Remediation Plan for Written Competencies

To:  
From:  
CC:  Clinic Director; Major Professor; Dept. Chair  
Date:  
Re:  Remediation Plan for Written Competencies:  ASHA Standard IV-B-Oral and Written Communication Skills

Background Information: At the end of the _______ semester, you received “Unsatisfactory” grades from  __  of your clinical supervisors in the Professional Protocol of Written Communication Skills section of the CSCF (Clinical Skills Competency Form). On _______, you met with ________ to discuss deficiencies in your written communication and to develop a remediation plan. In this meeting, you demonstrated an understanding of your supervisors’ concerns and actively participated in problem solving and designing a plan to remediate. Professional writing skills are a critical component of your clinical graduate education and are addressed in ASHA Standard IV-B that states, “The applicant must possess skill in oral and written or other communication sufficient for entry into professional practice”. As discussed by your supervisors and stated in the Clinic handbook and CSCF, “Failure to remediate, as evidenced by not achieving and maintaining satisfactory performance (“S”) by the end of semester 3 may result in termination of clinical privileges”.

Deficiencies Observed (Check those that apply):
1. Consistently and accurately conveys professional information from coursework, supervisory input, clinical activities and other resources.
   - Incorrect professional information regarding disorder
   - Incorrect professional information regarding client performance
   - Incorrect professional information regarding therapeutic approach
   - Omission of important detail/information
   - Lack of generalization of prior corrections
   - Other

2. Consistently writes information in a clear and organized manner using correct spelling and grammar.
   - Lack of conciseness
   - Spelling errors
   - Grammatical errors
   - Poor organization of information
   - Lack of generalization of prior corrections
   - Other

3. Consistently and accurately uses professional writing conventions, terminology and style to clearly communicate information in a manner consistent with audience and/or clinical setting.
   - Misuse of professional wording and terminology / Poor professional wording
   - Inconsistent use of professional style in sentence construction
   - Poor word choice
   - Addition of irrelevant detail
   - Lack of generalization of prior corrections
   - Other
Plan to Remediate / Strategies:
- Utilize the Dept. of English Writing lab
- Review recommended professional writing resources: Professional Report Writing manual for SLHS 5309
- Schedule extra time in supervisory meetings to address writing skills.
- Read and review professional writing samples.
- Create outlines for reports / Consult supervisors on format of outline.
- Review client goals before writing lesson plans, SOAP notes, or other reports.
- Retain and review edits made to your written work.
- Use a private tutor.
- Use peer review.
- Use a small dictionary or electronic dictionary for spelling errors.
- Use a thesaurus to vary vocabulary choice.
- Create a list of problem words on index cards for easy reference.
- Create a database of frequently used sentences.
- Use an editing checklist.
- Review academic texts to increase knowledge of various speech and language domains (e.g., speech expressive language, play, etc.) and their components (e.g., expressive language = vocabulary, grammatical morphemes, length of utterance, etc.)

Other

Attach addendum if necessary for additional strategies.

Summary:
Your goal is to maintain satisfactory written work and to receive an ‘S’ for all portions of the Professional Protocol of Written Communication of the CSCF. Continue to utilize the strategies in your plan and consult with your semester supervisors on a regular basis to ensure you are progressing with your writing skills. You will meet with your supervisors, additional times to discuss progress with your professional writing goals.

Please sign, date, and return this document to confirm you have read this plan and agree to follow it.

_____________________________    _______________________
Graduate Student Clinician    Date

_____________________________    _______________________
Clinic Director    Date

_____________________________    _______________________
Dept. Chair    Date