience, student clinicians are directly supervised by faculty and, when available, certified school psychology doctoral-level graduate students. This experience provides the unique opportunity for student clinicians to develop and integrate their conceptual knowledge with professional competencies in an applied setting and under close supervision within a university-based clinic setting. Additional opportunities for development, integration, and application of knowledge and skills may be available through local school districts and/or community mental/behavioral health agencies.

Consultation with parents and schools and wide range of assessment activities are undertaken within the structure of EDSP 949 Practicum II. As professional confidence and skills increase, student clinicians take on more individual responsibilities for these activities but are still under close supervision. Student clinicians must display adequate clinical skills and earn at least a B grade in both semesters of Practicum II to qualify for placement at an off-campus internship site.

Student clinicians are required to demonstrate distinct skills related to: (1) organization and dynamics of the educational process; (2) assessment for diagnostic purposes; (3) assessment for intervention; (4) direct and indirect intervention methods; and (5) supervision of the clinical practice of other school psychologists (the latter only applicable to students enrolled in the doctoral program). The professional application of skills to meet the educational, cultural, and familial needs of children in a school setting is enhanced by Practicum II.

Operation of the Child Study Center

The functional operation of the CSC requires careful consideration and adherence to specific roles, responsibilities, and procedural policies by all individuals involved in the center. This includes student clinicians enrolled in EDSP 949, CSC Graduate Assistants (GAs), and faculty supervisors. To that end, the following is a detailed set of responsibilities outlined for all individuals involved with the services provided to clients via the CSC. Although not exhaustive, the following list is rather comprehensive and must be adhered to by all individuals to ensure a smooth and profitable experience for student clinicians, CSC GAs, faculty supervisors, and ultimately, clients.

CSC graduate assistant responsibilities. The CSC GAs have a number of essential roles and responsibilities not only in the daily operation of the CSC as it serves clients, but also as assistants to students and faculty associated with the assessment courses (e.g., EDSP 812, 813) and other relevant courses (e.g., EDSP 942, 963). The following is a list of responsibilities of the CSC GAs:

1. Provide a Clinic Orientation to student clinicians the first week of the Spring semester and another to doctoral supervisors the first week of Summer Semester I. This orientation is intended to provide an overview of clinic operational procedures; relevant paperwork, guidelines, and helpful hints; and review of the LANDRO equipment.
2. Establish a phone tree to be used should clinic be cancelled due to inclement weather or emergency.
3. Take referrals for the CSC and Family Clinic, typically by phone. In doing so, the CSC GA will complete a Referral Form.
4. Complete Correspondence Sheet for ALL interactions and instances in which the client file was accessed.
5. Subsequent to completing a Referral Form, the CSC GAs are responsible for disseminating information to parents via Parent Packets containing:
 - a. Admission Cover Letter
 - b. Campus Map
 - c. Child Study Center Brochure
 - d. Business Reply Envelope
 - e. Background Information Form
 - f. Fee Waiver Application
 - g. Permission to Tape and Evaluate Form
 - h. Authorization for Release of Confidential Information Form
6. Complete all financial transactions between the CSC and clients. This includes the \$10.00 deposit required prior to the first session and the \$65.00 fee at the last session.
7. Set appointments for clients during Spring and Summer clinic sessions under the direction of the CSC Director and Faculty Supervisors. Clinic is not scheduled during ASPP or NASP annual conferences, during Spring Break, or immediately before or after federal holidays (e.g., Easter, 4th of July).
 - a. The Spring schedule allows for two rounds (Spring Round 1 and Spring Round 2). Spring clinic session days are scheduled at the discretion of the CSC Director and the faculty assigned to supervise clinic that semester. These days are typically Wednesdays, Thursdays, Fridays, and, on occasion, Saturdays. The student clinicians will be divided into course sections with different faculty supervisors (e.g., Drs. McGowan and Runge).
 - b. Summer clinic session days are scheduled at the discretion of the CSC Director and the Faculty assigned to supervise clinic that semester. Because of the density of the summer sessions, clinic session days are typically held once or twice a week. Similar to the Spring, the Summer schedule allows for two rounds (Summer Round 1 and Summer Round 2).

- c. Daily sessions for Spring clinic Round 1 are typically scheduled for four-hour blocks with student clinicians working in teams of two or three. The following manner is typically how sessions are scheduled for Spring clinic Round I:
 - i. Weekday clinic: 1:00 PM – 5:00 PM for the first three sessions; 1:00 PM - 3:00 PM for the last session
 - ii. Saturday clinic: 8:00 AM – 12:00 PM for the first three sessions; 8:00 AM - 10:00 AM for the last session
 - d. The remaining Spring clinic Round 2 and Summer clinic Rounds 1 and 2 are typically scheduled for two-hour sessions with student clinicians each having his / her own cases. The following manner is typically how sessions are scheduled:
 - i. Spring, weekday clinic: 1:00 PM – 3:00 PM; 3:00 PM – 5:00 PM
 - ii. Spring Saturday and Summer clinic: 8:00 AM – 10:00 AM; 10:00 AM – 12:00 PM
- 8. Send reminder letters to parents of upcoming appointments. In addition to sending client reminder letters, CSC GAs will make confirmation calls two to three days prior to a scheduled appointment. Once a case is assigned to a student clinician, he / she is strongly encouraged to make contact with the family to, again, remind the guardian of the appointment and prepare for the first session.
- 9. Prepare appointment cards for clients to be distributed to clients by the student clinician as reminders for follow-up appointments.
- 10. Create and maintain files for each incoming client including completion of the Correspondence Sheet as necessary. All **contact with parents must be recorded** on the Correspondence Sheet stapled to the back of the client's folder. Contact includes telephone, mail, e-mail, and fax.
- 11. Complete requests submitted in writing by student clinicians via the Clinician Service Request Form located outside the CSC office. If applicable, the CSC GAs will generate appropriate coverletters to send along with other documentation (e.g., Consent to Release Information; standardized teacher rating scales). As appropriate, a business reply envelope will also be included.
- 12. Request copies of reports from agencies (e.g., schools, community mental health agencies) when prior written permission is documented. The Authorization for Release of Confidential Information To the Child Study Center must be filled out completely for the form to be processed. This means that the phone number and address of the agency to be contacted must be clearly indicated on the form. There is a template of a coverletter for requesting such information saved on the hard drive of the CSC computer (**Sample 22**). These letters are to be sent to the school's principal, or to the director of an agency, with a copy of the client's release form, and a business reply envelope. Student clinicians may also ask CSC GAs to send rating scales to a client's teacher(s). Again, there is a cover letter that should be sent (**Sample 23**) with the rating scale(s) to be completed, a copy of the release form, and a business reply envelope. There is a template for the coverletter saved on the hard drive of the CSC computer.

13. When client information is received via USPS, the CSC GAs will place all the materials in the client's file and record their receipt on the Disposition Record. CSC GAs will not individually contact student clinicians to inform them that materials have arrived and are available in the client's file. Rather, it is incumbent on the student clinicians to periodically check with the CSC during scheduled office hours to review document received in the mail.
14. Maintain a sign-out log of all test materials and books borrowed by clinicians. Student clinicians are **not allowed to keep test kits longer than 3 days**. Because clinic is run by multiple groups of student clinicians, it is essential that both groups have access to the necessary test kits. If a student clinician does not return a test kit after one reminder notice, the second contact with the student clinician will be cc'ed to the Faculty Supervisor.
15. Maintain an inventory of tests and testing materials and order new supplies as needed.
16. Update and maintain appropriate forms needed in the Child Study Center such as intake forms, Disposition Records, etc.
17. All reports should be turned in by the student clinician as follows:
 - a. With all necessary signatures (obtained by the student clinician)
 - b. On plain white paper with ten blank lines at the top of the first page, NOT on letterhead page (it is the responsibility of the CSC GA to copy the first page of the report onto letterhead)
 - c. Paper-clipped, **NOT STAPLED** - The original report stays in the client's folder, and a photocopy of the report is sent to the parents. Photocopies do not look as nice with staple marks on them.
 - d. Only hard copies of reports are accepted for distribution to parents / guardians and third parties for whom signed consent has been obtained.
 - e. Immediately upon completion of the case, all protocols must be placed in the client's folder.
 - f. Provide an electronic copy of the finalized Psychoeducational Report on a thumb drive which will be saved to the secure CSC network folder for archiving purposes.
18. Send copies of completed reports to clients and, when prior written permission is documented, to agencies providing services to clients. The Authorization for Release of Confidential Information From the Child Study Center must be filled out completely for the form to be processed. This means that the phone number and address of the agency to be contacted must be clearly indicated on the form. All reports are to be photocopied on EDSP letterhead and accompanied by a coverletter. The original report remains in the client file. The date on which the report was mailed is to be recorded on the Disposition Record.
19. Maintain files from previous clients, purging files of unnecessary documents such as handwritten notes, homework products from parents, etc. The only information maintained in

a permanent file is the initial referral form, all background information forms, release forms, fee waiver forms from the parent packet, all protocols, any original work created by the child at the CSC (written or drawn), the original report, and Disposition Record.

20. Destroy all DVDs provided by student clinicians from completed clinic cases.
21. Remove all videos from the LANDRO equipment once a clinic case is complete.
22. Compile a statistical report for the Child Study Center at the end of every fiscal year.

Additional duties of the CSC GAs during scheduled clinic sessions include:

1. Arrive to the CSC at least 45 minutes before the first scheduled appointment to open all doors; turn on lights; set up the observation room; turn on the copy machine; bring office materials (e.g., pencils, pens, paper) to staffing room (e.g., Stouffer 254); record student clinicians' names and assigned rooms on the board in the library; distribute labeled DVDs and appointment reminder cards; make coffee and prepare beverage table; set out metal CSC signs on both floors of Stouffer; unlock waiting area toy cabinet; make magazine rack available.
2. Meet with parents and children at the clinic waiting area and make sure that full payment is received and documented. After you have greeted a client, go to the clinic staffing room (e.g., Stouffer 254), where the student clinicians will be waiting, to let them know that their clients have arrived. The student clinicians will accompany you to the waiting area and it will be your responsibility to introduce the parents and the child to the clinician who will be working with them. (Be sure to introduce everyone, including the student clinicians, by their formal names...Mr., Miss, Ms. or Mrs.). You will conduct this formal introduction only once; after the initial meeting, it will be the student clinicians' responsibility to greet the parents and show the children to the evaluation rooms.
3. Assist parents in finding appropriate parking while attending their session.
4. During the first day of clinic, the student clinicians will be interviewing the parents, so you will be responsible for supervising children while parents are meeting with the student clinicians. The initial interviews usually take about an hour, so try to engage the kids in games, toys, etc. **Never leave children unsupervised.** The CSC policy regarding child supervision requires that CSC staff supervise all children in the waiting room, even those over 18 years of age. However, if a client is 18 or older and self-referred, the CSC does not provide supervision to that client. After all of the parents return to the waiting area, you will no longer be required to be in the waiting area.
 - a. Additionally, parents will meet with student clinicians during the last session to receive feedback on the assessment data and recommendations. You will, again, be required to supervise the children while parents are in these feedback sessions.

5. After the sessions have ended for each day and all clients have left, the CSC GAs will clean up the center and close and lock all doors. Clean the coffee pot and put the coffee maker and all of the condiments back in the test kit room. Put all of the toys, magazines, etc. back in the toy cabinet and lock the cabinet door. Return the coffee table to the evaluation room. Return the metal signs to the test kit room. Turn off the equipment and the lights in the observation room and lock the door. Turn off the lights in all of the evaluation rooms and the test kit room and lock all of those doors. Erase the chalkboard in the library and return the basket of pencils and the extra paper to the main office. Turn off the lights in the library and lock the door. Turn off all the lights in the main office, turn off the copier, and lock the door. Finally, turn off the lights in the CSC office, lock the door, and leave. You are finished for the day!

****Note: If it is a client's final session, you will need to give the parent(s) a bill with a return envelope. The clients may either pay you when you give them the bill, or they may mail payment to you. There is a template for the Balance Due form (**Sample 27**) saved on the hard drive of the CSC computer. These bills should be prepared in advance as you will be busy supervising children during the last clinic session.****

The following forms for a clinic case are the direct responsibility of the CSC GA:

- Referral Form
- CSC Deposit Record
- Permission to Tape and Evaluate
- Authorization for Release of Confidential Information To the Child Study Center
- Release of Confidential Information From the Child Study Center
- Fee Waiver Application
- Background Information Form
- Correspondence Sheet
- Disposition Record

Student clinician responsibilities. It is important for student clinicians to fully understand the above responsibilities of the CSC GAs so that all personnel in the CSC can ensure a smooth and professional service delivered to clients. The following, although not exhaustive, are the primary responsibilities of student clinicians assigned to conduct assessments in the CSC:

1. Attend the Clinic Orientation the first week of the Spring semester. This orientation is intended to provide an overview of clinic operational procedures; relevant paperwork, guidelines, and helpful hints; and review of the LANDRO equipment.
2. Attend staffing meetings as assigned by your Faculty Supervisor throughout the semester. Come to these meetings fully prepared.
3. Attend supervision sessions with your Faculty or Doctoral Supervisor as scheduled throughout the semester. Come to these meetings fully prepared.

4. **Breaches of confidentiality are not tolerated and will be handled as a very serious offense and addressed specifically by the Faculty Supervisor and CSC Director.** This includes, but is not limited to, leaving client files or reports in unsecured locations, discussing client information in hallways or other public places, and leaving copies of client information on public computers.
5. Review all information on the Referral Form, Background Information Form, and other information contained in the Client File. A *shadow file* of photocopied materials may be maintained by the student clinician; however, it is the student clinician's responsibility to adequately secure this file.
6. Complete Correspondence Sheet for ALL interactions and instances in which the client file was accessed.
7. The CSC Client File is never to leave the 2nd floor of Stouffer.
8. All phone contact with clients **must** be made using the phone in the CSC. Never provide your client with your own home / cell phone nor use either of these to call your client
9. All e-mail contact with clients, if used, **must** be made using the CSC e-mail address. Never provide your client with your own personal or IUP e-mail account nor use these to communicate with your client.
10. Do not use any other social media (e.g., Facebook) to communicate with clients.
11. Call your client one or two days before the first session to remind them of their appointment and review any details for that first day.
12. All **contact with parents must be recorded** on the Correspondence Sheet stapled to the back of the client's folder. Contact includes telephone, mail, e-mail, and fax.
13. Complete requests for CSC GA assistance via the Clinician Service Request Form located outside the CSC office. If applicable, the CSC GAs will generate appropriate coverletters to send along with other documentation (e.g., Consent to Release Information; standardized teacher rating scales) along with a business reply envelope.
14. Using the Clinician Service Request Form, student clinicians can request copies of reports from agencies (e.g., schools, community mental health agencies) when prior written permission is documented. The Authorization for Release of Confidential Information To the Child Study Center must be filled out completely for the form to be processed. This means that the phone number and address of the agency to be contacted must be clearly indicated on the form.

15. Student clinicians may also request, via a Clinician Service Request Form, the CSC GAs send rating scales to a client's teacher(s). The Authorization for Release of Confidential Information To the Child Study Center must be filled out completely for the form to be processed. This means that the phone number, address of the agency, and name of the individual from whom a rating scale is requested must be clearly indicated on the form.
16. It is the student clinician's responsibility to check back with the CSC GAs when expecting information from other agencies. The CSC GAs will not notify student clinicians when client information has been received via USPS.
17. Request test materials and books from the CSC Library directly from the CSC GAs. With the exception of access to the CSC during clinic sessions, **student clinicians are to request materials from the GAs; student clinicians are not to take out library materials by themselves.** Student clinicians are **not allowed to keep test kits longer than 3 days.** Because clinic is run by multiple groups of student clinicians, it is essential that both groups have access to the necessary test kits. If a student clinician does not return a test kit after one reminder notice, the second contact with the student clinician will be cc'ed to the Faculty Supervisor.
18. Adequately prepare for each clinic session per the direction of the Faculty or Doctoral Supervisor.
19. Arrive to the CSC at least 30 minutes before the first scheduled appointment to prepare for the day, including preparation of clinic rooms and last-minute supervision.
20. Wait in the staffing room (e.g., Stouffer 254) for parents to arrive. The CSC GAs will initially meet the children and their guardians and ensure all documentation and payment has been processed. At that point, the CSC GAs will introduce the families to the student clinicians. From this point forward, student clinicians are responsible for the nearly all of the remaining CSC experience for the families.
21. During the first day of clinic, student clinicians will be interviewing the parents, so the CSC GAs will be responsible for supervising children while parents are meeting with the student clinicians.
22. **Never leave children unsupervised.** The CSC policy regarding child supervision requires that CSC staff supervise all children in the waiting room, even those over 18 years of age. However, if a client is 18 or older and self-referred, the CSC does not provide supervision to that client.
23. Parents will meet with student clinicians during the last session to receive feedback on the assessment data and recommendations. CSC GAs, again, will supervise the children while parents are in these feedback sessions.
24. All reports should be turned in by the student clinician to the CSC GAs as follows:

- a. With all necessary signatures (obtained by the student clinician)
 - b. On plain white paper with ten blank lines at the top of the first page, NOT on letterhead page (it is the responsibility of the CSC GA to copy the first page of the report onto letterhead)
 - c. Paper-clipped, **NOT STAPLED**- The original report stays in the client's folder, and a photocopy of the report is sent to the parents. Photocopies do not look as nice with staple marks on them.
 - d. Appendices should be copied single-sided.
 - e. Only hard copies of reports are accepted for distribution to parents / guardians and third parties for whom signed consent has been obtained.
 - f. Immediately upon completion of the case, all protocols must be placed in the client's folder.
 - g. Provide an electronic copy of the finalized Psychoeducational Report on a thumb drive which will be saved to the secure CSC network folder for archiving purposes.
25. Make sure the Authorization for Release of Confidential Information From the Child Study Center is filled out completely for the form to be processed. This means that the phone number and address of the agency to be contacted must be clearly indicated on the form. The CSC GAs will then make sure copies are sent to all appropriate agencies and these transmittals are documented on the Disposition Record.
26. Destroy all DVDs of sessions once the final report is submitted to the CSC. **Failure to do so is a breach of confidentiality.**
27. Remove all videos from the LANDRO equipment once a final report is submitted to the CSC. **Failure to do so is a breach of confidentiality.**

Forms for which student clinician is responsible:

- a. Permission to Conduct Classroom Observation
- b. Authorization for Release of Confidential Information To the Child Study Center
- c. Authorization for Release of Confidential Information From the Child Study Center

Clinic report guidelines. The following guidelines are adopted by all supervising faculty regarding the generation of the Psychoeducational Evaluation Report. Faculty supervisor preferences will likely vary between supervisors; however, the following are standard formatting procedures used by all student clinicians regardless of faculty supervisor.

