

Speech Language Pathology & Audiology Fall 2018

Student Academic Service-Learning Internship Packet

Queens Sites



**Guide to Observing Speech/Language/Swallowing Behavior**

In order to reflect on your learning from a field experience, you must first choose an interaction to reflect on. This can be somewhat difficult for students new to observing speech/language/swallowing behaviors. Use the following checklist to help you organize your experience and to practice describing your interaction in an objective way.

Overall Communicative Effectiveness:

**Effectiveness**- Overall, how effective is the individual’s communication? Do you understand him/her? Do you have to put forth extra effort in order to understand the individual? If so, how much effort is necessary? Is there something special about the way they communicate? Does the individual initiate communication? Does the listener carry most of the communication burden?

**Communication Aids (AAC)** - Does the individual use an alternative or augmentative aide (such as writing or a communication board) to make his/her needs/wants known? If so, what are those aids? Keep in mind that gestures may also count as an alternative/augmentative form of communication.

Language:

**Semantics**- How is the individual’s use of vocabulary? Are the words produced appropriately or inappropriately? Are there word substitutions or nonsense words? Describe their verbal responses in relation to the situation/context. Is the verbal output cohesively related to the context?

**Syntax**- How is the individual’s use of grammar and word order? Are there mistakes in grammar or word order? If so, provide an example of some grammar/word errors.

**Phonology**- How does the individual put sounds together? Is the way the sounds are arranged appropriate for the language being spoken? Are there errors in how sounds are arranged? Provide an example of any errors you note.

**Morphology**- Does the individual correctly use morphemes to mark gender/number/tense as well as to create new words (i.e., adding “in” to “correct” for “incorrect”)? Provide examples of any noted errors in the individual’s language.

**Pragmatics**- Is the individual’s language appropriate for a given situation/context? If not, describe how the individual’s use of language was inappropriate.

Speech:

**Voice Quality**- Listen to the individual speak. What does their voice sound like? Is it rough? Breathy? Weak(asthenic)? How is the individual’s pitch? What about how loud the person speaks? Describe any deviations to what you deem appropriate for voice quality given the context.

**Articulatory Precision**- Does the individual correctly produce speech sounds of the language being spoken? If not, describe the speech sounds they produce? Are the sounds distorted or are there sounds missing in the word or some sounds substituted for others? Is there a great deal of effort involved when they speak? Are the sounds produced different than what you expect them to be? Give specific examples for each of these you note

.**Nasality**- Does the individual have an overly nasal quality to his/her speech? Is it too much nasal quality or is it too little? Do you hear air escaping from their nose when it shouldn’t (for instance with vowels or oral consonants)? Provide an example of each of these you hear.

**Fluency**- How smooth is the individual’s speech? Are there abrupt stops, pauses, or does the person get “stuck” initiating and maintain speech flow? Does the individual exhibit secondary characteristics for stuttering such as eye blinking, hand waving, head jerking or any other learned avoidance behavior? What types of pauses (hesitations), stops, or blocks did you notice?

Swallowing:

**Posture**-Is the individual sitting upright during the meal? Do they have positional supports such as a special chair or pillows? Do they require repositioning?

**Food and liquid consistency-** Does the individual receive chopped or pureed food or thickened liquids?

**Specialized feeding equipment**- Do any of the individuals receive a specialized cup, plate or spoon?

**Mealtime observations**-Does the individual have good lip closure around the spoon or utensil? Are they able to bite the food well (bite force) and chew the food well? Do they have a tendency to swallow poorly chewed food? Does any of the food or liquid come out of their mouths? Does any of the food or liquids stay in their mouth when you are feeding them? Does food/liquid come out of the nose during eating? Do you have to offer a dry spoon or verbally cue them to swallow if food is still in their mouths? Does it take them a while to swallow (delayed)? Do they swallow more than once? Do they do better with small amounts and/or time between mouthfuls of food or liquids? Do you have to remind them to swallow? Do they have a tendency to talk with food in their mouths?

