Three teaching strategies I have been able to observe so far this semester were self-talk, recasting, and modeling. In a CAT session I observed, the clinician utilized modeling to help the client find icons on the device and make sentences with it. The clinician would make sentences with the device and show the client so that they could try to do the same. Sometimes the clinician would model on their device from the AAC lab or directly onto the client's device. I thought it was interesting that you could model on both, so I am intrigued to see how other clinicians model as well. In a LAP session I observed, I was able to watch the clinician utilize self-talk. The client was playing with toys and the clinician would self-talk saying things like "we are stacking the blocks" and "we knocked the blocks over". This strategy helps the child know what they are doing before they are able to say the words. I think self-talk is a great teaching strategy and one we use even when children are very young. A third strategy I was able to observe was recasting in a CAT session. The client would produce a one-word utterance and the clinician would recast and expand on it further. If the client said "help", the clinician would reply with "you want me to help you? Do you want my help?". This enabled the child to have more exposure to multi-word utterances and be able to have more confidence in producing them. All three strategies were used in different contexts and all provided different supports to the clients.

Two ways I have been able to watch data be collected were in LAP and FACT sessions. In the FACT session I observed, the client was a patient with apraxia and was using an AAC device to select target phrases. The data was collected by the clinician tallying up the amount of times the client successfully selected the correct phrase on the device. This would be considered quantitative since the clinician is tallying the amount of times of correct selection. The second way I watched data be collected was in LAP where the child's goal is to increase peer interaction. The clinician would take data on how many times the client interacted and what kind of interaction it was (initiated, response, etc.). This kind of data collection is both qualitative and quantitative since it reflected number of times of interaction and types of interaction.

One thing that I learned during K-Team meetings this past month would be to always stay on top of things. The clinicians talk about how they feel stressed or overwhelmed and they usually end it with "but I know I need to stay on top of my work and try to get ahead". You have to be able to plan for the future and keep up with session notes and other things to make sure you are getting everything done you need to. When you become an SLP, you are in charge of multiple clients and need to be able to support

them fully and make sure you are staying prepared. I think one reason this is difficult for the student clinicians is because they have other classes and jobs and other things going on in their lives. When you become an SLP, your clients will be one of the main/only things you focus on, so I think it might be more manageable to make that your full focus. I am glad I learned this before practicum so that I can try to work smarter and get ahead when I am placed into these situations.

FEEDBACK:

11/15

Please also comment on how you could use the strategies with different clients/in different settings (give specific examples). For the data section, you need to comment on data YOU took, not data the clinician took. Also, comment on what that data means in terms of if the client should progress in therapy or stay at their current level.

	Beginning	Developing	Skill Present
Document Organization and Presentation · Minimal to no grammatical errors · Written in sentence format with complete sentences · Information is organized · Information is clear and easy to read and understand	○ Points: 1 (6.66666%) Document is unorganized and difficult to navigate and understand the writers intent. Grammatical errors are abundant.	○ Points: 3.75 (25.00%) Document is written in sentence format but has many grammatical errors and parts of it are difficult to understand.	✔ Points: 5 (33.33333%) The document is presented in a clear and efficient manner with minimal writing errors. Feedback: [text box] abc ✔
Components Present and Knowledge of Clinical Hierarchy is Present · 3 teaching strategies, 2 sets of data and 1 item learned are present · A basic understanding of definitions and intervention practices is evident · Descriptions of experiences are adequate to understand the application of the strategies and data presented	○ Points: 1 (6.66666%) Missing one or more components.	○ Points: 3.75 (25.00%) The information within the components do not reflect a basic knowledge of the definitions or concepts of teaching strategies, data, or clinical topic.	✔ Points: 5 (33.33333%) All components are present and information presented reflects a basic knowledge of the target information. Feedback: [text box] abc ✔
Reflection and Critical Thinking · Application of the experiences to future clinical practice is evident · Discussion of the strengths and weaknesses of the strategies, data, and learning presented is present · Evaluation of the practices observed and ideas for adaptations and next steps are presented	✔ Points: 1 (6.66666%) Presents observations and items with little to no reflection, discussion, or expansion. Feedback: [text box] abc ✔	○ Points: 3.75 (25.00%) Presents components with some reflection and critical thinking present but not throughout journal entry.	○ Points: 5 (33.33333%) Discussion of all observations and experiences involves reflection throughout the journal entry. Discussion of the effectiveness of strategies, data, and information and potential solutions when appropriate are presented.

Raw Total: 11.00 (of 15)

Change the number of points out of 15 to: [ ]