1. Reports should be prepared by student clinicians using Word on a departmental or personal computer. Departmental computers are located in the graduate room. Reports can be printed in the graduate room or in the CSC office.
2. All pages should be numbered “___ of ___” (for example, “page 1 of 15.” Some supervisors prefer that you use the child's name as a header, while others may prefer a footer on the page. For example: Last name, First name on either the top or bottom of the page.)

3. The first line of print on page 1 (i.e., CONFIDENTIAL PSYCHOEDUCATIONAL REPORT) should begin on line 11. This space allows room for the first page to be copied onto letterhead.
4. Make sure that signatures at the end of the report do not stand alone on the last page.
5. Once the report is finalized and approved by the Supervisor(s), a signed copy, on plain white paper, should be submitted to the CSC. Student clinicians can either hand deliver reports to the CSC during office hours, or put reports in a confidential envelope in the CSC mailbox. CSC GAs will then photocopy (first page onto letterhead) and send to the parents with a coverletter (**Sample 24**). The original copy should be kept in the client's permanent file in the CSC. The date on which the report was received in the CSC, as well as the date on which the report was mailed to the parents, must be recorded on the Disposition Record.
6. If the parents request that a copy of the report be sent to the child's school, the parents must sign an Authorization for Release of Confidential Information From the Child Study Center form. A copy of the report and a copy of the release form can then be mailed to the school / agency accompanied by the appropriate coverletter (**Sample 26**).
7. If a school requests test information that was not included in the original report, the CSS GAs give a copy of the child's report and the child's file, to the CSC Director. The Director will compose a coverletter and attach the requested information to the copy of the report. Put a copy of the coverletter, as well as the additional information, in the child's file. Then, the CSC GAs may send the information to the school, making note of the contact on the child's Disposition Sheet.
8. If a report is requested for any past CSC client, appropriate permission must be documented on the Authorization for Release of Confidential Information From the Child Study Center. The CSC GAs will make a record of it on the bottom of the Disposition Record in the client's file upon mailing.
9. All current files are kept in the lower right hand drawer of the desk on the right in the CSC. Files are to be kept in this drawer unless taken out by a CSC GA, the student clinician, or the Supervisor. Files are NOT to leave the second floor of Stouffer Hall **at any time**.
10. Protocols – check the file to make sure that all protocols for the case are included.
11. Script for when parents can expect to receive the report (check with supervisor on anticipated duration)
12. When turning in a completed case file, please submit:
 - a. Final report; destroy all drafts
 - b. Include all protocols

- c. Anything else unique to faculty supervisor (e.g., Transmittal Form)
- d. Do not include: personal notes; drafts;
- e. Document file submitted to CSC on the Correspondence Sheet
- f. Delete all compuscoring in graduate room. **Failure to do so is a breach of confidentiality.**
- g. Delete report from graduate room (if applicable). **Failure to do so is a breach of confidentiality.**
- h. Delete LANDRO videos. **Failure to do so is a breach of confidentiality.**

CSC director responsibilities. After the clinic dates have been established, the CSC GAs will provide copies of referral forms for each confirmed client to the CSC Director. He or she will then determine to which supervisor the case is to be assigned. Next, provide all supervisors with copies of the assigned referrals so that s/he can assign cases to each of the clinicians. Depending upon the supervisor and the number of cases, the student clinicians may work independently or in pairs.

CSC supervising faculty responsibilities. Faculty Supervisors are provided copies of the client Referral Forms by the CSC GAs as soon as a Round has been filled. At that point, the Faculty Supervisor is charged with assigning cases to student clinicians under his / her supervision. Depending upon the Faculty Supervisor and the number of cases, the student clinicians may work independently or in pairs. Supervising faculty then schedule staffings with their student clinicians. Scheduling of individual supervision with student clinicians is the responsibility of the student clinician. Faculty Supervisors are to provide a list of case assignments to the CSC GAs.

General Procedures Regarding the IUP Child Study Center

Introduction. The following is not intended to be an exhaustive list of procedures that student clinicians should follow when conducting assessments in the CSC. Additionally, students are encouraged to follow specific guidelines and procedures established by their Faculty Supervisor. Below are some general hints that may be helpful.

At the beginning of each semester, Faculty Supervisors will assign cases to student clinicians. Student clinicians are responsible for making a note of the dates that you have clients, supervision sessions, and staff meetings. Be aware that the schedule may be subject to change due to client cancellation, Faculty Supervisor rescheduling needs, or other events. Please remember that EDSP 949 is a class and an integral part of your training in school psychology.

Clinic session cancelations. In rare circumstances (i.e., severe inclement weather), an entire session of clinic may be canceled. Determination of whether a session of clinic is canceled is made based on one of the three following criteria:

1. IUP campus closing: Faculty supervisors, CSC GAs, student clinicians, and the CSC Director must follow the campus policy on weather-related cancelations. Notification of the closure of campus is announced, per IUP procedure, on AM Radio 1020 (KDKA-AM), 1250 (WTAE-AM),

1450 (WDAD-AM); 1160 (WCCS-AM); FM Radio 92.5 (U-92.5); Television KDKA-TV, WTAE-TV, WJAC-TV, and WPXI-TV. See <http://www.iup.edu/weatherpolicy/default.aspx> for the entire Inclement Weather Policy and Procedure.) A closure of campus will render the CSC closed as well.

2. Faculty Supervisor decision: The Faculty Supervisor for a particular session of clinic may elect to cancel due to inclement weather even if IUP's campus remains open. A Faculty Supervisor must make a decision at least 12 hours in advance of the first appointment to allow time to notify the CSC GAs, CSC Director, student clinicians, and clients.
3. CSC Director decision: The CSC Director may elect to cancel due to inclement weather even if IUP's campus remains open. The CSC Director must make a decision at least 12 hours in advance of the first appointment to allow time to notify the CSC GAs, Faculty Supervisor, student clinicians, and clients.

If a CSC session is canceled for any of the above reasons, the following procedure is used to notify all parties of the cancellation:

1. The Faculty Supervisor and CSC GAs will activate the designated phone tree to notify all student clinicians. As such, the CSC GAs must have a current, accurate list of all student clinicians' cell phone numbers. When using the phone tree, a person is responsible for calling the next person on the tree. If that individual does not answer, leave a voice mail message indicating the cancellation and call the next individual on the tree so that all individuals on the tree are not unnecessarily delayed in receiving notification.
2. Coordination of calling all clients will be made by the Faculty Supervisor, CSC GAs, and CSC Director. A reminder that clients should only be contacted via the CSC phone, so communication with clients regarding a session cancellation must be coordinated between the Faculty Supervisor, CSC GAs, and CSC Director so that one of these individuals is responsible for contacting clients using the CSC phone.
3. A rescheduled clinic session will be determined by the Faculty Supervisor in consultation with the CSC Director and CSC GAs. Once a rescheduled date has been established, communication of the new date with student clinicians will be the responsibility of the Faculty Supervisor. The CSC GAs will be responsible for contacting the clients.

Readings. Readings may be directly assigned by Faculty Supervisors for EDSP 949. Students will be held accountable for the material in these readings via clinical work. Please note that these readings can be completed in any order and on an as-needed basis. In addition, Faculty Supervisors may require certain readings in conjunction with a particular case. Other readings may be added to this list over time.

The following are suggested readings of a general nature that will help student clinicians prepare for working with clients in the CSC:

- American Educational Research Association, American Psychological Association, & National Council on Measurement in Education (1999). *Standards for educational and psychological testing*. Washington, DC: American Educational Research Association.
- American Psychological Association. (2001). APA's guidelines for test user qualifications: An executive summary. *American Psychologist*, 56, 1099-1113.
- American Psychological Association. (2002). Guidelines on multicultural education, training, research, practice, and organizational change for psychologists. Washington, DC: Author.
- Flanagan, D. P., & Harrison, P. L. (Eds.). (2012). *Contemporary intellectual assessment* (3rd ed.). New York, NY: Guilford Press.
- Hosp, M. K., Hosp, J. L., & Howell, K. W. (2007). *The ABCs of CBM: A practical guide to curriculum-based measurement*. New York, NY: Guilford Press.
- McConaughy, S. H. (2005). *Clinical interviews for children and adolescents: Assessment to intervention*. New York, NY: Guilford Press.
- O'Neill, R. E., Horner, R. H., Albin, R. W., Sprague, J. R., Storey, K., & Newton, J. S. (1997). *Functional assessment and program development for problem behavior: A practical handbook*. Pacific Grove, CA: Brooks/Cole.
- Rathvon, N. (2004). *Early reading assessment: A practitioner's handbook*. New York, NY: Guilford Press.
- Rhodes, R. L., Ochoa, S. H., & Ortiz, S. O. (2005). *Assessing culturally and linguistically diverse students: A practical guide*. New York, NY: Guilford Press.
- Sattler, J. M. (1998). *Clinical and forensic interviewing of children and families: Guidelines for the mental health, education, pediatric, and child maltreatment fields*. San Diego, CA: Author.
- Sattler, J. M. (2008). *Assessment of children: Cognitive applications* (5th ed.). La Mesa, CA: Author.
- Sattler, J. M., & Hoge, R. D. (2006). *Assessment of children: Behavioral, social and clinical applications* (5th ed.). La Mesa, CA: Jerome M. Sattler Publisher, Inc.
- Thomas, A., & Grimes, J. (Eds.) (2008). *Best practices in school Psychology V*. Bethesda, MD: National Association of School Psychologists.
- Watson, T. S., & Steege, M. W. (2003). *Conducting school-based functional behavioral assessments: A practitioner's guide*. New York, NY: Guilford Press.

Clinic procedures. The following sequence of activities is generally expected. These procedures were developed to make the process more efficient for student clinicians and Faculty Supervisors.

Before clinic day. The following are student clinician tasks that require careful attention prior to the first session of clinic. Student clinicians should plan sufficient time to complete the following tasks and anticipate more based on Faculty Supervisor discretion.

1. Your client's case folder including Referral Form, Background Information Form, and other documents provided by the client will be in Stouffer 243. **DO NOT** call the parent prior to talking with your supervisor. Breaches of confidentiality will be treated as serious violations of procedure and can result in a failing grade in practicum for the semester. Make sure to document on the Correspondence Sheet stapled to the back of the folder every time you access this file.
2. Make an appointment to talk about your case with the Faculty Supervisor. Student clinicians should contact their Faculty Supervisor in a timely, proactive manner and meet with their supervisor at least 1-2 weeks prior to the first session. During this meeting, be sure to query the Faculty Supervisor regarding his/her expectations so that you know exactly what she/he wants.
3. The following should take place prior to the meeting with your Faculty Supervisor:
 - a. Review Referral Form, Background Information Form, and any additional material including previous reports carefully, noting primary reason for referral.
 - b. Decide what information from other sources is missing (e.g., previous psychological report, speech and hearing report, medical report).
 - c. Determine the assessment plan. You must be able to give ample reasons why any test is necessary and be able to discuss the reliability and validity of the instruments and procedures. (It may be helpful at this point to review tests with which you are not familiar). Selection of assessment instruments should be grounded in the referral question(s) and best practices regarding answering these questions. Selection of assessment instruments should not be made because a student clinician is "more comfortable with" or "likes" a particular instrument.
 - d. Select a structured or semi-structured interview to be discussed with your Faculty Supervisor. When writing interview questions, remember that the scope of questioning is typically very broad. The following are general guidelines to consider when evaluating the appropriateness of questions:
 - **Avoid leading questions**
 - **Ask for examples**
 - **Avoid critical statements**

- **Use simple questions and concrete referents**
- **Consider the age, developmental level, and level of involvement when designing questions**
- **Is the question related to the referral question?** The line “of inquiry should be related to the referral concern and ship be intended to either confirm existing information or provide new and relevant knowledge” (Rhodes et al., 2005, p. 107). If the question does not help to confirm other data or provide salient information, then don’t ask it.
- **Does the question assist in identification of a skill deficit or area to target for intervention?** Use questions to help identify or rule out disabilities or to gather information pertinent for developing recommendations.
- **Does the question pertain to exclusionary criteria?** Use questions to evaluate the extent to which exclusionary (e.g., disconfirming) evidence exists.
- **At the conclusion of your information-gathering questions, return to the referral question(s) to clarify any new or contradictory information**
- **When appropriate, follow up with any legal / ethical requirements that were not identified at the outset of the interview that, once data from the interview were gathered reveal additional action.** For example, if, through the course of the interview it becomes apparent that another caregiver should be interviewed (e.g., grandmother), then permission to interview that person should be sought.

The following are resources provide semi-structured interviews that are excellent starting-points for finalizing your interview questions:

General interviewing techniques:

- McConaughy (2005)
- Sattler & Hoge (2006)

General interviewing techniques for ESL:

- Rhodes et al. (2003)

Broad range of academic, social, emotional, and behavioral referral question formats:

- McConaughy (2005)
- Sattler (1998)

Behaviorally-oriented referral question formats:

- Watson & Steege (2003)
- O’Neill et al. (1997)

ESL-oriented referral question formats:

- Rhodes et al. (2003)

e. Determine the timeline of the day. What tests? When? Who will test?

4. Meet with your Faculty Supervisor to review assessment plan and make any necessary adjustments.
5. Carefully review all assessment instruments to be given.
6. Call parents/client 1-2 days before their first session. Always call parents from the CSC phone in Stouffer 243. Any e-mail communication with parents should be completed only via the CSC e-mail account. Never call or e-mail parents from your own phone or e-mail accounts.
 - a. Remind guardians of when their clinic session begins, checking that they know where to park and how to find Stouffer. This information was previously provided to guardians by the CSC GAs; however, it is a good idea to check this again.
 - b. Keep conversation short. Briefly describe the procedures for the day.
 - c. Ask how long the trip will be and when the child will have eaten last (e.g., breakfast), because a mid-morning snack may be necessary.
 - e. Ask parents to bring reports (i.e., educational, medical, psychological) on child and examples of schoolwork, report cards, letters from teacher(s) as decided with supervisor. Copiers in Stouffer will be available upon arrival to make a copy and return to the guardian.
 - f. If a signed authorization form is on file, let the parents know that you will be contacting the school, and ask the parents to notify the school of your intent.
 - g. **DO NOT** interview on telephone. State that there will be plenty of time to discuss case on the clinic day (if necessary).
7. If appropriate and previously approved by your Faculty Supervisor, work with the CSC GAs via a Service Request form (Sample 23) to send out an introductory letter to the school along with behavioral rating forms to teachers as soon as possible to ensure receipt prior to the actual case day. Observation of the client in the school setting may also be arranged with the school.

On clinic day. The following are student clinician tasks that require careful attention during the first session of clinic. Student clinicians should plan sufficient time to complete the following tasks and anticipate more based on Faculty Supervisor discretion.

1. Student clinicians should arrive at least half an hour prior to clients to meet with the Faculty Supervisor and prepare for the day.
2. Before you start, provide your Faculty Supervisor with manuals for any lengthy or infrequently used tests you may use. There are usually copies in the test library.

3. For many people, coming to a teaching clinic such as our IUP CSC is a novel experience and one that can be stressful for the family members and individual clients involved. Our goals include establishing a positive relationship with the client(s), maintaining clear communication, properly administering and scoring test protocols, and demonstrating professional and ethical behavior throughout their experience. Concurrently, the CSC is designed to facilitate graduate student learning, to provide opportunities for observation and feedback, and to advance professional knowledge through research.
4. To help facilitate student clinicians' interactions with clients, below are important talking points and model 'scripts' to be used at various points in the sessions. Verbatim memorization of the script is unnecessary; however, each important point needs to be adequately covered. Also, clients need to be provided with several opportunities to ask questions and obtain appropriate answers.

In the lobby / waiting room, provide the welcome, introductions, brief rapport building, appreciation for coming, etc. The following script may be used:

Welcome to the IUP Child Study Center. My name is Ms. Clinician, and this is Mr. Student and we will be working with you today. We've talked on the phone previously, so you must be.... Mr. & Mrs. Parent, and this is Chris Client? Thanks for coming in today. It's nice to finally meet you in person.

Did you find the CSC OK? How has the morning gone?

Please follow us to one of the rooms that we will be using today...

- ◆ Take guardians and client to Clinic room. For video documentation purposes, briefly re-introduce self, briefly describe procedures (payment, interview/meeting, schedule of day), indicate that the session and all sessions are video recorded and purposes / limits of the video recording. Reiterate referral/desired service, discuss observation and supervision making sure to mention Faculty Supervisor's name and credentials (ask Faculty Supervisor in advance so you are certain of his / her credentials). Inform parents about confidentiality and its limits. Remind about various components of Clinic facility (service, teaching, research). Reiterate that informed consent from parents and from any other adults present in room has been previously received. Obtain assent from the child. The following script may be used:

We appreciate you coming in today and want to briefly walk you through how things will work through the course of the day. First, we'll spend some time talking about how things are going from your perspective. Once we finish our discussion, we'll work individually with Chris. If at any point you or Chris have any questions, please feel free to ask and we'll do our best to answer them. Does this sound all right with you? How about you, Chris?

As I mentioned earlier, I'm Ms. Clinician and this is Mr. Student, and we are graduate students in School Psychology. We received some information about Chris and your concerns on the Referral and Background Information forms you completed earlier, and we'll get to the details of what brought you and Chris in today for assessment in a moment. Before we get to that, we need to explain a few things.

This is one of our Clinic testing rooms like the one that Chris will be doing work in later. As you can see, it's a little unusual in that we have a microphone, and videotaping capabilities. Since this is a teaching Clinic and we are school psychologists-in-training, the work that we do here is necessarily being observed and supervised by Dr. Ima Supervisor who is a [certified school psychologist/licensed psychologist]. Other Clinic staff may also be observing throughout the day, as well.

One of the things that is important to stress is that the information you share and the work we'll be doing with Chris here today is confidential. That means that, as Chris' parents, you have the right to determine who this information is shared with – the Clinic and Clinic staff cannot share this information or Chris' report with anyone outside the Clinic without your written consent. Similarly, we cannot gather information about Chris such as from your doctor or Chris' school without your authorization; hence, you've seen the Authorization for Release of Information To and From the Child Study Center forms that accompanied the original referral form that you completed a while ago. Do you have any questions about this?

*We should note that there are three important cases in which this confidentiality **cannot** legally be maintained. One case would be if we had indications that Chris was being or was in danger of being harmed; another case would be if it were indicated that Chris intended to harm someone else. If either of these situations were to occur, our professional obligation would be to inform the appropriate authorities. A third instance in which breach of confidence is legally required is if a court order requires it of us. Does that make sense? Is that acceptable to you? [If not, interviewer needs to address this and perhaps terminate the interview.] Chris does this make sense to you also? Is this okay with you?*

*To proceed with our evaluation of Chris here today, we need your written permission to observe and record our work. You previously completed the Permission to Test and Videotape these sessions. The videotape will help us to review our work, to complete a thorough assessment of Chris, and to write up our final report. Videotapes like this can also be very helpful in other ways. For example, we find it very valuable to be able to use the videotapes as teaching tools for other graduate-level school psychology students. Do you have any questions about those forms? [Answer parents' questions. If unwilling to sign, testing **cannot** proceed].*

Please note that all adults being recorded must sign the authorization form. Be prepared to come back to this form if others arrive later.

