To: All Student Clinicians  
From: Ms. Lydia Richardson, M.S., CCC/SLP  
Date: January 8, 2008  
Re: Attendance Policy

The following attendance policy has been established to clarify the existing statement in the Clinical Procedures. This policy takes effect immediately and will be monitored closely. Such a policy is needed to assist the student clinician in establishing good professional and ethical practices. This policy replicates what students will be rightfully expected to adhere to in their professional work assignment.

ATTENDANCE POLICY

1. **At Class Meetings**  
   Student Clinicians enrolled in SPH 335 and 504 will be required to attend class meetings scheduled during the semester. For each unexcused absence, the student’s semester grade will be lowered one letter grade. An excused absence requires documentation and is limited to such unavoidable conditions as illness on the part of the clinician or a death in the clinician’s immediate family.

2. **At Therapy**  
   Student clinicians enrolled in SPH 335 and 504 will be required to be in attendance at each therapy session. The clinician will arrive ten minutes prior to the session to prepare materials and be mentally prepared for the session. Scheduled times for therapy sessions must be maintained. No changes may be made without prior approval of the clinic supervisor. The clinician must talk directly to the clinic supervisor to cancel a therapy session. An excused absence requires documentation and is limited to such unavoidable conditions as illness on the part of the clinician or a death in the clinician’s immediate family. For each unexcused absence, the student’s semester grade will be lowered one letter grade. If the student clinician has more than 2 unexcused absences, he or she will not be allowed to continue with scheduled therapy and will receive an F in the course.

I have read and agree to abide by the above attendance policy.

_________________________________________  __________________  
Student Clinician (printed name)     Date

_________________________________________  
Student Clinician signature