**Possible swallowing problems**-Do they cough while they are eating or drinking? Does their voice sound wet and gurgly and/or do they clear their throat while they are eating or drinking? Do they have any changes in breathing while they are eating or drinking? Do they seem fatigued/tired during meals? Do they complain of difficulty swallowing food or liquids?

**Steps in Writing a Reflection Paper for your Academic Service-Learning Internship**

A significant part of your academic service-learning internship is completing written reflections on your experience in the field. To help guide your reflection, complete the reflection assignment by following the steps below. It is really a good idea to read through all the steps before you begin writing. That way, you will choose an experience that will allow you to complete all steps in the reflection paper.

**Step 1: Summarize**

Briefly summarize an experience in the field (related to speech/language- what you heard/saw a person say/do). This is your chance to let the reader know what you saw and heard during your interaction with individuals in the field. You do not have to provide an exhaustive recount of all interactions but think of at least one meaningful event and focus on that for your summary. Be sure it is one related to speech/language and that you are focusing on actual behaviors. Do not attempt to report what others may think or believe unless they tell you what they think or believe. Stick only to what you can see/hear.

**Step 2: Comparison to Prior Knowledge**

After summarizing your experience, take a moment to reflect on what you did, saw, and heard. Was there something about the experience that was different than what you thought it might be? Did your actions as well as the actions of others (including speech and language behaviors) go along with what you expected or was something new about the experience? Describe how the event you summarized relates to your prior knowledge of speech and language.

**Step 3: Compare to Theory/Course Concepts**

Compare how what you saw and/or heard might be explained by a theory/concept you have learned about so far in the course. Explain why you feel a theory/course concept does (or does not) explain what you heard or saw. If you chose a good experience to summarize in Step 1, you should have no problem choosing a theory or other concepts from your course to explain what you experienced (heard or saw). Cite your sources for this portion of the reflection.

**Step 4: Reflect and Report on Your Own Learning**

Take a moment to think about the experience you described, how it relates to your prior knowledge as well as how it relates to course concepts and theories in Communication Sciences and Disorders. Now, describe what you have learned about speech/language from the experience you described.

**Step 5: Edit Your Paper**

Edit your paper and look for good organization of your ideas. Do your points follow a logical sequence? Did you follow the steps described above? Are there spelling/grammar mistakes? Are sentences written so that they make sense?

**Chapin Home for the Aging**

165-01 Chapin Parkway  
Jamaica, NY 11432

**For this site please contact the site supervisor listed below to schedule your service. Be sure to register your hours in GivePulse once complete.**

**Agency Contact**  
Kathleen Ferrara (first contact must be via email)  
(718) 739-2523, ext. 2120

(718)739-4797  
[kferrara@chapinhome.org](mailto:kferrara@chapinhome.org)  
<http://www.chapinhome.org>  
       
**Nature and Purpose of Agency**  
Long term care facility for the aging.

**Tasks Available for Students**  
Various tasks available including; visiting and transporting (by wheelchair) residents, recreation, reading to residents, computer training, DVD Database maintenance, assisting activity staff with group programs i.e. music, games, art, discussions.

**Time Requirements**Flexible

**Student Awareness/Special Instructions**Two (2) medical requirements – MMR information and recent PPD (within 8 months).  
Reference Letter (You can pick one up in the AS-L Office located in Lourdes Hall. Students must be informed that there is to be **NO FOOD** and **NO FLUIDS** given to any resident at any time. Also, if students are not sure of any situation at anytime during the visit to reach out to the nurse or administrator at the home.

Lastly, NYS Department of Health has implemented that every volunteer must get the flu vaccination. Documentation of vaccination must include the name and address of the individual who ordered or administered the vaccine and the date of vaccination. This must be given to the nursing home before starting service.