Now that we've gotten all the paperwork out of the way, we'd like to focus on gathering information about how Chris has been doing from your perspective and from Chris' perspective. We'll spend some time talking together, and we have a number of questions for you that will be helpful in getting a

complete picture of Chris' interests and skills. While we talk, Chris will be supervised by the Child Study Center Graduate Assistant you met earlier. Once you and I are done with our conversation, we'll ask Chris to complete a number of tasks in different domains, which may include cognitive skills, academic skills, visual-motor skills, social interactions, emotional/behavioral styles, or other areas. After we finish talking together, we may have some structured questionnaires for you to complete while we work individually with Chris.

Do you have any questions about today's schedule, the testing we'll be doing, or anything else at this point? Again, please feel free to ask questions at any point throughout the day.

Let's start with why you brought Chris in today. Tell me more about that...

[Begin parent interview. Remember to use professional interviewing strategies that include, but are not limited to, PACERS: Paraphrasing, Attending, Clarifying, Eliciting, Reflecting, and Summarizing.]

◆ Complete evaluation

5. Help the parents and child to feel comfortable. Begin the interview with the parents by expressing your interest in their concerns. Also, stress that you would like them to help you get to know their child through the interview. Periodically, ask the parents what questions they have for you. Reinforce the parents occasionally for all of the helpful information that they are giving you.
6. Do not leave confidential materials and tests unattended and visible when you get busy throughout the day.
7. You may always stop testing/interview to ask advice. At the end of the day, Faculty Supervisor comments will be provided for you, including what's done right, wrong, thoughts or questions, ideas for recommendations.
8. At the conclusion of testing, remind parents of their follow-up appointments and give them their reminder cards.
 - ◆ Reinforce the child's/client's effort and praise his / her cooperation, if appropriate, remaining positive but honest. Explain what occurs after the Clinic visit. The following script may be used:

Chris worked really hard for us today, and we have a lot of things to go over based on what you've told us and the work we did with Chris. From this point, we will be scoring the instruments and integrating all the information from today with other information (if available) from the school and/or hospital into a written report with recommendations.

9. After the Feedback session only: Remind parents of what they can anticipate in the coming weeks. The following script may be used:

As we discussed earlier today, we are part of a teaching Clinic, so we will be working hard to complete our evaluation and a quality report with guidance from our supervisor. Once we have the report finished, which should be about 4-6 weeks from now, you will receive a copy of the report. If there is a delay in this process, you will be notified. Do you have any questions about this process?

After clinic day. The following are student clinician tasks that require careful attention after each clinic session. Student clinicians should plan sufficient time to complete the following tasks and anticipate more based on Faculty Supervisor discretion.

1. Consult your Faculty Supervisor's comments as you review your video of the session. Make any notes and specify places in the video that you may want to discuss with your supervisor (i.e., you may disagree with comments or have a question about something not mentioned).
2. Score all tests completely and write the first draft of the report. This report must be typed on secured computers and maintained in a password protected file. The first draft of the written report and complete file (referral forms, scored protocols, notes) should be submitted to supervisor by the time specified by him / her.
3. Schedule an appointment with your supervisor to discuss test interpretations, further assessment needs, recommendations, etc.
4. Meet with your supervisor and plan for the next Clinic session. This process is repeated after every Clinic session.

Feedback session. The following are student clinician tasks that require careful attention during the first session of clinic. Student clinicians should plan sufficient time to complete the following tasks and anticipate more based on Faculty Supervisor discretion.

1. It is important to prepare for your feedback to the family. This may be a difficult task, so don't take it lightly. Consider the family's background and sophistication regarding test results. Get the important points across. The small details (e.g., names of tests and scores) may not be as important at this stage and will be provided in the written report. Please remember that this meeting should be treated as a consultation session where parents and/or adult clients are helped to consider the implications of the results from the evaluation.
2. Remind parents about confidentiality and videotaping. You should have the previous informed consent form present in case parents wish to review it. Also, any adults present for the feedback session who were not present on the day of the case must sign the authorization to record form. Your feedback to the parents or client should clearly summarize the findings and your recommendations. You should be able to accomplish this in one hour, if you are organized and

clear. Remember, parents are interested in what is going to happen to their child, not the psychometric properties of the tests. Do not promise that the report will be sent by a certain time, but suggest that they should have it within 4-6 weeks. Obtain written permission to release the report to appropriate persons / agencies, if necessary.

2. On rare occasions, a telephone feedback may be necessary. With your supervisor's approval, inform the CSC GAs to schedule a room with telephone access and prepare equipment for audio recording of the call. Bring a blank audiotape with you on the feedback day to audio record your feedback session. As would be done in the Clinic setting, you need to remind your client/parents that taping of your work is required. Be advised that according to Pennsylvania statute (18 Pa. Cons. Stat. § 5703, 1999), it is a felony to intercept any wire, oral or electronic communication without the consent of all participants. Thus, it is important to make certain you obtain verbal consent from any and all individuals participating in the telephone feedback. For legal purposes, the following procedures must be followed:
 - a. Keep the audiotape recorder OFF
 - b. Once you've established a connection with the client/family and rapport is established, obtain verbal consent from all family members participating in the feedback regarding your permission to audiotape the conversation (as would have been done in clinic for videotaping an in-person feedback).
 - c. Turn ON the audiotape, and let the client/parent(s) know you've turned it ON
 - d. Restate on the audiotape that the feedback is being audiotaped, that Mr. & Mrs. X (and whoever else) have given verbal consent, and ask them if they have any objections to being audiotaped.
 - e. Proceed with your feedback.

After feedback session. The following are student clinician tasks that require careful attention after the feedback session with guardians / adult clients. Student clinicians should plan sufficient time to complete the following tasks and anticipate more based on Faculty Supervisor discretion.

1. Review your close out tape, revise draft report, and resubmit report to Faculty Supervisor.
2. Follow the Clinic Report Guidelines (page 26) for proper report preparation, submission to the CSC, and handling of all documents and videos associated with the case.
3. Completing Clinic cases in a timely manner is important and complete the Check-Out (**Sample 34**) sheet at its conclusion. Allowing a case to remain incomplete for many weeks without follow-up or contact with the family is not professional. Keep the Faculty Supervisor and client informed and make every effort to complete the case within 4-6 weeks after the final feedback session. Any unusual circumstances or substantial expected delays should be brought promptly to the Faculty Supervisor's and CSC Director's attention. Please note that a grade for EDSP 949 will not be assigned until all cases for the current semester are completed. Typically, student clinicians are assigned an I (Incomplete) grade until all cases are completed.

General Child Study Center Graduate Assistant Duties

The Child Study Center (CSC) is a psychoeducational clinic operated by the School Psychology Program in the Department of Educational and School Psychology (EDSP) at Indiana University of Pennsylvania (IUP). The CSC was designed primarily to serve three purposes: 1.) Serve as a training facility for graduate students in school psychology, 2.) Provide services to children and families with special needs, and 3.) Assist in faculty research.

Under the direct supervision of EDSP department faculty, School Psychology graduate students provide psychoeducational services to children and youth ages 3-20 (including adults in school) for learning and/or behavioral problems. These services are quite diverse and include assessment, consultation, and counseling for both the children and their families.

As a Graduate Assistant (GA) in the Child Study Center, your duties and responsibilities are manifold and include the following:

1. Take referrals for the Child Study Center, which are usually completed by telephone contact.
2. Set appointments for clients during Spring and Summer clinic sessions.
3. Send reminder letters to parents of upcoming appointments.
4. Create and maintain files for each incoming client, obtaining any necessary outside records requested by student clinicians.
5. Meet with parents and children at the clinic and introduce them to the student clinicians assigned to their case.
6. Supervise children while parents are interviewing or receiving feedback with their student clinicians.
7. Set up video equipment in the observation room for student clinician and faculty supervisor use.
8. Maintain a sign-out log of all test materials and books borrowed by student clinicians.
9. Maintain an inventory of tests and testing materials and order new supplies as needed.
10. Update and maintain appropriate forms needed in the CSC enter such as intake forms, disposition records, etc.
11. Compile a statistical report for the Child Study Center at the end of every semester.

While the above list appears comprehensive, your responsibilities will stretch far beyond these roles as your proficiency in the CSC increases. Permeating all these roles, however, is the quintessential need for you to work well with others. As the GAs in the CSC, you are a representative of our clinic and of our program as a whole. Ability to communicate effectively with children, parents, and clinicians requires good "people skills." Remember to act as a professional at all times, and maintain positive working relationships with the people you contact.

With this in mind, let us delve deeper into the Child Study Center. For organizational purposes, this handbook is set up according to those duties that should be carried out during the FALL, the SPRING, and the SUMMER semesters. Please see the table of contents for easy reference.

Clearances

All GAs, student clinicians, and Faculty Supervisors must maintain current clearances per Act 114 of 2006. More details are available on the PDE website (www.pde.state.pa.us); however, initial information is provided below directly from the PDE website.

Act 114 of 2006 specifies that all applicants for employment in public and private schools including employees of independent contractors, but excluding employees who do not have direct contact with students undergo background checks. In addition, Act 114 extends the background check requirements to include student teacher candidates. As of April 1, 2007 the following three background checks are required:

1. *Pennsylvania State Police Request for Criminal Records Check (Act 34). Applies to individuals hired as of January 1, 1986.*
2. *Department of Public Welfare Child Abuse History Clearance (Act 151).*
3. *Federal Criminal History Record Information (CHRI) in a manner prescribed by the Department of Education*

The Department of Education has outlined procedures for obtaining the federal criminal history record information from the FBI. The procedure for obtaining a federal background check has changed since December 1, 2008 and this procedure, including information for obtaining the PA State Police Criminal Records Check and the Department of Public Welfare Clearance is included in this webpage. In addition, Frequently Asked Questions and Answers are included to assist school administrators and applicants with the process.

Please keep in mind that clearances (child abuse, FBI, and criminal background checks) and professional liability insurance need to be current, with a copy made available to the Department Administrative Assistant for your file. Failure to maintain this information could result in an inability to meet course requirements or serve as a GA. Please note that it is your responsibility to maintain these clearances and insurance coverage. For your information, the following time lines apply:

Child Abuse History Clearance - valid for one year from date of hire / enrollment (see <http://www.dpw.state.pa.us/findaform/childabusehistoryclearanceforms/index.htm>)

Criminal Background Checks -valid for one year from date of hire / enrollment (see http://pa.gov/portal/server.pt/community/background_checks_%28act_114%29/7493/act_34_background_checks/601379)

FBI Clearance - valid for 5 years from date of hire / enrollment (see <http://www.aa.psu.edu/education/docs/FBI%20Clearance%20Information.pdf>)

Insurance - Purchased annually

Fall Semester Duties

Inventory of tests. If you are reading this section of the manual for the first time, you are most likely a first year graduate student chosen as the esteemed Child Study Center graduate assistant. As such, your first responsibility in the CSC is to take a comprehensive inventory of all test materials located in the test room. Complete inventory is done every other year; otherwise, an abbreviated inventory is done. This job requires you to go through the series of file cabinets and locked cabinets located in the CSC test room, writing down each test name and the number of protocols (e.g., answer sheets), manuals, kits, etc. currently housed in the CSC. Check kits for all necessary materials (manuals, CDs, templates, etc.). After all the materials in the drawers and cabinets have been counted, you must generate new labels to place on the face of the cabinets. Current labels are saved on the CSC shared drive in the folder labeled "Inventory." This ensures that the labels accurately reflect the contents of the cabinet and allow for easier reference. Your inventory will be typed up and kept on file so that you and interested others can refer to it as needed. Prior inventory reports are located on the shared drive for reference.

While this task may seem daunting, it serves several important purposes. First and foremost, it helps you, the new GA, become familiar with the testing materials in the CSC. The more familiar you are with these materials, the better able you will be to answer questions about the materials as they arise. Secondly, an annual reorganization of materials ensures that everything is in its proper place, which will make the second-year clinicians revere you. Finally, it is essential that a detailed account of materials be taken so that the necessary items can be ordered for the upcoming clinic. (Refer to *Ordering Test Materials* below). So, take your time, become familiar with as much as you can, and maintain that smile.

Ordering test materials. The fall semester is a time to reorganize and prepare for the upcoming clinic. One aspect of this reorganization involves sending out an e-mail to all necessary faculty (e.g. Drs. Kovalesski, McLaughlin, Black, McGowan, and Runge) regarding their requests for Fall materials. It helps to get a syllabus from instructors for each of the assessment courses to determine the number of protocols you will need for each test. For example, if Dr. McLaughlin requires 3 practice administrations of the Stanford Binet-Fifth Edition and there are 12 students in the class, you will need at least 36 SB-V protocols (i.e. 12 students X 3 administrations = 36 protocols).

This is where the inventory of tests becomes crucial. By referring to the inventory, you can tell whether you have plenty of protocols or whether you need to order more. If you are unsure about whether you have enough or you need to order, be sure to ask the second year CSC GA or a faculty member. It will seem tricky at first, but the more practice you have, the better you will get at ordering.

Once you have determined what items need to be ordered, you will begin the ordering process by referring to the test catalogs located in the filing cabinet in the CSC office. Some of the most frequently used catalogs include Pearson, Pro-Ed, PAR, and Riverside. The easiest way to find out which company publishes a test is to look on the test protocol for the publisher's name. Then, simply refer to the appropriate catalog or website to obtain prices for the materials.

After you have located the necessary materials, you will need to complete a Child Study Center Purchase Request form (**Sample 1**), located in the bin labeled, "test ordering information and forms," in the CSC office. You will need to fill out a separate purchase request form for each publishing company. You should fill out each form in its entirety, including the preparation date and the vendor name, address, phone number, and fax number. In addition, for each item to be ordered, you should record the page and catalog numbers, the exact item name, the quantity to be ordered, the packaging unit (pkg., ea., etc.), and the unit price. Next, record a subtotal.

Many of the companies we order from offer a University Training Program Discount of 40%. This discount is offered when a university purchases materials that are used for training graduate students. Since all of our materials are used in such a manner, we do qualify for this discount when it is offered. The ordering section of most catalogs indicates the appropriate procedures for applying this discount. When applicable, this 40% discount should be subtracted from the unit price, and a new adjusted amount should be calculated. Next, a total amount should be calculated. These steps should be completed for each item ordered, and a subtotal should be recorded.

The shipping and handling fee should then be added to the new subtotal and a grand total should be recorded. The shipping and handling charge is typically 10%, but you should always refer to the catalog for an exact amount. After completing the purchase order form, make a photocopy for our records, and place the original purchase order form and, when applicable, a photocopy of the University Training Program Qualification form, in the department's administrative assistant's mail bin (currently Diana Fatula).

Although the administrative assistant will maintain a record of what the CSC has ordered, it is important for us to maintain our own records. Therefore, it is essential that copies of each purchase order form be placed in a folder in the bin labeled, "test ordering information and forms," located in the CSC office. When the tests come in, record the date of arrival on our copy of the appropriate purchase order form. Special effort should be made to ensure that the shipment is entirely correct. These records should be archived every fiscal year (July 1 – June 30) in the bottom drawer of the CSC filing cabinet.

Purging files. In the fall, it is the second year CSC GA's responsibility to purge the client files from the previous year's clinic. To purge a file means to remove documents that are not necessary to maintain in a client's file, and to organize the file in a systematic way. Unnecessary information includes handwritten notes by the clinician, homework that the parents have brought in for the clinician to see, etc. The only pieces of information that should be kept are the initial referral form, all background information forms, release forms, and fee waiver forms from the parent packet, all protocols, any original work created by the child at the CSC (written or drawn), and the original report. Anything other than this should be removed from the child's file and **SHREDDED**. The only exception to this rule is any information about the client gathered from a school or outside agency. This information should be kept for our records, but should never be released to any individual or agency. The remaining materials should then be organized in the following manner:

- 1.) Original report paper-clipped on top
- 2.) All protocols paper-clipped together in the middle

- 3.) Any information provided by a school or agency, paperclipped with a note stating, "This information is for our records ONLY and should NOT be released to any individual or agency."
- 4.) All information from the parent packet paper-clipped on the bottom (referral form on top)
- 5.) Correspondence (i.e. letters, e-mail copies)

Once the file is organized, fill out the Disposition Record (**Sample 2**) stapled to the inside cover of the file. Be sure to answer the questions on this sheet thoroughly by referring to the documents maintained in the file. Once this sheet has been completed, the file is considered PURGED and should be filed in the cabinets on the left side of the test kit room. Be sure that the semester statistical report has been completed before the files are filed in the test kit room.

Stocking parent packets. Parent packets are packets of information sent out to parents who refer their children to the CSC. These packets include:

- 1.) Admission Cover Letter (**Sample 3**)
- 2.) Campus Map (**Sample 8**)
- 3.) Child Study Center Brochure
- 4.) Business reply envelope
- 5.) Background Information form (**Sample 4**)
- 6.) Fee waiver application (**Sample 6**)
- 7.) Permission to tape and evaluate form (**Sample 7**)
- 8.) Authorization for release of confidential information to CSC form (**Sample 5**)

These packets should be assembled during the beginning of the Fall semester so they are at your disposal when business starts picking up during late fall. A sample packet is kept in the second drawer of the filing cabinet in the CSC office.

The Permission to Tape and Evaluate form and Authorization for Release of Confidential Information form (numbers 7 and 8 above) are added to the parent packet right before the packet is sent. This is because the date must be written on the Permission to Tape and Evaluate form, and the appropriate materials to be released must be checked on the Authorization for Release of Confidential Information form

Preparing DVDs for clinic. Another simple duty which must be carried out, is preparing the DVDs for Spring Clinic. All DVDs from the previous Spring and Summer Clinic must be destroyed. This is a matter of confidentiality and is of the utmost importance.

Making deposits for the CSC. The CSC provides services for a fee of \$75.00 to cover Center costs. Typically you will receive this payment in two installments: one payment of \$10.00 as a deposit accompanying the confirmation letter, and one payment of \$65.00 at the clients' last appointment. Cash, checks, and money orders are acceptable forms of payment (checks should be made payable to the IUP Research Institute). You should develop a payment list with all clients' names, deposit received/date, full payment received/date, and fee waiver granted (yes/no). All payments made in cash

should be recorded in the "Petty Cash" section of the spiral notebook located in the bottom drawer of the left side in the desk on the right in the CSC office. Petty cash is set aside to purchase any needed products for the CSC such as coffee, cups, napkins, stickers, etc. All payments made by check should be recorded in the "Deposits" section of the same spiral notebook mentioned above. Record the child's name in the notebook. If the parents' last name differs from the child's last name, include it in parentheses behind the child's name. The office of the Auditor General has developed appropriate policy and procedure for the handling of such revenue. It should be followed as outlined below:

*All checks are to be delivered to the **Research Institute (Bernie Piwinsky)** at 1179 Grant Street, Suite 1 on a WEEKLY basis, each Friday, prior to 12:00 noon. The account number is 12-59. Revenues must be forwarded on a daily basis whenever the accumulated balance exceeds \$100.00, and as often as the office or department feels prudent when the balance is less than \$100.00.*

*Each office or department will restrictively endorse all checks/money orders/drafts immediately upon acceptance. **The Research Institute** will issue a pre-numbered receipt noting the name of the fund, the amount received, the date, and the time of receipt for each transmittal. This receipt is to be maintained on file in the office or department transmitting the monies as proof of transmittal to the Accounts Receivable Office, and for audit purposes.*

Each office or department is required to reconcile receipts from the Accounts Receivable Office for revenues transmitted against monthly cost center reports where applicable. Any discrepancies between the amounts reflected on the daily receipts and those noted on the monthly reports are to be reported to the Treasurer.

After recording checks in the "Deposits" section of the spiral notebook, fill out a CSC deposit record (**Sample 9**), located in the bottom drawer of the left side in the desk on the right of the CSC. You should record today's date, the name of the person who signed the check, and amount for each check being deposited. Make a photocopy of this form. Place the checks in the white bank bag, also located in the top drawer of the filing cabinet in the CSC office, and hand-deliver them to the Research Institute. You should ask the clerk in the Research Institute to sign one copy of the CSC deposit record and you should give her or him the unsigned copy with the checks. The signed copy of the deposit record should be given to the department's administrative assistant in Stouffer Hall. This should be done no less than every two weeks, regardless of the amount. The CSC cost code, which the Research Institute will need to make the deposit, is handwritten on the top of this white bank bag.

The intake and referral process. One of the most important duties you will have as a GA in the CSC is, believe it or not, answering the phone. The majority of referrals coming into the CSC are received via phone. Therefore, it is vital that you are in the office to answer incoming calls. Although it goes without saying, the CSC should be run in a professional manner. When you speak to parents, it is important that you use proper phone etiquette. Answer the phone professionally by saying something like "Child Study Center, _____ speaking. How may I help you?" Most people are calling to either a.) Gather more information about the CSC or b.) Make a referral for the CSC.

Therefore, be prepared to answer questions. In the beginning, you may find the referral script / FAQs folder with the referral forms useful to keep a CSC pamphlet handy to answer basic questions.

Initial referral calls will require you to fill out a Referral form (**Sample 10**). There are copies of these forms in the bin labeled, "referrals," on the desk in the CSC office. Be as detailed as possible in filling the form out. (These forms will later be photocopied and given to the Faculty Supervisor and subsequent student clinician(s) to begin developing an appropriate assessment strategy). Be sure to explain the clinic process to clients. For example, the following dialogue may be useful:

The Child Study Center is a psychoeducational clinic run by the Educational and School Psychology Program at IUP. The assessments are conducted by graduate students under the direct supervision of both doctoral and faculty supervisors. The clinic is run during the Spring and Summer semesters only. Each client is asked to attend the CSC for at least three 2-hour sessions. The clinic provides counseling, assessment, and consultation to schools.

The first session is primarily a chance for you to get to know the student clinician who has been assigned to your case. You will be asked to have an interview so that the student clinician is better able to gauge exactly what it is you are looking for from the Child Study Center. The second session is set aside for assessment. The third session is designed as a feedback session in which the student clinician will meet with you and inform you of what was done, the conclusions arrived at, and specific recommendations that are relevant to your child. (Spring clinic is run on Wednesdays through Fridays from 1:00 to 5:00 pm, and Summer clinic is run on Mondays through Thursdays from 8:00 am to 12:00 pm)

There is a \$75.00 fee to cover the Center costs. However, there is a fee waiver available to eligible families. Within the upcoming week, I will send a confirmation letter to you that will ask you to confirm your interest in attending the CSC. The letter will also ask you to verify this confirmation by sending a \$10.00 deposit. Once this deposit is received, we will mail you a packet containing general information and permission forms. After you have returned the packet to us, we will contact you to schedule appointment times. Do you have any questions?

In the Fall, you may be contacted by parents who require more immediate service than we can provide. You should discuss these cases with the CSC director to see if special arrangements can be made. If special arrangements are not possible, these clients can be referred to other agencies such as The Indiana County Guidance Center (724-465-5576), The IUP Center for Applied Psychology (724-357-6228), the Center for Psychological Help (724-349-4494), or Family Psychological Associates (724-349-6320). Other community resources can be found in the bin on the CSC desk labeled, "outside referral resources." In the beginning you may feel that the parents are in need of more information about the CSC than you can provide. In these instances, ask for assistance from the second year CSC graduate assistant, or transfer the call to the CSC Director.

After a referral has been taken, personalize a confirmation letter (**Sample 11**) and send it out with a business reply envelope to the parent. When the letter has been returned with a \$10.00 deposit, create a file for the client.

All current files are kept in the lower right hand drawer of the desk on the right in the CSC. Files are to be kept in this drawer unless taken out by you, the CSC Director, the student clinician, or the Faculty Supervisor. Files are **NOT** to leave the second floor of Stouffer Hall **AT ANY TIME**.

In addition to creating a file for the client, you should mail a parent packet to the family. Parent packets are located in one of the bins on top of the desk in the CSC office. In addition to the materials that are already assembled in the packet, you must prepare and include: (1) a permission form, (2) a release form, and (3) parking permits (**Sample 30**), if appropriate. These forms are located in the bin labeled, "permission forms." At the bottom of the Permission to Tape and Evaluate (**Sample 7**) form, there is a line to record the date until which the permission is in effect. You should write the date for one year from the current date. For example, if you prepare the parent packet on September 9, 2012, the permission should be in effect until September 9, 2013.

The Authorization for Release of Confidential Information to the CSC (**Sample 5**) form is a little more difficult to complete. This form authorizes the child's school, doctor, etc. to release confidential information about the child, to the CSC. You should write the name of the organization on the appropriate line and check only the applicable information. For example, if the child has had psychological testing done before, and you are completing a release form for the school, it would be appropriate to check, "educational evaluations," "psychological evaluations," and "treatment progress reports." However, it would not be appropriate to check "medical reports/tests." In addition, you should always check, "Other," and write, "permission to communicate with school (or medical) personnel." This statement gives the student clinicians permission to speak with school personnel, or medical personnel, on the telephone. One of these forms should be filled out for each school, doctor, agency, etc. that could provide relevant information about the child.

Regarding parking securing parking permits: The department administrative assistant, (currently Diana Fatula), will obtain the passes. Tell her the number of passes you need, the dates you need them for, and the purpose for the passes. She will let you know when the passes are ready to be picked up at the Annex. Passes can be either mailed out a week prior to the client's appointment time or given directly to the client at the time of their appointment.

After you have completed the Permission to Tape and Evaluate form, the Authorization for Release of Confidential Information to CSC form, and parking permit information, put them in the parent packet, along with a large return envelope, and mail the packet to the parents. There are CSC mailing labels in the filing cabinet in the CSC office on which you can type the parents' names and addresses. This label should be adhered to the sealed parent packet and the packet should be placed in the off-campus mailbox in the main office. The date the parent packet was sent should be recorded on the correspondence sheet of the respective client's folder.

Be sure to check the CSC mailbox every day because many parents will begin to return their parent packet information within a week of receiving it. This information should be filed in the respective client's folder and the date the information was received should be recorded on the disposition record stapled to the front of each client's file. If anything is missing (i.e., a release form,

background information, etc.), be sure to contact the parent so that he / she can mail the missing documents to us before the start of clinic. If you have not heard from a client after a few weeks, contact that client to confirm that they have received the packet and encourage them to return the materials as soon as possible.

Preparing for Spring Clinic

The spring schedule. In mid-October, you should meet with the CSC Director to develop a tentative schedule for Spring Clinic (**Sample 13**). This schedule should take into consideration ASPP and NASP conferences, Spring Break, and Easter. Typically, no clinic is held on the Fridays surrounding these events. The schedule should allow for at least 12 clinic days because the Spring semester is divided into two clinic rounds - Spring Round 1 and Spring Round 2. Each round will consist of 3-4 clinic sessions. The student clinicians will be divided into sections under different faculty supervisors (for example, Drs. Black and McGowan). Each section will hold clinic approximately every other week on their assigned weekday. In other words, using the example above, if Dr. Black's section were assigned to February 1st, February 15th, and March 6th for Spring Round 1, then Dr. McGowan's section would be assigned to February 8th, February 28th, and March 13th for Spring Round 1. Once you have a tentative schedule set for clinic, you should provide the CSC Director with a copy, and then give one to other participating faculty for his / her review. In addition, each student clinician will be assigned to one of sections. You must obtain a list of supervisor assignments from the CSC Director before you start scheduling clients.

Case assignments. After the clinic dates have been established, provide four copies of referral forms for each confirmed client to the respective Faculty Supervisor. S/he will then determine to which student clinician the case is to be assigned. Faculty supervisors will then distribute the copied referral forms to the respective student clinician(s). Depending upon the supervisor and the number of cases, the clinicians may work independently or in pairs.

Scheduling appointments. After the following has been done:

- a.) a \$10.00 deposit has been received from each client,
- b.) a clinic schedule has been developed,
- c.) supervisors have been assigned,
- d.) student clinicians have been assigned to supervisors,

clients can be assigned their appointment times. Most scheduling will begin in late November or Early December. Scheduling is done on a first come, first served basis; therefore, if you have referrals left over from the previous Summer Clinic (which will often happen), you will need to contact those clients first. Although it is ideal to finish scheduling by the end of the Fall semester, you may need to work over the holiday break to complete the task. Further, it is not uncommon to take new referrals over the break, even as late as one week before the first clinic session. Therefore, it will be important to check the phone messages at the CSC regularly over the semester break and return clients' calls.

As noted earlier, Spring Clinic is run on Wednesdays through Fridays in Round 1 for four-hour blocks of time 1:00 pm – 5:00 pm. In Round 2, clinic sessions are during one of two two-hour blocks – either from 1:00 pm – 3:00 pm or from 3:00 pm – 5:00 pm. When scheduling clients, you will schedule all appointments at once. In addition, those cases having earlier referral dates (look on Referral Form) should be scheduled for Spring Round 1, and those that have later referral dates should be scheduled for Spring Round 2. This procedure is in accordance with the first come, first served policy mentioned earlier. You should create a tentative schedule, with each client scheduled for their 3-4 sessions. Review this schedule with the CSC Director. Once the schedule has been approved, you can mail clients appointment time letters (**Sample 14**).

Each client should be mailed an appointment time letter which indicates the days, dates, and times in which they have been scheduled for clinic, but do not include the name of the clinician assigned. Also, include an appointment card and a Frequently Asked Questions sheet (**Sample 15**) for the first session. Appointment cards are in a rectangular box sitting on top of the CSC desk, and the FAQ sheets are in a folder in the filing cabinet in the CSC office. As with any contact you make with parents, you should record the date and the nature of contact on the correspondence sheet stapled to the back side of each client's file.

Student clinician orientation. Orientation for the student clinicians usually takes place during the first week of the Spring semester. The second year CSC GA is expected to attend this meeting to discuss clinic procedures and CSC policies. In preparation for this meeting, you should prepare packets or CDs for the clinicians. These packets or CDs should be personalized and include the following:

- 1.) The general guidelines, policies, and helpful hints form which contains information regarding: (**Sample 16**)
 - a.) you and your office hours
 - b.) case information
 - c.) report guidelines
 - d.) introduction to AV 101
 - e.) introduction to the case management form
 - f.) what to expect for Saturday Clinic
- 2.) A Clinician Service Request form (located on the door of the CSC office) (**Sample 17**)
- 3.) CSC Report Writing Guidelines (**Sample 18**)
- 4.) Landro Cheat Sheet instructions (**Sample 19**)
- 5.) Sample Reports from both supervisors
- 6.) Sample Case Management Form (**Sample 20**)
- 7.) A phone tree to be used should clinic be cancelled due to bad weather or emergency
- 8.) A copy of the clinic schedule with supervisor's assigned dates
- 9.) A copy of the clinician's assigned case referral form(s)
- 10.) A list of the scheduled dates and times for each of the clinician's assigned cases

- 11.) A packet of permission slips and release forms:
 - Clinician Service Request
 - Authorization to Release Info **to** the CSC
 - Authorization to Release Info **from** the CSC (**Sample 25**)
 - Classroom Observation Permission form
- 12.) A Client File Packet:
 - Disposition Record (**Sample 2**)
 - Correspondence Sheet (**Sample 12**)
 - Referral Form (**Sample 10**)
 - Permission to Tape and Evaluate (**Sample 7**)
 - Fee Waiver Form (**Sample 6**)
 - Background Information Form (**Sample 4**)

Samples of student clinician packets for Spring and Summer Clinic are located in the file cabinet and on the shared network drive. In addition to distributing packets to the student clinicians, you will review the information in the packets, as well as other relevant policies and procedures regarding clinic. Some of the most important points you should highlight include the following:

- 1) The clients' files are to remain in the bottom right hand drawer of the computer desk in the CSC office unless being used by you, the clinician, or the faculty supervisors. All files should be returned immediately to this drawer when they are not in use. **No files may be taken outside of Stouffer Hall 2nd floor.** (There are two reasons why this is so important. First, it is a matter of confidentiality, which must be taken seriously. Second, you will be responsible for making reminder calls to parents, sending out requests for information to schools, sending information to parents, etc. all of which require that you have access to the clients' folders.)
- 2) Test kits are to be signed out for **no longer than 3 days** at a time. Because clinic is run by multiple sections of student clinicians, it is essential that all sections have access to the necessary test kits.
- 3) All **contact with parents must be recorded** on the Correspondence Sheet stapled to the back of the client's folder. Contact includes telephone, mail, e-mail, and fax.
- 4) The request for information forms must be filled out completely for the form to be processed. This means that the phone number and address of the agency to be contacted must be clearly indicated on the form.
- 5) All reports should be turned in as follows:
 - a) With all necessary signatures (obtained by the student clinician).
 - b) On plain white paper, NOT on letterhead (it is the CSC GAs job to copy the first page of the report onto letterhead).
 - c) Paper-clipped, **NOT STAPLED**- The original report stays in the client's folder, and a photocopy of the report is sent to the parents. Photocopies do not look as nice with staple marks on them.
 - d) A hard copy of the report should be submitted with all signatures.

- e) Student clinicians should submit an electronic copy of the report to the CSC GAs on a thumb drive.
- 6) Immediately upon completion of the case, all protocols must be placed in the client's folder.

The student clinicians may have questions regarding specific referrals you have taken. Sometimes just giving the student clinicians an indication of a parent's temperament can be helpful.

The final duty during the orientation meeting is to show the clinicians the Observation Room. They will be shown how to turn on/off the equipment and how to do a test run on their DVDs. The student clinicians should do test runs every time they use their DVDs. The procedure listed on the "AV 101" sheet (**Sample 19**) should be followed. AV 101 includes more specific directions for the different rooms.

Reminding clients of appointments. One week prior to a client's initial appointment, you should send the client a reminder letter (**Sample 21**), indicating the date and time of the client's first appointment. There is a template for the reminder letter on the hard drive of the CSC computer. It is very important that all names, addresses, and dates be appropriately changed. **IT IS A BREACH OF CONFIDENTIALITY TO SEND A LETTER TO A PARENT WITH THE WRONG CHILD'S NAME ON IT, SO BE METICULOUS!**

In addition to sending the clients reminder letters, you should make confirmation calls every Wednesday or Thursday to confirm the upcoming week's clinic. Try to personally speak to the parent at home or work. If you must leave a message, do not leave the child's name on the answering machine. Some parents do not want to stigmatize their child by letting siblings know that the child is being assessed at the Child Study Center. In other words, be discrete. Identify yourself with your name and Indiana University of Pennsylvania, and leave the Child Study Center's phone number. When speaking with a parent, you might use the following dialogue:

Hello. This is _____, from the Child Study Center at IUP. I am calling to confirm your appointment for this Friday, (date) _____, at 8:00am.

The same dialogue may be used when leaving a message, just omit the "Child" Study Center and identify yourself as calling from the "IUP Study Center".

Requests for case information. For student clinicians to obtain a broader picture of their clients, they may request that you contact a school or an agency for information such as grade reports, standardized test results, speech/hearing evaluations, psychological evaluations, etc. There are forms that the student clinicians must complete, indicating their request for the CSC to make such a contact. The forms are located in the folder on the CSC door labeled, "Clinician Service Request Forms" (**Sample 17**). These forms must be completed in their entirety before you may process the requests. There is a template of a coverletter for requesting such information saved on the hard drive of the CSC computer

(Sample 22). These letters are to be sent to the school's principal, or to the director of an agency, with a copy of the client's release form, and a business reply envelope.

Student clinicians may also ask you to send rating scales to a client's teacher(s). Again, there is a cover letter that should be sent **(Sample 23)** with the rating scale(s) to be completed, a copy of the release form, and a business reply envelope. There is a template for the coverletter saved on the hard drive of the CSC computer.

The Clinic Day

The following is a set of responsibilities the CSC GA must attend to on the day of a clinic day session.