**Agency Directions**Driving Directions

Union Tpke west to 164st. Make a left, cross over Grand Central Parkway. Make a left at SECOND traffic light onto Chapin Parkway. Home is UP THE HILL ON THE LEFT. **(Please note that there is no parking in our lot during the weekend day office hours you must find parking on the street. Evenings and Weekends you can often get a spot)**

Public Transportation

Take Kew Gardens bound Q46 to 164th Street. Transfer to Jamaica bound Q65 and exit at 164th and 84th drive.

**Cliffside Rehabilitation & Residential Health Care Center**

119-19 Graham Court

Flushing NY 11354

**For this site please contact the site supervisor listed below to schedule your service. Be sure to register your hours in GivePulse once complete.**

**Agency Contact**

Kathy LaBella

Recreation Director

718.886.0700 Ext: 115

activity@cliffsiderehab.com

**Nature and Purpose of Agency**

Cliffside Rehabilitation and Residential Health Care Center is a skilled nursing facility located in College Point, Queens, NY. We offer a full range of specialties and services including Short Term Rehabilitation, Short Term Respite Care, Dialysis, Ventilator Care, Hospice and long term care.

**Tasks Available for Students**

Recreation tasks available include visiting with residents, transporting (by wheelchair) residents to recreation activities, assisting with games, crafts, computers and reading to residents.

**Time Requirements**

Availability Monday through Friday 9:30am – 4pm.

Monday night bingo game 5:30pm – 7:30pm

Saturday 9:30am to 4pm

Sunday afternoon bingo 1:30pm to 3:30pm

**\*\*Students must commit to at least 3 visits per semester for at least 2 hours each time\*\***

**Student Awareness/Special Instructions**

Strong need for Chinese and Spanish language skills.

NYS Department of Health requires that every volunteer cooperate with guidelines for health care facilities flu season. Students must have documentation that they have received a flu vaccination or wear a face mask when in the presence of residents. Documentation of vaccination must include the name and address of the individual who ordered or administered the vaccine and the date of vaccination. This must be given to the nursing home before starting service. In addition, students will need proof of medical records which includes an updated PPD shot.

Students must be informed that there is to be **NO FOOD** and **NO FLUIDS** given to any resident at any time. Also, if students are not sure of any situation at anytime during the visit to reach out to the nurse or administrator at the home.

**If you are required to ask the residents questions for your course, please keep the number of questions at a minimum (e.g., 10 questions). Please also make sure not to mention any identifying information such as the clients’ names in your reflection papers and projects as this is a violation of HIPPA.**

**Agency Directions**

Public Transportation

Take the Q46 Bus from Union Tpke and Utopia Pky station heading to Kew Gardens. Get off at Union Tpke and 164 St. Start out going West on Union Tpke towards 164th St. Take the Q65 Bus from Union Tpke station heading to College Point. Get off at 25th Rd. Start out going South on College Point Blvd. Turn right onto Graham Ct. Arrive at 119-19 GRAHAM CT, Queens.

Driving Directions

GCP to Cross Island North (towards Whitestone)

Stay to left at fork (towards Whitestone Bridge). Get off at 20th Ave and make a right onto 20th. (Will pass Target and BJ's). Make a left onto College Point Blvd. Make a right onto Graham Court (will be between 25th and 26th Ave).

**Margaret Tietz Nursing & Rehabilitation Center**

164-11 Chapin Parkway

Jamaica, NY 11432

**For this site please contact the site supervisor listed below to schedule your service. Be sure to register your hours in GivePulse once complete.**

**Agency Contact**

Debbie Laskin: Director of Therapeutic Recreation

Main Line: 718.298.7800

Debbie Laskin 718.298.7840

[dlaskin@margarettietz.org](mailto:dlaskin@margarettietz.org) (Please e-mail first)

**Nature and Purpose of Agency**

Margaret Tietz Nursing and Rehabilitation Center is a unique organization dedicated to providing non-traditional care services in a traditional nursing facility. Originally founded as a nursing home for Holocaust survivors, Margaret Tietz Center continues to serve this unique population, while reaching out to others in our community.

**Tasks Available for Students**

All volunteers are welcome to participate in activities that provide our residents with companionship and stimulating conversation. Certain volunteers choose to lead an activity or provide entertainment to our residents in a supervised environment. There are volunteer opportunities available in a variety of departments depending on your schedule and interest. The assignments include:

* One-to-One Visiting
* Recreation: group activities, such as music, bingo, and other special entertainment programs
* Assistance in the therapy programs.
* Provide Transportation for the Residents to: the garden and special activities.
* Gift Shop

**Time Requirements**

Flexible

**Student Awareness/Special Instructions**

* Students must contact Debbie Laskin directly to schedule service. You must have your medical records form indicating a current PPD test to serve at Margaret Tietz and you must present this form to Ms. Laskin prior to serving at the facility. You may pick up your medical records at the nurse in DaSilva Hall, free of charge.
* NYS Department of Health has implemented that every volunteer must get the flu vaccination. Documentation of vaccination must include the name and address of the individual who ordered or administered the vaccine and the date of vaccination. This must be given to the nursing home before starting service.
* Dress code: No tank tops, no ripped jeans, no open toe shoes.
* Students must be informed that there is to be **NO FOOD** and **NO FLUIDS** given to any resident at any time. Also, if students are not sure of any situation at anytime during the visit to reach out to the nurse or administrator at the home

**Peter Cardella Senior Citizen’s Center**

68-52 Fresh Pond Rd

Ridgewood, N.Y. 11385

**For this site please contact the site supervisor listed below to schedule your service. Be sure to register your hours in GivePulse once complete.**

**Agency Contact**

Barbara Toscano

718-497-2908

pcseniors@nyc.rr.com

**Nature and Purpose of Agency**

Senior center whose mission is to provide seniors of the community {60 plus in age} with nutritional, educational, recreational, and social services.

**Tasks Available for Students**

Various tasks available including; Meals on wheels meal distribution, computer education for seniors, sign language and speech pathologist, website development and maintenance, English as a second language (ESL), teach italian, benefit and entitlement trainings assistance in completing forms, accounting and book keeping, group work with seniors, nutritional trainings, and various other assistance with our programs. Lunch is served that is prepared on site for the congregate seniors daily and assistance is needed in meal prep, plating, serving, and clean up.

**Time Requirements**

Seniors are at our center from 8am until 3pm.

**Student Awareness/Special Instructions**

No soliciting or promoting any private companies, products or services. No political preferences can be encouraged. Students must be informed that there is to be **NO FOOD** and **NO FLUIDS** given to any resident at any time. Also, if students are not sure of any situation at anytime during the visit to reach out to the nurse or administrator at the home

**Agency Directions**

Public Transportation

Q31 - Utopia Pkwy - Bell Bl - Direction: Jamaica LIRR Station Sutphin Blvd Arrive ARCHER AV at SUTPHIN PL [Subway](javascript:void(0)) - J - Direction: Broad St Station Arrive Cypress Hills Station [Bus](javascript:void(0)) - B13 - Crescent Street - Direction: Williamsburg Metro Av Arrive FRESH POND RD at CATALPA AV

Driving Directions

Grand Central Pkwy west to Jackie Robinson. Exit at Forest Park. Make a left onto Myrtle Ave. Go to Fresh pond Road and make a right. We are three blocks on the left hand side.



**Lynn Stravino**

**Director**

Office of Academic Service-Learning

Vincentian Institute for Social Action (VISA)

Lourdes Hall

Tel 718 990 7902

stravinl@stjohns.edu

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**Pauline Tummino** From:   
**Director**  
Queens Health Services   
DaSilva Hall1st Floor  
Tel 718 9906106   
[tumminop@stjohns.edu](mailto:tumminop@stjohns.edu)

Memo

To:

Subject: **Student Medical Records – Fall 2018**

This student is participating in an academic service-learning project as part of coursework. The student will be working in a medical facility and will need medical clearance. Please reproduce this student’s medical form.

Student Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_

Student X0#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you,

Lynn Stravino

Lynn Stravino

Director of Academic Service-Learning

Updated August 2018