- 1.) Arrive at the Child Study Center at least 45 minutes before the first client is scheduled to arrive. The student clinicians will arrive 30 minutes before clients arrive. On Saturdays, you can park in the parking lot immediately outside of Stouffer, with the exception of 24 reserved, reserved, or handicapped parking spots.
- 2.) The doors to Stouffer Hall should be open. However, if they are locked, use your building key to open the middle doors on the front of the building. The week before a Saturday clinic session, you should ask the department's administrative assistant to notify campus police of the weekend dates and times that that doors need to be unlocked. If the doors are not unlocked on clinic weekend mornings by 7:30am, you'll need to call the police and remind them.
- 3.) The lights should automatically turn on; however, if they are not, go to the elevator and find the silver strip to the left of the elevator doors. Use the tip of a key to push the slots on the silver strip upwards.
- 4.) Unlock the doors and turn on the lights of all of the clinic rooms, the observation room, the CSC office, the CSC test closet, the Main Office (Stouffer 246), and the Library (Stouffer 254).
- 5.) Set up the Observation Room by turning on lights, the Landros, and computer systems.
- 6.) Turn the copy machine on in the Main Office (Stouffer 246). Take the basket of pencils and some plain white paper from the copy room to the Library (Stouffer 254).
- 7.) On the chalk board in the Library (Stouffer 254), write the **student clinicians'** names with their assigned room numbers. For example:

	1:00 pm	3:00 pm
Rm 244	Smith	Thompson
Rm 245	Johns	Dane
Rm 247	Schmidt	Murphy

- 8.) Also, place DVDs labeled with the student clinicians' last names, the basket of pencils and plain paper from the copy room, and appointment cards indicating each client's next appointment, on the Library table for the clinicians to use. It is the student clinicians' responsibility to pick up their DVDs and to give the appointment cards to their clients.
- 9.) Begin making coffee a half hour before the first appointment. All materials are in the CSC test kit room. Place the coffee maker, sugar, creamer, stirrers, cups, and napkins on it. Put a filter in the coffee maker and add 10 spoonfuls of coffee (for a full pot). Fill the coffee pot up to the line labeled "10" (for a full pot), and pour the water into the slotted hole on the top of the coffee maker. Replace the coffee pot, plug it in, and flip the switch to the "on" position.
- 10.) Set out the metal signs: one downstairs indicating that the CSC is upstairs, one in the CSC waiting area, and one in the hallway outside the testing rooms requesting silence while the CSC clinic is in session.
- 11.) Unlock the waiting area toy cabinet (the keys are hanging in the CSC office). Place the magazine rack, CSC brochures, and box of tissues (the latter two are located in the toy cabinet) on the table in the waiting area.
- 12.) Clients will begin arriving approximately 10-15 minutes before their appointment. Stand at the top of the stairs and greet them. Introduce yourself and offer them some coffee. Tell them to make themselves comfortable in the waiting area and that you will return with their child's student clinician to get the process started.
- 13.) After you've greeted a client, go to the library, where the student clinicians will be waiting, to let them know that their clients have arrived. The student clinicians will accompany you to the waiting area and it will be your responsibility to introduce the parents and the child to the student clinician who will be working with them. (Be sure to introduce everyone, including the student clinicians, by their formal names...Mr., Miss, Ms. or Mrs.). You will conduct this formal introduction only once; after the initial meeting, it will be the student clinicians' responsibility to greet the parents and show the children to the evaluation rooms.
- 14.) The CSC Test Library should remain open until the start of the first appointment for the day. Once the first session has commenced, close and lock the CSC Test Library.
- 15.) During the first day of clinic, the student clinicians will be interviewing the parents, so you will be responsible for supervising children while parents are meeting with the student clinicians. The initial interviews usually take about an hour, so try to engage the kids in games, toys, etc. **Never leave children unsupervised.** See **Sample 35** for our policy regarding child supervision. You must sit with all children in the waiting room, even those over 18 years of age. However, if a client is 18 or older and self-referred, you do not need to sit with him or her.

- 16.) After all of the parents return to the waiting area, you are no longer required to be in the waiting area. However, during the final clinic session, student clinicians will meet with parents to provide feedback, which will once again require you to supervise children.
- 17.) Be mindful that a second set of clients will arrive later that day, per the schedule. At that time you will begin the entire introduction and child supervision process again.
- 18.) After the sessions have ended and all the clients have left, you can begin cleaning up. Clean the coffee pot and put the coffee maker and all of the condiments back in the test kit room. Put all of the toys, magazines, etc. back in the toy cabinet and lock the cabinet door. Return the coffee table to the evaluation room. Return the metal signs to the test kit room. Turn off the equipment and the lights in the Observation Room and close the door. Turn off the lights in all of the evaluation rooms and the test kit room and ensure all these doors are locked. Erase the chalkboard in the Library (Stouffer 254) and return the basket of pencils and the extra paper to the main office. Turn off the lights in the Library and lock the door. Turn off all the lights in the Main Office (Stouffer 246), turn off the copier, and lock the door. Finally, turn off the lights in the CSC office, lock the door, and LEAVE! YOU ARE FINISHED!

****Note: If it is a client's final session, you will need to give the parent(s) a bill with a return envelope. The clients may either pay you when you give them the bill, or they may mail payment to you. There is a template for the Balance Due form (**Sample 27**) saved on the shared network CSC drive. These bills should be prepared in advance as you will be busy supervising children during the last clinic session.****

The Clinic Summary Report

At the end of each summer (August), you will be asked to compose a summary report (**Sample 28**) which outlines the CSC services provided during the semester or summer session, the amount and sources of financial intake, and the demographics of the CSC clients served during the semester. A copy of this report should be filed in the second drawer of the CSC office filing cabinet and a copy should be given to the CSC Director for her or his records.

Directions for Summary Reports:

1. Print out a blank template from the computer (located in the "Summary Reports" folder).
2. Take all clients from the semester (either fall, spring, or summer), including Family Clinic clients and school-based cases.
3. Make a list of clinic clients:
 - a. Last name
 - b. Reason for service (psychoeducational assessment, counseling, pre-referral meeting, family intervention, etc.)
 - c. Who paid (parent, fee waiver)
 - d. School district
 - e. County in which they live

- f. Grade
- g. PA resident or not
- 4. Make a list of school-based cases (you will need to get this info from the student clinicians)
 - a. Clinician last name
 - b. Number of cases seen
 - c. Case was seen for (for each case): behavioral, academic, or group intervention.
 - d. School district
 - e. Grade(s)
- 5. Tally the total number of cases seen by type (either assessment, counseling for child, family interventions, or pre-referral parent meetings). Do not count the school-based cases in this part. Some cases may be seen for more than one purpose. Count those for both purposes, but only count them as one total case.
- 6. Tally the total number of school-based cases. Divide by type and provide a total for each type.
- 7. Professional presentations (this will be given by the CSC Director).
- 8. Provide total number of professional consultations (this will be given by the CSC Director).
- 9. Add up the total amount of financial intake. Include services provided by the CSC or CSC Director for which we received payment. Count all intake for cases from that year. Total amount related to independent fee for services are those paid by parents.
- 10. Put the number of cases who received a fee waiver, and under that, those who received a reduced fee divided from those who had no fee.
- 11. Put the number of school-based cases without fees (usually all of them).
- 12. Next, you'll tally the case demographics. Using your list of cases and school based cases, tally each child's district, grade, and state residency (either PA or non-PA). Total those for each district and county. Check the PA Education Directory for any school districts for which you're unsure of the county in which they're located. School districts are listed alphabetically in the back of the directory. You may need to add some districts and counties to the template.
- 13. Go on to the computer and type in the numbers you have computed for each item. Be sure to change the date at the top of the summary report. When you save it, choose "Save As" and write in the date as the title. Don't just "Save" because you'll save over the template.
- 14. Print a copy of the summary report and one for the CSC Director.

Preparing for Summer Clinic

The summer clinic schedule. Summer clinic begins the first week of Summer Session I, which typically starts the first week of June. Clients are typically scheduled on Tuesdays, Wednesdays, and Thursdays from 8:00 am - 12:00 pm.

Student clinicians will be divided into different sections of EDSP 949, with each section supervised by an identified faculty member, (for example, Drs. McGowan, McLaughlin, and Runge). A team consists of graduate student clinicians, doctoral supervisors, and a faculty supervisor. **Cases will be assigned to a section and scheduled ONLY during that team's meeting times.**

Beginning in spring, work with the CSC Director and identified faculty supervisors to establish the summer clinic schedule. Once dates and times have been finalized, you can begin scheduling appointments.

Case assignments. As with spring clinic, you should provide the CSC Director with copies of the referral forms of all the confirmed clients. The CSC Director will assign cases to each of the clinic sections. After the cases have been assigned to sections of EDSP 949, provide each faculty supervisor with four copies of the referral forms for each of their assigned cases. The faculty supervisors will then assign each case to a student clinician and doctoral supervisor.

Scheduling appointments. Appointments can be scheduled after:

- a.) Deposits have been received,
- b.) Parent packets have been mailed,
- c.) A clinic schedule has been developed,

Although it is ideal to complete scheduling by the end of the spring semester, it may be necessary to work during the May break to prepare for summer clinic. If you have referrals left over from the previous Spring Clinic, they should be scheduled first, in accordance with the first-come, first-served policy.

As in the spring, you should include an appointment card for the client's first clinic session and a FAQ sheet. After the appointment letters have been mailed, you will likely receive a lot of phone calls from parents who have questions or conflicts with their assigned dates and times. It will be essential that you remain in close contact with the CSC Director during the break to resolve any conflicts that may arise.

The orientation meeting. The orientation meeting for Summer Clinic will be the first Monday of Summer Session 1. This is the only staffing meeting you will be asked to attend during Summer Clinic. You will be responsible for compiling and distributing packets or CDs to the student clinicians, doctoral supervisors, and faculty supervisors. These packets should be identical to the Spring Clinic packets with the exception of the clinic schedules. Each packet should include a calendar schedule indicating the days and times assigned to each section (**Sample 29**), as well as the dates and times of the staffing meetings and the doctoral supervision of student clinicians. Each student clinician packet should include a copy of their assigned referral forms and a list of the dates and times that each of their clients are scheduled. Each doctoral supervisor packet should include copies of the referral forms of all the cases they are supervising and a list of the dates and times that each of their clients are scheduled. Each faculty supervisor packet should include copies of the referral forms of all the cases they are supervising, a list of the dates and times that each of their clients are scheduled, and a calendar schedule indicating the dates and times that each of their clients are scheduled as well as the blocks of time that each of the other sections is scheduled.

Reminding clients of appointments. You should make confirmation calls on Monday of every week. Once again, when you place a confirmation call, try to personally speak to the parent at

home or at work. If you must leave a message, do not leave the child's name on the answering machine.

Parking. Summer Clinic operates during the weekday, which requires clients to use temporary parking passes. The department administrative assistant, (currently Diana Fatula), will obtain the passes. Tell her the number of passes you need, the dates you need them for, and the purpose for the passes. She will let you know when the passes are ready to be picked up at the Annex. Passes can be either mailed out a week prior to the client's appointment time or given directly to the client at the time of their appointment. A form letter is available if you choose to mail a pass to a client (**Sample 30**).

Helpful Hints and Suggestions

The responsibilities of the CSC assistant are very demanding and can sometimes seem overwhelming. Creating "to do" lists is a helpful way of ensuring that you get everything done on time. Another helpful suggestion is to ask the CSC Director and the second year CSC GA a lot of questions. The beginning of the Fall semester will be slow, so take this opportunity to familiarize yourself with CSC policies and procedures. This is the only way to learn how the CSC operates and to begin to feel comfortable in your new role. Lastly, remember that this is a great opportunity to experience, first-hand, how a clinic is run and to become familiar with the testing tools that are used by school psychologists.

SAMPLE 1 – Child Study Center Purchase Request

Date Prepared: _____

SAMPLE 1

Page #	Catalog #	Article and Description	Quantity	Unit	Unit Price	Discount %	Adjusted Amount	Total Amount

Vendor Name/ Address/ Phone:

Subtotal: _____

_____ % Shipping and Handling: _____

Total: _____

SAMPLE 2 - Child Study Disposition Record

Child's Name _____ Date of Birth _____

Dates Seen in CSC _____

Specialist Clinician(s) _____

Doctoral Supervisor _____

Faculty Supervisor _____

Referral Received by _____ Date of Referral _____

Parental Permission for Evaluation Completed yes/no

Date Received _____

Date of Parent Conference _____

Signed Report Received _____

Report Sent _____

Follow-up Recommended yes/no

Agency: _____

School/Agency Requesting Results	Date Received	Parental Release Received	Date Sent	Sent By

SAMPLE 3 – Cover Letter to Parents: Parent Packet

DEPARTMENT OF EDUCATIONAL AND SCHOOL PSYCHOLOGY INDIANA UNIVERSITY OF PENNSYLVANIA INDIANA, PA 15705

Dear Parent,

We are pleased to welcome you to the Child Study Center of the Department of Educational and School Psychology at Indiana University of Pennsylvania. We hope we will be of help to you and your child.

The Child Study Center was developed to serve two purposes: 1) to give training experiences to our graduate students in School Psychology, and 2) to provide assessment and short-term intervention for children and youth who are experiencing learning or behavior problems. The Center serves children and youth, ages three through twenty. Parent and teacher consultation and family services are included when appropriate.

The student clinicians are closely supervised on all phases of their work. Confidentiality of case material is strictly maintained. Video or audiotapes, which may be utilized as part of the assessment and treatment process, will only be used for the purpose of training students.

Because the Child Study Center is responsible for the costs of assessment materials, report preparation, and other expenses related to operating the Center, a \$75 fee per child is charged. However, the fees may be reduced or waived when appropriate (see the enclosed Fee Waiver form). Donations are always welcome.

The \$10 non-refundable deposit you previously sent was requested to hold your appointment times at the Child Study Center. This deposit will be applied to your bill once your appointments have been kept. Cancellations and “no-shows” deprive us of the opportunity to serve other children on our waiting list and deprive our graduate students of needed experience. Please keep your scheduled appointment or notify the Child Study Center as soon as you learn that you cannot keep your appointment.

The remaining materials in this packet are information and release forms necessary for us to serve your child. Please complete the forms to the best of your ability. At the time of your first appointment, your clinician will help you with any items that need clarification. Please return the forms in the enclosed envelope. If you have any further questions, please do not hesitate to contact the Child Study Center.

Sincerely,

Timothy J. Runge, Ph.D., NCSP
Assistant Professor
Director, Child Study Center

Liza Jayne, M.Ed.
Graduate Assistant, Child Study Center

SAMPLE 4 – Client Background

CHILD STUDY CENTER
DEPARTMENT OF EDUCATIONAL AND SCHOOL PSYCHOLOGY
INDIANA UNIVERSITY OF PENNSYLVANIA
INDIANA, PA 15705

Child's Name: _____ Sex: _____

Date of Birth: _____ Age: _____

Address: _____

Phone Number(s): Home _____ Work _____ Other _____

Name of Child's School: _____

School's Address: _____

Teacher's Name: _____ Grade: _____

Parents' Names: Mother: _____

Father: _____

Parents' Occupations: Mother: _____

Father: _____

Parents' Education: Mother: _____

(last grade completed)

Father: _____

Parents' Marital Status (married, separated, divorced, widowed): _____

Child Lives With: _____

Siblings:	Name	Sex	Age	Grade
-----------	------	-----	-----	-------

_____	_____	_____	_____	_____
-------	-------	-------	-------	-------

SAMPLE 4 continued

HEALTH INFORMATION

A. Is your child's current health good? Yes/No If not, please explain: _____

B. Has your child had any medical problems in the past (other than normal childhood diseases such as measles, mumps, chicken pox, etc.)? Yes/No If yes, please list:

C. Has your child had high fevers or head injuries in the past? Yes/No If yes, please explain: _____

D. Was the birth of your child normal, or were there complications? Please explain any complications: _____

E. Is your child on any medications at the *present* time? Yes/No

If yes, what type? _____

If yes, for how long? _____

F. Has your child been on medications in the *past*? Yes/No

If yes, what type? _____

If yes, for how long? _____

G. Who is your child's physician? _____

SAMPLE 4 continued

REASON FOR REFERRAL

A. What problem would you like the Child Study Center to help you and your child with?

B. How long has this problem existed? _____

C. What steps are being taken to deal with the problem at this time? _____

ACADEMIC AND SOCIAL ACHIEVEMENT

A. Is your child's academic achievement: Good Fair Poor Erratic (circle one)

Please comment: _____

B. Are your child's social relationships with other children: Good Fair Poor (circle one)

Please comment: _____

C. Are your child's social relationships with family members:

Good Fair Poor (circle one) Please comment: _____

SAMPLE 4 continued

ADDITIONAL COMMENTS

Please include any other information that you would like us to know. You may use the back of this page if necessary.

**SAMPLE 5 – Authorization for Release of Confidential Information to the Child
Study Center**

Child's Name: _____ Date of Birth: _____

Parent/Guardian: _____ Phone: _____

Address: _____

I request that the following School/Agency/Professional release the information that is checked below on my child _____ to the Child Study Center at Indiana University of Pennsylvania (see address above).

Name of Organization that is to release records: _____

Address of Organization: _____

Please release the following information:

___ Educational Evaluations	___ Medical Reports/Tests
___ Psychological Evaluations	___ Audiological Evaluations
___ Speech/Language Evaluations	___ Visual Evaluations
___ Treatment Progress Reports	___ Physical/Occupational Therapy Evaluations
___ Other (please describe specifically): _____	

Please complete this form if there is information from a school or agency that you would like the Child Study Center to receive. This consent is in effect, unless revoked in writing, until six months from the date signed.

Signature of Parent or Guardian

Date

SAMPLE 6 – Fee Waiver Request Form

CHILD STUDY CENTER
DEPARTMENT OF EDUCATIONAL AND SCHOOL PSYCHOLOGY
INDIANA UNIVERSITY OF PENNSYLVANIA
INDIANA, PA 15705

PLEASE READ:

The Child Study Center operates as part of our graduate-training program in school psychology. Due to recent budget constraints at the University, it has become increasingly difficult to cover the cost of materials used in providing clinical services. Therefore, the Center has established a fee for service of \$75.00 per child. Similar service sought on a private basis would cost between \$500.00 and \$1,000.00.

Families who find that the \$75.00 fee presents a financial hardship, may complete the form below. The Child Study Center will use this form to determine if you are eligible to a.) pay in installments, b.) pay a reduced fee, or c.) have the fee waived. Our decision will be based on the criteria from the National School Lunch/Breakfast Program. Please complete the entire form in order to be considered for a fee waiver of any kind.

Name of Child to be Seen at Child Study Center: _____

Parent's Name: _____ Date: _____

Address: _____ Phone Number: _____

City: _____ State: _____ Zip Code: _____

All Household Members	
Names of household members (First, Last)	CHECK IF NO INCOME

Total Household Gross Income. You must tell us how much and how often.				
Name (List all household members with income)	Gross Income and How Often it is Received			
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security, SSI, VA Benefits	All Other Income
(Example) Jane Smith	\$199.99/weekly	\$149.99/every other week	\$99.99/monthly	\$____/____
	\$____/____	\$____/____	\$____/____	\$____/____
	\$____/____	\$____/____	\$____/____	\$____/____
	\$____/____	\$____/____	\$____/____	\$____/____
	\$____/____	\$____/____	\$____/____	\$____/____
	\$____/____	\$____/____	\$____/____	\$____/____
	\$____/____	\$____/____	\$____/____	\$____/____

Signature (Adult Must Sign): _____ Date: _____

I certify(promise) that all information on this application is true and that all income is reported. I understand that all decisions about fee waivers are based on the information I give. I understand that purposely giving false information would reduce the chances of qualifying for this service.

Sign here: _____

Print name: _____

Please return to the Child Study Center with the other forms. Thank you!

DO NOT FILL OUT THIS PART. THIS IS FOR CSC PERSONNEL ONLY.
Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12
Total Income: _____ Per: Week, Every 2 Weeks, Twice A Month, Month, Year
Household Size: _____ Eligibility: Free, Reduced, Denied; Reason: _____
Graduate Assistant Signature: _____ Date: _____
Director of CSC Signature: _____ Date: _____

SAMPLE 7 – CSC Permission to Evaluate and Videotape

CHILD STUDY CENTER
DEPARTMENT OF EDUCATIONAL AND SCHOOL PSYCHOLOGY
INDIANA UNIVERSITY OF PENNSYLVANIA
INDIANA, PA 15705

I agree to have my child complete a psychoeducational evaluation or counseling sessions, as needed, at the Child Study Center of the Department of Educational and School Psychology at Indiana University of Pennsylvania. It is my understanding that all information will be treated in a professional manner. I also understand that the Child Study Center is a training facility and that the sessions with my child and interviews with me may be observed by faculty supervisors and/or school psychology graduate students, either directly or on videotape for educational purposes only.

Signature

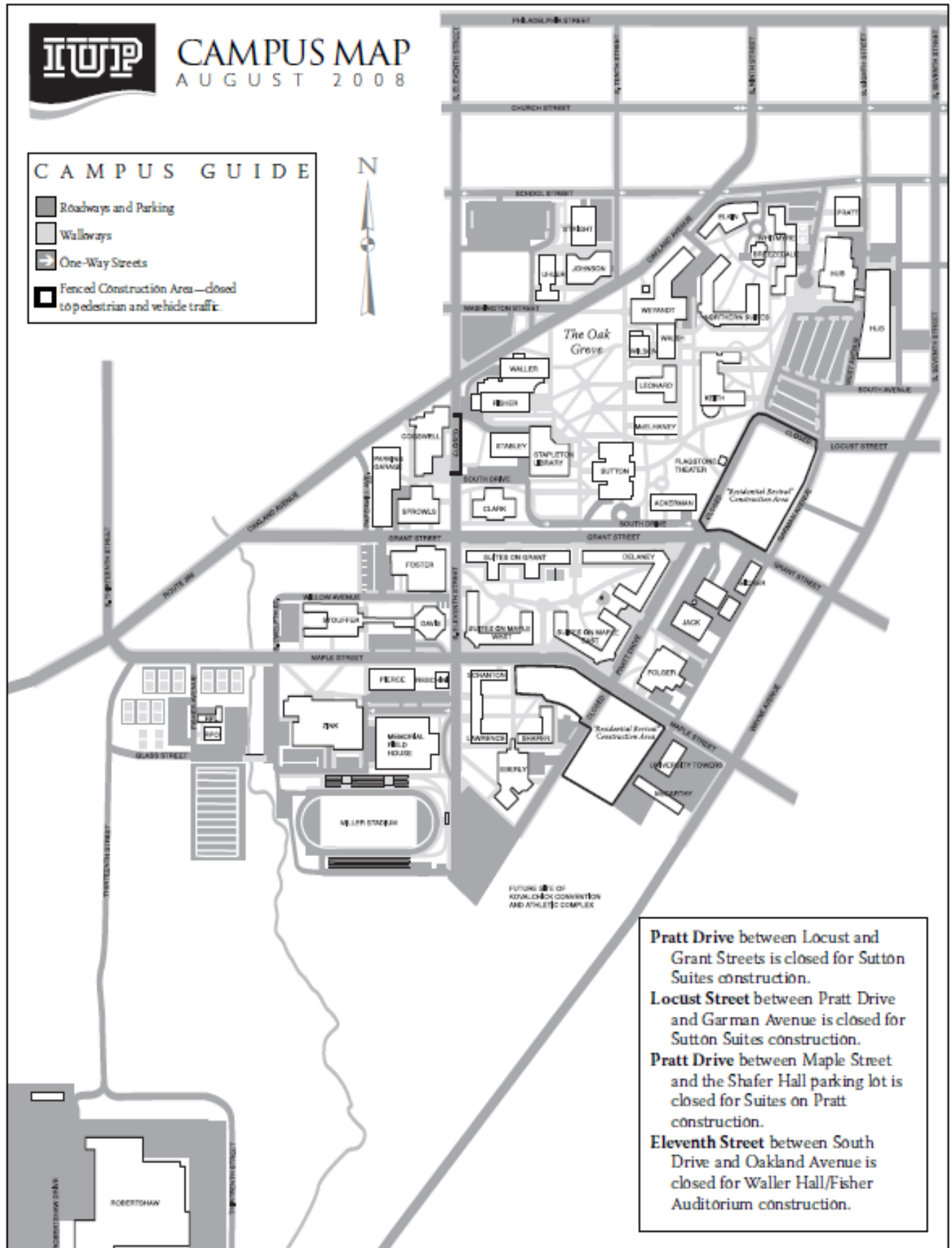
Date

PRINT Your Name

PRINT Child's Name

Permission in effect until _____

SAMPLE 8 – IUP Campus Map



SAMPLE 9 – Deposit Log
CHILD STUDY CENTER
F - 203241, O - 245491, P - 310000

Date	Name	Amount

Total: _____

For Department Purposes Only:

To: Accounts Payable

The above amount of \$ _____ has been received for deposit in FOAPAL
account: F - 203241, O - 245491, P - 310000.

Date:

Signature:

SAMPLE 10 – Referral Form

The Child Study Center

Child's Name: _____ Date of Referral: _____

Date of Birth: _____ Age: _____ Sex: _____ Grade: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Home Phone: () _____ Work Phone: () _____ Other: () _____

School: _____ School District: _____

Source of Referral: _____ Referral Taken By: _____

Parents' Names: Father: _____ Mother: _____

Parents' Marital Status: _____ Child lives with: _____

Have the parents agreed to have the child evaluated by the Child Study Center? _____

Description of the problem: (school, home, other situation): _____

How long has it been a problem? _____

SAMPLE 10 continued

Why are you referring the child at this time? _____

What do you want to gain from the CSC's services, i.e., what questions or issues do you want answered or addressed? _____

Has any previous psychological/educational testing been done? _____

(Remind parents to bring copies of reports with them to the first clinic session.)

What has been done to deal with the problem?

Home: _____

School: _____

Other Agencies: _____

Would it be acceptable for the CSC to contact the school for further information? _____

(Remind parent that the CSC will forward a Release Form to obtain copies of tests and records.)

- Did you mention:
- ☐ Clinicians are graduate students
 - ☐ Fee (\$75 total; \$10 deposit to reserve appointment, possible waiver/reduction)
 - ☐ Sending confirmation letter now, parent packet once we get confirmation back.
 - ☐ Sessions will be videotaped for educational purposes only.
 - ☐ Divorced/Separated – get written permission from both parents.

SAMPLE 11 – Deposit Letter

June 24, 2005

Dear Mr. and Mrs. XXXX,

The Child Study Center would like to thank you for your recent contact. We are currently planning for our summer clinic. Your assistance would be greatly appreciated in helping us to finalize our client list. To secure your placement on the list, please enclose a check made payable to "The Child Study Center - IUP" for \$10.00 and return the bottom portion of this letter in the envelope provided. If you are no longer interested, please return the letter anyway, so we know not to contact you further. Thank you for your time and cooperation.

Sincerely,

Timothy J. Runge, Ph.D., NCSP
Assistant Professor
Director, Child Study Center

Liza Jayne, M.Ed.
Graduate Assistant, Child Study Center

Return this portion of the letter.

Parents:

Child:

☐ Yes, I am interested. Enclosed is a \$10.00 deposit.

☐ No, I am no longer interested.

SAMPLE 12 – Correspondence Sheet

SAMPLE 13 – Spring Clinic Schedule

Dr. Black's Section – Paired Session 1 (Wednesday)

January 21st

Intake & Assessment

1:00 pm – 5:00 pm

	Client's Name		Student Clinician Team
1			
2			
3			

February 4th

Assessment

1:00 pm – 5:00 pm

	Client's Name		Student Clinician Team
1			
2			
3			

February 18th

Assessment/Feedback

1:00 pm – 5:00 pm

	Client's Name		Student Clinician Team
1			
2			
3			

Dr. Runge's Section – Paired Session 1 (Thursday)

January 22nd

Intake & Assessment

1:00 pm – 5:00 pm

	Client's Name		Student Clinician Team
1			
2			
3			

January 29th

Assessment

1:00 pm – 5:00 pm

	Client's Name		Student Clinician Team
1			
2			
3			

February 5th

Assessment/Feedback

1:00 pm – 5:00 pm

	Client's Name		Student Clinician Team
1			
2			
3			

SAMPLE 13 continued

SPRING SESSION 2

Dr. Black's Section – Individual Session 2 (Wednesday)

March 4th

1:00 pm - 3:00 pm

Intake & Assessment

3:00 pm -5:00 pm

	Client's Name (Student Clinician Name)		Client Name (Student Clinician Name)
1		4	
2		5	
3		6	

March 18th

1:00 pm - 3:00 pm

Assessment

3:00 pm -5:00 pm

	Client's Name (Student Clinician Name)		Client Name (Student Clinician Name)
1		4	
2		5	
3		6	

April 1st

1:00 pm - 3:00 pm

Assessment

3:00 pm -5:00 pm

	Client's Name (Student Clinician Name)		Client Name (Student Clinician Name)
1		4	
2		5	
3		6	

April 15th

1:00 pm - 3:00 pm

Feedback

3:00 pm -5:00 pm

	Client's Name (Student Clinician Name)		Client Name (Student Clinician Name)
1		4	
2		5	
3		6	

SAMPLE 13 continued

SPRING SESSION 2 (continued)

Dr. Runge's Section – Individual Session 2 (Thursday)

February 19th

1:00 pm - 3:00 pm

Intake & Assessment

3:00 pm - 5:00 pm

	Client's Name (Student Clinician Name)		Client Name (Student Clinician Name)
1		4	
2		5	
3		6	

March 19th

1:00 pm - 3:00 pm

Assessment

3:00 pm - 5:00 pm

	Client's Name (Student Clinician Name)		Client Name (Student Clinician Name)
1		4	
2		5	
3		6	

March 26th

1:00 pm - 3:00 pm

Assessment

3:00 pm - 5:00 pm

	Client's Name (Student Clinician Name)		Client Name (Student Clinician Name)
1		4	
2		5	
3		6	

April 9th

1:00 pm - 3:00 pm

Feedback

3:00 pm - 5:00 pm

	Client's Name (Student Clinician Name)		Client Name (Student Clinician Name)
1		4	
2		5	
3		6	

SAMPLE 14 – Appointment Schedule Letter

May 10, 2005

Peter and Paula Someone

100 Somplace St.

Somewhere, PA 15057

Dear Mr. and Mrs. Someone,

Your child, Bob, has been scheduled for assessment at the Child Study Center on the following dates:

Wednesday, June 22, 2005 at 10:00 am

Wednesday, June 29, 2005 at 10:00 am

Wednesday, July 6, 2005 at 10:00 am

The Child Study Center personnel are on semester break from May 11th through May 25th, but will be checking messages and returning calls during this time. Starting May 26th, the Child Study Center personnel will be available to answer questions Monday through Thursday 9:00 am to 4:00 pm at (724) 357-2445.

Sincerely,

Timothy J. Runge, Ph.D., NCSP
Assistant Professor
Director, Child Study Center

Liza Jayne, M.Ed.
Graduate Assistant, Child Study Center

SAMPLE 15 – Frequently Asked Questions

Who will actually be working with my child at the Child Study Center?

All children referred to the CSC are seen by graduate student clinicians under supervision. These students have all earned master's degrees and are working toward certification in school psychology. They are closely supervised by faculty members in the Department of Educational & School Psychology, all of whom are certified school psychologists.

I understand that the parent and child sessions are videotaped. Do I have to agree to have our sessions taped?

The primary mission of the CSC is to train professionals in the field of school psychology while serving children and their families effectively. In order to accomplish this, faculty supervision must be closely and carefully provided. Videotaping is essential in order to achieve effective supervision. Parents who are unwilling to have the sessions taped will be referred to other agencies who may be able to meet their needs.

What should I tell my child about what will happen at the Child Study Center?

Parents can tell their children that they will be working with an adult on various school-related tasks. Some of the tasks will be easy, and some will be hard. They will not be expected to be able to do everything that is asked of them, but they should try their best. Parents may want to explore this issue further with the clinician assigned to work with their child.

Which days do I have to be present, and which days are just for my child?

Parents should attend all scheduled clinic sessions. However, parents are usually only asked to meet with the clinician at the first session, for an initial interview, and at the last session, to receive feedback. During the other clinic sessions, while children are working with the clinicians, parents may wait in the lobby area.

Will someone stay with my child while I am talking with the clinician?

A CSC staff person will supervise children in the lobby area while parents meet with clinicians. There will be various toys, games, puzzles, magazines, and books for the children to use. Adolescents may want to bring something with them to pass the time (book, magazine, hand-held video game, etc.).

When will I get a copy of my child's report?

Parents will receive verbal feedback during the final clinic session. Written reports will be mailed about 1-2 weeks after the feedback session.

SAMPLE 16 – Helpful Hints

CHILD STUDY CENTER SUMMER CLINIC GENERAL GUIDELINES, POLICIES, AND HELPFUL HINTS

My name is _____ and I am the graduate assistant for the Child Study Center (CSC). I will do my best to assist you during EDSP 949 Practicum II (CSC clinic). My office hours are as follows:

Monday:

Tuesday:

Wednesday:

Thursday:

Friday:

The phone number for the Child Study Center is **(724) 357-2445**. If you should need to reach me at home, my number is _____.

CASE INFORMATION

Case files are kept in alphabetical order in the Child Study Center in the bottom right hand drawer of the desk with the computer on it. You may take a file whenever necessary, but be sure to return it to its proper place. **Please note that clinic files should not be removed from Stouffer Hall. This is not negotiable!!** Files should be handled with strict confidentiality.

If one of your clients wishes to make a schedule change, please speak with me first. Also, if you contact a client at any time, either by mail, fax, or phone, please record it on the correspondence sheet at the end of the file.

To request that I contact a school or agency for information regarding a client, complete one of the forms located outside my door. Place completed forms in my mailbox in the main office. Please remember that these forms may contain confidential information and should be treated with care. If you choose to make contact yourself, see me first. I probably have an appropriate form letter that can save you some time.

CLINIC SCHEDULES

I have provided you with a schedule for CSC clinic. You are obligated to be at clinic on the dates listed on this schedule. On the listed Monday, Tuesday, Wednesday, and Thursday mornings, clinic will be held from 8:00 am until 12:00 pm.

SAMPLE 16 continued

REPORTS

All reports should be prepared using Word on a departmental computer. These computers are located in the graduate room. I will need a finalized copy of your reports with all of the appropriate signatures. It is your responsibility to see that your report is completed and signed. Any report turned in without all appropriate signatures will be returned to you. The final copy should be printed on plain bonded paper. Do not staple the report. Please begin on line 11 so that I will be able to print your report on letterhead. Reports must include page numbers before they can be printed. I will photocopy the final draft of the report with all appropriate signatures and send it to the family and any other requested locations. Due to confidentiality, reports cannot be e-mailed! You will also be required to submit a copy of the final report on a thumb drive for archiving purposes. The thumb drive will be returned to you.

AV 101

I will prepare the testing and observation rooms each clinic session. Your only “AV” responsibility is to check your videotape for any problems. Each clinic session, prior to your clients’ arrival, perform a test run to make sure the picture and sound quality is okay. I will demonstrate a test run and explain the other AV equipment during the clinicians' orientation at the beginning of the semester. Also included in this packet is an “AV 101” explanation sheet.

CASE MANAGEMENT FORM

The case management form provided in your packets has been developed to help student clinicians keep track of client information. Your supervisor may not require you to maintain this form; however, student clinicians in the past have found it useful.

CLINIC...What to Expect...

- Arrive 30 minutes before the client is scheduled to arrive
- Bring your own clipboard, pencils, and stopwatches!!
- Go to the “Library” (Stouffer 254) and store coats, bags, etc. there.
- Room assignments will be listed on the chalkboard.
- DVDs will be on the table on the first clinic. Find the one with your name, take it to the observation room, and do a test run.
- Set up your testing room as needed.
- Return to “Library” (Stouffer 254) and wait for clients to arrive.
- When clients and families arrive, I will notify you and do the introductions. This will be the same each clinic day, but I will only formally introduce you immediately before your first appointment begins.

Have fun, and if you are confused just ask one of the CSC GAs.

SAMPLE 17 – Student Clinician Service Request

CHILD STUDY CENTER

Student Clinician's Name: _____ Date: _____

Client's Last Name: _____

Person to be Contacted: _____

Position/Title: _____

Address: _____

Phone Number: _____ Has a release form been signed?_

Please specify what information you are requesting. Be specific.

Directions: This form is to be completed by clinicians who wish Child Study Center personnel to assist them with information gathering. **The form MUST be fully completed with a copy of a release of information attached.**

SAMPLE 18 – CSC Report Writing Guidelines

- Reports should be prepared using Word on a departmental or personal computer. NEVER staple reports!
- All pages should be numbered at the bottom center position per the guidelines set forth in this handbook.
- The first line of print on page 1 (Confidential Psychoeducational Report) should begin on line 11. This space allows room for the first page to be copied onto departmental letterhead.
- Make sure that signatures at the end of the report do not stand alone on the last page.
- Once the report is approved and finalized by the faculty supervisor, give the CSC a signed copy on plain white paper. CSC GA will then photocopy the report and send a copy to the parents. The original copy is kept in the client's permanent file in the CSC.
- If a copy is to be sent to the school or another agency, we must have a signed release on record from the parents. See a CSC GA for the appropriate form.
- Reports should not be sent electronically (i.e., via e-mail). Student clinicians are responsible for bringing hard copies of reports with all appropriate signatures to the CSC. CSC personnel are not to be responsible for getting signatures on the report.
- ALL pages of reports (including attachments and handouts) should be one sided only, not front and back. If you are including a brochure or pamphlet with the report, provide 2 copies when you turn in the report.
- Provide an electronic copy of the final report on a thumb drive to the CSC GAs for archiving purposes. The thumb drive will be returned to you.

SAMPLE 19 – Video Capturing Cheat Sheet

There are essentially **three options** for capturing video. It is important to decide from the beginning which option best suits your needs. The computer software will save the file as an mpeg4 file:

1. Creates a playable DVD **and** a data file which can be stored on an external drive (e.g., thumb drive). To do this, the video will be captured to both the computer **and** DVD player simultaneously.
2. To create a video file on the computer that can be transferred **later** to an external hard drive (available through the CSC)
3. Video captured directly to a DVD player by-passing the computer (least common option but does save computer memory space).

Getting Started

1. Turn on the computer, monitor, and DVD players.
2. Once the computer has started, press Control-Alt-Delete
3. Enter Username: **edpsych**
4. Enter Password: **maryann**
5. Double click **iNed Browser** icon
6. Click on **iNed Ed Psych**
7. Enter Username and Password again (**edpsych** and **maryann**)
8. Click **Video Commander** icon.

Routing the Equipment

9. Click the appropriate Room #, Computer #, and DVD # (not necessary if selecting option #2 from above). Right click on a routed Room #, Computer #, DVD # unroute it.
10. Click Done button on top of screen. All icons that you clicked should now be the same color.
11. Click the Debut Video Capture software icon on the desktop. You should now see a separate window open with a live feed of the correct Room #. If not, revisit steps 9-10 above.

Starting / Stopping the Video Capturing Software

1. If you are simultaneously recording to a DVD player, insert a blank DVD-R.
2. Recording of videos to the DVD players requires that the DVD player is set to the appropriate Input (DVD player 1) / Channel (DVD players 2-4)
 - DVD player 1 must be set to **Input E1**
 - DVD players 2-4 must be set to **Channel IN1**
3. When you are ready to begin recording, click the record button in the Debut Video Capture window. The red record button should now illuminate. The video is now being captured on the selected device from above.
4. If you are simultaneously recording to a DVD player, press RECORD on the DVD player
5. When you are finished recording, click the stop button in the Debut Video Capture window.
6. Press the STOP button on the DVD, if you are simultaneously recording to the DVD. You are now ready to finalize the DVD for viewing. See directions below for finalizing.
7. Debut Video Capture automatically saves you video on the computer under a generic name. **Please rename the file immediately.** Locate the file following this path:
 - My Computer → Libraries → Videos → My Videos → Debut → “Name”
8. Make sure to rename the file using the path above.

Where is My Video Stored on the Computer?

- Follow this path to locate your saved video file on the computer: Libraries → My Videos and then search for the name of your file.

Saving File from Computer to External Drive **AFTER** Video was Captured

1. Locate video file using the following path: My Computer → Libraries → Videos → My Videos → Debut and then search for the name of your file.
2. Click and drag file to an external drive

****Please DO NOT record directly to your external hard drive; save file FIRST on the computer, then click and drag to external drive**

To Finalize DVD on DVD Player

1. Make sure DVD recorder is routed to the television monitor using the iNed router.

For DVD Player #1 (uses the Philips remote):

2. Press "Stop" on the remote
3. Press "Setup"
4. Use directional arrows to highlight "Disc Edit," press okay.
5. Use directional arrows to highlight "Finalize," press okay.
6. Wait until finalizing is completed.
7. Select "Yes," then press okay.

For DVD Players #2-#4 (uses the Panasonic remotes):

2. Press functions on the DVD recorder remote.
3. Use directional arrows to highlight "Disc Management," press enter.
4. Use directional arrows to highlight "Finalize," press enter.
5. Follow the directions on screen to finalize (the finalizing can take up to 10 minutes).
6. When finalizing is finished, press enter on the DVD recorder to complete the process.

System Shut Down

1. Click on the **Video Commander title** at the top of the screen to reveal the menu and click **Exit** to return to the main computer screen.
2. Close the **iNed Browser**.
3. Shut down the computer.
4. Always leave the DVD players on

Miscellaneous

- All Rooms, Computers, and DVDs routed will appear on each computer screen. Thus, do not mess with anyone else's routing at your own station because it will affect their recording, etc. First routing shows as red, second as green, third as beige, and fourth as purple.
- Recording of videos to the DVD players requires that the DVD player is set to the appropriate Input (DVD player 1) / Channel (DVD players 2-4)

****Please do not switch input/channel unless absolutely necessary due to system failure or human error****

Trouble Shooting

- **No or low sound in video feed** (as evident by sound bars being very short on the screen)
 - Check under "Options" that the microphone setting is on the first option "USB...."
- **When Debut starts up, I see a picture-in-picture-in-picture, not the routed clinic room**
 - Make sure that "Device" is selected just above the screen, not "Computer" or some other option

SAMPLE 20 – Case Management Form

Student Clinician: _____
Doctoral Supervisor: _____
Faculty Supervisor: _____

Case Management Form To Be Completed for Case Presentations In Class

Child's Name: _____ Dates Seen: _____

Date of Birth: _____ Age: _____

Grade: _____ School: _____

Parent's Names

Mother: _____ Father: _____

Occupation: _____ Occupation: _____

Education Level: _____ Education Level: _____

Family Status

Siblings: Behavior	Name(s)	Age	Academic Achievement &
-----------------------	---------	-----	------------------------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Medication Being Used: _____

1. Reason for Referral/Background Information/School Records

2. Interview Data:

SAMPLE 20 continued

3. Observation Data/Records Review:

4. Possible Diagnostic Hypothesis:

Potential Assessment Strategy (Test Battery) and Psychometric Summary:

5. Interpretation/Test Data Cognitive/Academic and Behavioral Assessment:

Academic and Intellectual Factors:

Operant Factors:

Anxiety Factors:

Sample 20 continued

Cognitive/Mediational Factors:

Physical/Physiological Factors:

Systemic/Ecological Factors:

Consultation Issues:

6. Redefinition of the Problem:

7. Summary and Conclusions:
(Diagnostic Impressions, Identify Strengths/Weaknesses)

Sample 20 continued

8. Recommendations - General

Specific Goals

Suggested Intervention

SAMPLE 21 – Parent Reminder Letter

April 2, 2002

Mr. and Mrs. Smith
121 Any Street
Indiana, PA 15701

Dear Mr. and Mrs. Smith:

This is to remind you of your first appointment at the Child Study Center of the Department of Educational and School Psychology at Indiana University of Pennsylvania. Our center is located in Room 243 Stouffer Hall. Your first appointment is scheduled for Tuesday, June 22 at 8:00am. Subsequent appointments will be scheduled as needed.

If you are unable to keep the appointments due to some unexpected circumstances, please contact The Child Study Center at (724) 357-2445 as soon as possible.

If you have not already done so, please complete the intake information forms and return them to the Child Study Center prior to your appointment. Please also send any copies of reports, grades, and/or psychological evaluations your child has had in the past. This information will allow us to better prepare to serve your child.

Sincerely,

Timothy J. Runge, Ph.D., NCSP
Certified School Psychologist
Director, Child Study Center

Liza Jayne, M.Ed.
Graduate Assistant, Child Study Center

SAMPLE 22 – Cover Letter to Schools: Request for Records

April 3, 2002

Principal
Horace Mann Elementary School
School Street
Indiana, PA 15701

To Whom it May Concern:

Tom Jones is presently participating in a psycho-educational evaluation at the Child Study Center of the Department of Educational and School Psychology at Indiana University of Pennsylvania. As part of the comprehensive assessment, we would like to review any group and individual educational information, including records and grades, achievement testing, psychological evaluations, speech/language evaluations, audiological evaluations and physical evaluations you may have available on Tom.

Enclosed is an authorization for release of specific information signed by Tom's mother, Mrs. Jones. If you have any questions concerning this request, please contact the Child Study Center at (724) 357-2445.

In order to assist us in completing Tom's evaluation in a timely manner, please send the requested information as soon as possible to:

Child Study Center
243 Stouffer Hall
Indiana University of Pennsylvania
Indiana, PA 15705

Thank you in advance for your prompt attention to our request.

Sincerely,

Timothy J. Runge, Ph.D., NCSP
Certified School Psychologist
Director, Child Study Center

Liza Jayne, M.Ed.
Graduate Assistant, Child Study Center

SAMPLE 23 – Letter to Schools: Request for Completing Rating Scales

February 21, 2004

Mrs. Betty Crocker
Horace Mann Elementary School
205 S. 5th Street
Indiana, PA 15701

Dear Mrs. Crocker:

Tom Thumb is presently participating in a psychoeducational evaluation at the Child Study Center of the Department of Educational and School Psychology at Indiana University of Pennsylvania. As part of Tom's comprehensive assessment, we request that you complete the rating scales. We feel that your knowledge of Tom's behavior in the classroom will contribute to our overall understanding of his current functioning in the school environment.

Enclosed is an authorization for release of information signed by the parents. If you have any questions concerning this request, please contact the Child Study Center at (724) 357-2445.

In order to assist us in completing Tom's evaluation in a timely manner, please return the requested information in the enclosed stamped envelope at your earliest convenience. Thank you in advance for your prompt attention to our request.

Sincerely,

Timothy J. Runge, Ph.D., NCSP
Certified School Psychologist
Director, Child Study Center

Liza Jayne, M.Ed.
Graduate Assistant, Child Study Center

SAMPLE 24 – Letter to Parents: Completed Report Enclosed

July 8, 2008

Eric and Monica Jones
106 Franklin Circle
Indiana, PA 15701

Dear Mr. and Mrs. Jones:

Enclosed you will find a copy of the psycho-educational report prepared after your child's assessment at the Child Study Center of the Department of Educational and School Psychology at Indiana University of Pennsylvania. The report includes the test information and recommendations that were discussed during our conference with you. If you have any questions about the report, or how to interpret it, please feel free to call the supervising school psychologist, Dr. Timothy Runge, at (724) 357-3788 or the Child Study Center at (724) 357-2445.

It has been a pleasure providing service to you. Please do not hesitate to contact us if you have further questions or concerns.

Sincerely,

Timothy J. Runge, Ph.D., NCSP
Certified School Psychologist
Director, Child Study Center

Liza Jayne, M.Ed.
Graduate Assistant, Child Study Center

SAMPLE 25 – Authorization for Release FROM CSC

**CHILD STUDY CENTER
DEPARTMENT OF EDUCATIONAL AND SCHOOL PSYCHOLOGY
INDIANA UNIVERSITY OF PENNSYLVANIA
INDIANA, PA 15705**

**AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION
FROM THE CHILD STUDY CENTER**

Child's Name: _____ Date of Birth: _____

Parents: _____ Phone: _____

Address: _____

I hereby give permission for the Child Study Center of the Department of Educational and School Psychology at Indiana University of Pennsylvania to release the information on my child, _____, that is checked below.

_____ Psychoeducational Assessments _____ Summary Report of Counseling

_____ Summary Report of Family _____ Sessions with my Child

Counseling Sessions

_____ Other: _____

_____ I also give permission for Child Study Center personnel to discuss the released information with the person named below.

This information is _____ Name: _____

to be sent to: _____ Address: _____

I acknowledge that I have read this form and fully understand the intent of this authorization. This consent is in effect up to six months from the date signed unless revoked in writing prior to that time.

Signature of Parent or Guardian

Date

SAMPLE 26 – Letter to Schools: Completed Report Enclosed

March 29, 2005

Generic Elementary School
123 School Street
Happyville, PA 15000

To Whom It May Concern,

Enclosed you will find a copy of the psychoeducational report prepared after Thom Thumb's assessment at the Child Study Center located in the Department of Educational and School Psychology at Indiana University of Pennsylvania. The report includes test information and recommendations from the evaluation. A release of confidential information form signed by the parent is included with the report. If you have any questions about the report, or how to interpret it, please feel free to call the supervising psychologist listed or The Child Study Center at (724) 357-2445.

Sincerely,

Timothy J. Runge, Ph.D., NCSP
Certified School Psychologist
Director, Child Study Center

Liza Jayne, M.Ed.
Graduate Assistant, Child Study Center

SAMPLE 27 – Letter to Parents: Balance Due

September 9, 2008

James and Mary Swindal
187 Main Entrance Drive
Pittsburgh, PA 15228

Dear Mr. and Mrs. Swindal,

Our current records show that there is a balance of \$65.00 remaining for Peter's evaluation at the Child Study Center. You can mail payment to the address below, or use the envelope provided. Your prompt response is greatly appreciated. I hope that your experience at the Child Study Center was pleasant and beneficial. If you have any questions, please feel free to contact me at (724) 357-2445.

Sincerely,

Timothy J. Runge, Ph.D., NCSP
Assistant Professor
Director, Child Study Center

Liza Jayne, M.Ed.
Graduate Assistant, Child Study Center

Fee for services rendered:

Dates of service: 4/05/08 \$10.00 - Paid
 4/19/08 Psychoeducational Assessment: \$65.00 - Due

Please make check payable to: IUP Research Institute

Please mail payment to: Child Study Center
 Department of Educational & School Psychology
 Indiana University of PA
 Indiana, PA 15705

SAMPLE 28 – Summary Report

CHILD STUDY CENTER

Summary Report

Date

SERVICES PROVIDED

Total Number of Cases Seen: ____

Number of psychoeducational assessments: ____

Number of cases seen for child/youth counseling: ____

Number of cases seen for family intervention: ____

Number of pre-referral parent meetings: ____

Total Number of School-based Cases: ____

Number of cases seen for behavioral interventions: ____

Number of group interventions: ____

Number of academic interventions: ____

Total Number of Professional Presentations: ____

FINANCIAL DATA

Total Financial Intake: ____

Total amount related to grants & contracts: ____

Total amount related to independent fee for service: ____

Number of Cases Receiving Fee Reduction: ____

Reduced Fee: ____

No Fee: ____

Number of School-based Cases Without Fee: ____

SAMPLE 28 continued

CASE DEMOGRAPHICS

Number of Cases by State, County, and School District:

Armstrong/Westmoreland

Apollo-Ridge: ____

Elderton: ____

Total: ____

Butler

Butler Intermediate: ____

Total: ____

Indiana

Blairsville-Saltsburg: ____

Indiana Area: ____

Penns Manor: ____

Purchase Line: ____

United: ____

Total: ____

Jefferson

Punxsutawney: ____

Total: ____

Other

University School: ____

IUP: ____

Total: ____

SAMPLE 28 continued

Number of Cases by Grade of the Child:

Preschool	_____
Kindergarten	_____
1	_____
2	_____
3	_____
4	_____
5	_____
6	_____
7	_____
8	_____
9	_____
10	_____
11	_____
12	_____
Graduated	_____

Number of PA residents: _____

Number of Non-PA residents: _____

SAMPLE 29 – Summer Clinic Schedule

Dr. Black's Section Summer Session 1

FRIDAY June 4th **Intake & Assessment**
8:00-12:00

	Client's Name (Student Clinician Name)
1	
2	
3	
4	

MONDAY June 7th **Assessment**
8:00-11:00

	Client's Name (Student Clinician Name)
1	
2	
3	
4	

FRIDAY June 18th **Feedback**
8:00-10:00

	Client's Name (Student Clinician Name)
1	
2	
3	
4	

SAMPLE 29 continued

Dr. Black's Section

Summer Session 2

MONDAY June 7th **Intake & Assessment**

11:00-12:00

	Client's Name (Student Clinician Name)
1	
2	
3	
4	

MONDAY June 21st **Assessment**

8:00-12:00

	Client's Name (Student Clinician Name)
1	
2	
3	
4	

MONDAY June 28th **Assessment & Feedback**

8:00-12:00

	Client's Name (Student Clinician Name)
1	
2	
3	
4	

SAMPLE 30 – Parking Pass Letter

May 16, 2012

Dear Parent,

Enclosed you will find a temporary parking pass to be used during your visit to the Child Study Center. This pass is to be displayed on your driver's side dashboard.

This permit is valid in the R&P Band Lot. If you choose to park in a metered parking space, you must pay the meter. This permit is not valid for reserved parking spaces.

Be sure to write your license plate number on the pass. Failure to do so can result in a parking ticket.

Please hold onto this parking permit until your attendance at the Child Study Center is no longer needed. If you have any questions, please contact the Child Study Center at (724) 357-2445. Thank you.

Sincerely,

Timothy J. Runge, Ph.D., NCSP
Certified School Psychologist
Director, Child Study Center

Liza Jayne, M.Ed.
Graduate Assistant, Child Study Center

SAMPLE 31 – Room Reservations
For Doctoral Supervision of Clinicians

June 9 th	8:00		10:00		244
	8:00		10:00		245
	8:00		10:00		247
	8:00		10:00		249
	9:00		11:00		244
	9:00		11:00		245
	9:00		11:00		247
	9:00		11:00		249

June 23 rd	8:00		10:00		244
	8:00		10:00		245
	8:00		10:00		247
	8:00		10:00		249
	9:00		11:00		244
	9:00		11:00		245
	9:00		11:00		247
	9:00		11:00		249

June 30 th	8:00		10:00		244
	8:00		10:00		245
	8:00		10:00		247
	8:00		10:00		249
	9:00		11:00		244
	9:00		11:00		245
	9:00		11:00		247
	9:00		11:00		249

SAMPLE 32 – Student Clinician Packet

**IUP Child Study Center
Spring Clinic 2007
Student Clinician Packet**

Contents:

General Guidelines, Policies, and Helpful Hints
Landro Cheat Sheet
Case Management Form
CSC Report Writing Guidelines
CSC Test Sign-out Procedure
Child Supervision and Welfare Procedure
Clinician Procedures / Packet of Permission Slips and Release Forms
 Clinician Service Request
 Authorization to Release Information to the CSC
 Authorization to Release Information from the CSC
 Classroom Observation Permission Form
Client File Packet
 Disposition Record
 Correspondence Sheet
 Referral Form
 Permission to Evaluate and Videotape
 Authorization to Release Information to the CSC
 Fee Waiver Form
 Background Information
 Check-Out Sheet
Sample Reports
Clinic Teams
Phone Tree
Spring Clinic Schedule 2007

SAMPLE 33 – Child Supervision & Welfare Procedures

Child Study Center

Lynanne Black, Ph.D., NCSP

Children are the responsibility of clinic staff from the time they leave their parent(s) until the time they are returned to their parent(s).

If there is any doubt among staff about who is responsible for a child at a given time, a graduate assistant or the person seeing the child, for example, be sure to clarify that point with one another.

Staff are also responsible for the child during breaks. If the child goes to the rest room, accompany the child to that location and wait for the child.

Do not allow children to walk the hall or leave the hall unsupervised.

Since some children are on special diets, either for health reasons or due to parent preference, you should not permit the child to snack on foods from the hall machines without prior parent permission.

Because our clinic schedules are tight, children sometimes do experience long sessions. Be sure to offer the child a break half way through the session. Watch for fatigue and, if it is apparent, be sure the child gets a break.

It is perfectly acceptable to request another session, if what needs to be done cannot be accomplished in the time available. Be sure to check with the instructor prior to making this arrangement, so that supervision can take place and a room can be reserved.

Remember that you may not contact any other agency, including the child's school, without **written** permission from the parent. That includes phone calls.

Confidentiality means never mentioning a client's name outside of closed doors, and then only to others with a need to know. Make phone calls in a private place. This includes phone calls from home, which should be made away from other family members. Copies of reports and disks on which you are working are also confidential material. This will be discussed further in class.

*These procedures would also apply in schools where school psychologists are responsible for children taken from class.

SAMPLE 33 continued

Child Supervision Tips

In general:

1. Read referral form before child comes to prepare for specific issues that may arise.
2. Try to get all children in the waiting area involved in an activity together.

Dealing with misbehavior:

3. State rules clearly and in a positive way. Tell children what to do rather than what not to do. Be as pleasant and upbeat and possible.
4. If that doesn't work, use redirection. Do something else, play a game together, color, etc.
5. If redirection doesn't work, remind the child of the rules you stated before.
6. If that fails, positively reinforce good behavior. We have stickers in the CSC office that will work as reinforcers for some young children. Explain that if they are very patient they can earn one. Be specific in explaining what comprises desirable behavior.
7. As a last resort, let the child know that they aren't allowed to (fight, make a lot of noise, enter the room where their parent is in intake), and if they continue to do so there will be a consequence. Again, suggest something else for them to do, such as playing a game with you.

Here are a few scenarios that have come up in the past and a few suggestions about handling them:

When a child....

Acts noisy or misbehaves, fights with a sibling

Try saying something like....

The university's rules include... (be quiet, use inside voice)

Redirect

Remind her of the rules

Use positive reinforcement for good behavior

Consequence

When a child....

Cries or doesn't want to leave her parent before the intake meeting

SAMPLE 33 continued

Try...

Giving her something to do, such as playing a certain game, coloring, or another activity from the toy closet.

When a child....

Tries to leave the waiting area

Try saying something like....

We need to stay in this immediate area (on the rug) until your Mom and Dad return.

When a child....

Gets impatient and wants to see her parents during the intake or feedback meeting

Try saying something like....

I don't blank you for wanting to see them. You have waited very patiently for a long time. Let's give them 15 more minutes while we play a game.

SAMPLE 34 – CSC Check-Out Sheet

Student Clinician:
Client Initials:
Semester:

Doctoral Supervisor:
Supervisor:
Year:

Student Clinicians must complete and check-off each of the following:

CSC / Grad Room Materials - to be completed by the due date indicated on the syllabus

_____ Return all test materials, including unused protocols, to the Child Study Center (CSC) and mark the sign out sheet that they have been returned. Be sure there are no pieces or manuals missing from the kits and notify CSC staff if materials or manuals are in disrepair.

_____ Ensure that each session has been saved on a working DVD / External Drive. Once verified, erase all confidential session videos from the computer equipment in the Observation Room, Stouffer 248.

_____ Destroy all personal notes related to your cases, erase all computer files on your own personal computers and the computers in the Grad Room related to your cases. This includes deleting data from any CompuScore software. [Failure to do so is considered a violation of client confidentiality.]

Case File - to be submitted by the due date indicated on the syllabus

_____ Complete your Quarterly Log (only at completion of last case for semester) to Faculty Supervisor for review, signature, and return to you.

_____ Submit the final electronic copy of the report in the appropriate folder on the P: Drive per the syllabus ("Hand-In" folder).

_____ Include all evaluation materials (e.g., permission forms, protocols, CompuScore printouts) in the case file. Be sure all materials include the child's name and date of assessment.

_____ Return all session DVDs with the case file. You do not have to destroy these. That will be done at the CSC once the case file is reviewed by the Faculty Supervisor and approved. If this is the final case of the semester, delete all video files from your loaned external drive and return the empty external drive to the CSC.

_____ Submit a completed, hard copy report to the Faculty Supervisor with the entire case file and its contents. The report must be signed by the Student Clinician(s) and Doctoral Supervisor (if applicable). Reports cannot be accepted on disk or as an e-mail attachment. Any appended information (e.g., brochures, pamphlets) should be photocopied on single-sided paper and paper clipped to the end of the report. Clearly specify on the case file if additional copies of the report are to be sent to third parties (and that written permission is on file).

Return this form to your Faculty Supervisor with your entire case file by the due date indicated.

Student Clinician Signature(s)

Date

References

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Appendix A – School Psychology Standards of Competency

The following standards of competency in school psychology (NASP, 2010) are used as a general framework by which various practicum experiences are developed:

Standard	Competency Domain	Examples (not intended to be exhaustive)
2.1	Data-Based Decision Making and Accountability	<i>Knowledge of:</i> - Assessment and data collection methods relevant to a comprehensive, systematic process of effective decision making and problem solving for particular situations, contexts, and diverse characteristics - Varied methods of assessment and data collection in psychology and education (e.g., norm-referenced, curriculum-based, direct behavior analysis, ecological) and their psychometric properties - Assessment and data collection methods useful in identifying strengths and needs and in documenting problems of children, families, and schools - Strategies for translating assessment data to development of instruction, intervention, and educational and mental health services - Assessment and data collection methods to measure response to, progress in, and effective outcomes of services <i>Skills including:</i> - Using psychological and educational assessment, data collection strategies, and technology resources as part of a comprehensive process of effective decision making and problem solving that permeates all aspects of service delivery - Systematically collect data and other information about individuals, groups, and environments as key components of professional school psychology practice - Translate assessment and data collection results into design, implementation, and accountability for evidence-based instruction, interventions, and educational and mental health services for particular situations, contexts, and diverse characteristics - Use assessment and data collection methods to evaluate response to, progress in, and outcomes for services in order to promote improvement and effectiveness - Access information and technology resources to enhance data collection and decision making - Measure and document effectiveness of their own services for children, families, and schools
2.2	Consultation and Collaboration	<i>Knowledge of:</i> - Varied methods of consultation in psychology and education (e.g., behavior, problem solving, mental health, organizational, instructional) applicable to individuals, families, groups, and systems - Strategies to promote collaboration, effective decision making and implementation of services among professionals, families, and others - Consultation, collaboration, and communication strategies effective across situations effective across situations, contexts, and diverse characteristics - Methods for effective consultation and collaboration that link home, school, and community settings <i>Skills including:</i> - Apply consultation methods, collaborate, and communicate effectively with others as part of a comprehensive process that permeates all aspects of service delivery - Consult and collaborate in planning, problem solving, and decision-making processes and to design, implement, and evaluate instruction, interventions, and educational and mental health services across particular situations, contexts, and diverse characteristics - Consult and collaborate at the individual, family, group, and systems levels - Facilitate collaboration and communication among diverse school personnel, families, community professionals, and others - Effectively communicate information for diverse audiences, for example, parents, teachers, other school personnel, policy makers, community leaders, and/or others - Promote application of psychological and educational principles to enhance collaboration and achieve effectiveness in provision of services
Standard	Competency Domain	Examples (not intended to be exhaustive)

2.3	Interventions and Instructional Support to Develop Academic Skills	<i>Knowledge of:</i> • Biological, cultural, and social influences on cognitive and academic skills • Human learning, cognitive, and developmental processes, including processes of typical development, as well as those related to learning and cognitive difficulties, across diverse situations, contexts, and characteristics • Evidence-based methods in psychology and education to promote cognitive and academic skills, including those related to needs of children with diverse backgrounds and characteristics • Curriculum and instructional strategies that facilitate children's academic achievement, including, for example, teacher-directed instruction, literacy instruction, peer tutoring, interventions for self regulation and planning/organization, etc. • Techniques to assess learning and instruction and methods and technology resources for using data in decision making, planning, and progress monitoring • Information and assistive technology resources to enhance children's cognitive and academic skills <i>Skills of:</i> • Use assessment and data collection methods to develop appropriate academic goals for children with diverse abilities, disabilities, backgrounds, strengths, and needs • Implement services to achieve academic outcomes, including classroom instructional support, literacy strategies, home-school collaboration, instructional consultation, and other evidence-based practices • Use evidence-based strategies to develop and implement services at the individual, group, and systems levels and to enhance classroom, school, home, and community factors related to children's cognitive and academic skills • Implement methods to promote intervention acceptability and fidelity and appropriate data-based decision making procedures, monitor responses of children to instruction and intervention, and evaluate the effectiveness of services
2.4	Interventions and Mental Health Services to Develop Social and Life Skills	<i>Knowledge of:</i> • Biological, cultural, social, and situational influences on behavior and mental health and behavioral and emotional impacts on learning, achievement, and life skills • Human developmental processes related to social-emotional skills and mental health, including processes of typical development, as well as those related to psychopathology and behavioral issues, across diverse situations, contexts, and characteristics • Evidence-based strategies to promote social-emotional functioning and mental health • Strategies in social-emotional, behavioral, and mental health services that promote children's learning, academic, and life skills, including, for example, counseling, behavioral intervention, social skills interventions, instruction for self-monitoring, etc. • Techniques to assess socialization, mental health, and life skills and methods and technology resources for using data in decision making, planning, and progress monitoring <i>Skills including:</i> • Use assessment and data collection methods to develop appropriate social-emotional, behavioral, and mental health goals for children with diverse abilities, disabilities, backgrounds, strengths, and needs • Implement services to achieve outcomes related to socialization, learning, and mental health, including, for example, counseling, consultation, behavioral intervention, home-school collaboration, and other evidence-based practices • Integrate behavioral supports and mental health services with academic and learning goals for children • Use evidence-based strategies to develop and implement services at the individual, group, and/or systems levels and to enhance classroom, school, home, and community factors related to children's mental health, socialization, and learning • Implement methods to promote intervention acceptability and fidelity and appropriate data-based decision making procedures, monitor responses of children to behavioral and mental health services, and evaluate the effectiveness of services
Standard	Competency Domain	Examples (not intended to be exhaustive)

2.5	School-Wide Practices to Promote Learning	<i>Knowledge of:</i> • School and systems structure, school organization, general education, special education, and alternative educational services across diverse settings • Psychological and educational principles and research related to organizational development and systems theory • Issues and needs in schools, communities, and other settings, including accountability requirements; local, state, and federal policies and regulations; and technology resources • Evidence-based school practices that promote academic outcomes, learning, social development, and mental health; prevent problems; and ensure positive and effective school organization and climate across diverse situations, contexts, and characteristics <i>Skills including:</i> • Design and implement evidence-based practices and policies in, for example, areas such as discipline, instructional support, staff training, school improvement activities, program evaluation, student transitions at all levels of schooling, grading, home-school partnerships, etc. • Utilize data-based decision making and evaluation methods, problem-solving strategies, consultation, technology resources, and other services for systems-level issues, initiatives, and accountability responsibilities • Create and maintain effective and supportive learning environments for children and others within a multitiered continuum of school-based services. • Develop school policies, regulations, services, and accountability systems to ensure effective services for all children
2.6	Preventive and Response Services	<i>Knowledge of:</i> • Psychological and educational principles and research related to resilience and risk factors in learning and mental health • Methods of population-based service delivery in schools and communities to support prevention and timely intervention related to learning, mental health, school climate and safety, and physical well-being across diverse situations, contexts, and characteristics • Universal, selected, and indicated (i.e., primary, secondary, and tertiary) prevention strategies at the individual, family, group, and/or systems levels related to learning, mental health, and physical well-being • Evidence-based strategies for effective crisis prevention, preparation, and response <i>Skills including:</i> • Promote environments, contexts, and services for children that enhance learning, mental and physical well-being, and resilience through protective and adaptive factors and that prevent academic problems, bullying, violence, and other risks • Use assessment and data collection methods to develop appropriate goals for and to evaluate outcomes of prevention and response activities and crisis services • Contribute to, design, implement, and/or evaluate prevention programs that integrate home, school, and community resources and promote learning, mental health, school climate and safety, and physical well-being of all children and families • Contribute to, design, implement, and/or evaluate services for crisis prevention, preparation, response, and recovery at the individual, family, and systems levels and that take into account diverse needs and characteristics • Utilize data-based decision making methods, problem-solving strategies, consultation, collaboration, and direct and indirect services for preventive and responsive services to promote learning and mental health and for crisis services

Standard	Competency Domain	Examples (not intended to be exhaustive)
2.7	Family-School Collaboration Services	<i>Knowledge of:</i> • Characteristics of families, family strengths and needs, family culture, and family-school interactions that impact children's development • Psychological and educational principles and research related to family systems and their influences on children's academic, motivational, social, behavioral, mental health, and social characteristics • Evidence-based strategies to improve outcomes for children by promoting collaboration and partnerships among parents, schools, and community agencies, and by increasing family involvement in education • Methods that improve family functioning and promote children's learning, social development, and mental health, including, for example, parent consultation, conjoint consultation, home-school collaboration, and other evidence-based practices <i>Skills of:</i> • Design and implement evidence-based practices and policies that facilitate family-school partnerships and interactions with community agencies to enhance academic, learning, social, and mental health outcomes for all children • Identify diverse cultural issues, situations, contexts, and other factors that have an impact on family-school interactions and address these factors when developing and providing services for families • Utilize data-based decision making, evaluation methods, problem-solving strategies, consultation, communication, and direct and indirect services to enhance family-school-community effectiveness in addressing the needs of children • Design, implement, and evaluate education programs and other types of services that assist parents with promoting the academic and social-behavioral success of their children and addressing issues and concerns
2.8	Diversity in Development and Learning	<i>Knowledge of:</i> • Individual differences, abilities, disabilities, and other diverse characteristics of people in settings in which school psychologists work • Psychological and educational principles and research related to diversity factors for children, families, and schools, including factors related to culture, context, and individual and role differences (e.g., age, gender or gender identity, cognitive capabilities, social-emotional skills, developmental level, race, ethnicity, national origin, religion, sexual and gender orientation, disability, chronic illness, language, socioeconomic status) • Evidence-based practices in psychology and education to enhance services for children and families and in schools and communities and effectively address potential influences related to diversity • Strategies for addressing diversity factors in design, implementation, and evaluation of all services <i>Skills of:</i> • Provide effective professional services in data-based decision making, consultation and collaboration, and direct and indirect services for individuals, families, and schools with diverse characteristics, cultures, and backgrounds and across multiple contexts, with recognition that an understanding of and respect for diversity and in development and learning is a foundation for all aspects of service delivery • In collaboration with others, address individual differences, strengths, backgrounds, and needs in the design, implementation, and evaluation of services in order to improve academic, learning, social and mental health outcomes for all children across family, school, and community contexts • In schools and other agencies, advocate for social justice and recognition that cultural, experiential, linguistic, and other areas of diversity may result in different strengths and needs; promote respect for individual differences; recognize complex interactions between individuals with diverse characteristics; and implement effective methods for all children, families, and schools to succeed • Provide culturally competent and effective practices in all areas of school psychology service delivery and in the contexts of diverse individual, family, school, and community characteristics

Standard	Competency Domain	Examples (not intended to be exhaustive)
2.9	Research and Program Evaluation	<i>Knowledge of:</i> • Research design, measurement, and varied methods of data collection techniques used in investigations of psychological and educational principles and practices • Statistical and other data analysis techniques sufficient for understanding research and interpreting data in applied settings • Program evaluation methods at the individual, group, and/or systems levels • Technology and information resources applicable to research and program evaluation • Techniques for judging research quality; synthesizing results across research relevant for services for children, families, and schools; and applying research to evidence-based practice <i>Skills in:</i> • Evaluate and synthesize a cumulative body of research and its findings as a foundation for effective service delivery • Provide assistance in schools and other settings for analyzing, interpreting, and applying empirical evidence as a foundation for effective practices at the individual, group, and/or systems levels • Incorporate various techniques and technology resources for data collection, measurement, analysis, and accountability in decision-making and in evaluation of services at the individual, group, and/or systems levels • In collaboration with others, design, conduct analyses, and/or interpret research and/or program evaluation in applied settings
2.10	Legal, Ethical, and Professional Practice	<i>Knowledge of:</i> • History and foundations of school psychology • Multiple school psychology service delivery models and methods • Ethical and professional standards for school psychology • Legal standards and regulations relevant for practice in settings in which school psychologists work • Factors related to professional identity and effective practice as school psychologists • Relevant information sources and technology • Methods for planning and engaging in continuing education <i>Skills in:</i> • Provide services consistent with ethical and professional standards in school psychology • Provide services consistent with legal standards and regulations relevant for practice in settings in which school psychologists work • Engage in effective and responsive ethical and professional decision-making that reflects recognition of diverse needs and characteristics of children, families, schools, and other professionals • Apply professional work characteristics needed for effective practice as school psychologists, including respect for human diversity and social justice, communication skills, effective interpersonal skills, responsibility, adaptability, initiative, dependability, and technology skills • Utilize supervision and mentoring for effective school psychology practice • Engage in effective, collaborative professional relationships and interdisciplinary partnerships • In collaboration with other professionals (e.g., teachers, principals, library and media specialists), access, evaluate, and utilize information resources and technology in ways that enhance the quality of services for children • Advocate for school psychologists' professional roles to provide effective services, ensure access to their services, and enhance the learning and mental health of all children and youth • Engage in career-long self-evaluation and continuing professional development

Appendix B – Clearances Required for Practicum Experiences

Act 114 of 2006 Requirements

All Graduate Assistants, Student Clinicians, and Supervisors must maintain current clearances per Act 114 of 2006. More details are available on the PDE website (www.pde.state.pa.us); however, initial information is provided below directly from the PDE website.

Act 114 of 2006 specifies that all applicants for employment in public and private schools including employees of independent contractors, but excluding employees who do not have direct contact with students undergo background checks. In addition, Act 114 extends the background check requirements to include student teacher candidates. As of April 1, 2007 the following three background checks are required:

1. Pennsylvania State Police Request for Criminal Records Check (Act 34). Applies to individuals hired as of January 1, 1986.
2. Department of Public Welfare Child Abuse History Clearance (Act 151).
3. Federal Criminal History Record Information (CHRI) in a manner prescribed by the Department of Education

The Department of Education has outlined procedures for obtaining the federal criminal history record information from the FBI. The procedure for obtaining a federal background check has changed since December 1, 2008 and this procedure, including information for obtaining the PA State Police Criminal Records Check and the Department of Public Welfare Clearance is included in this webpage. In addition, Frequently Asked Questions and Answers are included to assist school administrators and applicants with the process.

Please keep in mind that clearances (child abuse, FBI, and criminal background checks) and professional liability insurance needs to be current, with a copy made available to the Department Administrative Assistant for your file. Failure to maintain this information could result in an inability to meet course requirements or serve as a supervisor. Please note that it is your responsibility to maintain these clearances and insurance coverage. For your information, the following time lines apply:

Child Abuse History Clearance - valid for one year from date of hire / enrollment (see <http://www.dpw.state.pa.us/findaform/childabusehistoryclearanceforms/index.htm>)

Criminal Background Checks -valid for one year from date of hire / enrollment (see http://pa.gov/portal/server.pt/community/background_checks_%28act_114%29/7493/act_34_background_checks/601379)

FBI Clearance - valid for 5 years from date of hire / enrollment (see <http://www.aa.psu.edu/education/docs/FBI%20Clearance%20Information.pdf>)

Insurance - Purchased annually

Appendix C – Student Liability Insurance

Students must purchase liability insurance for themselves during their course of study. Liability insurance may be available as an endorsement, for an additional fee, to a renter's or homeowner's insurance policy. You may also procure a separate liability insurance policy from a private insurance policy. If you choose to pursue such options, you should carefully investigate the terms of the policy and speak with your insurance agent in order to ensure that the policy is applicable to your field activities.

You may also wish to consider coverage which is provided by professional associations. For example, student members of NASP may purchase insurance policies through either:

American Professional Agency, Inc.
95 Broadway
Amityville, NY 11701

800-421-6694
www.americanprofessional.com

Forrest T. Jones & Company
P.O. Box 418131
3130 Broadway
Kansas City, MO 64111-2406
800-821-7303
www.ftj.com

The organizations listed above are referenced solely for informational purposes and as a courtesy to assist you with your inquiries. This information is not intended to, and should not be construed to constitute an endorsement or recommendation of any particular insurance product, company or organization.