

Completing a Midterm/Final

1. Login to Calipso using your ASHA number and password
2. Go up to “Choose Cohort Year”. Select the year of your student, then click “CHANGE”.

The image shows two side-by-side screenshots of the Calipso 'Lobby' page. Both pages show a navigation menu with sections: View, Management, and Account. The left page has 'Current selected class: x Choose Cohort Year x' and a dropdown menu open showing options: DL 2018 Start, DL 2017 Start, DL 2016 Start, Campus 2018 Graduation, and Campus 2018 Graduation. The right page has 'Current selected class: x Choose Cohort Year x' and a dropdown menu set to 'Campus 2018 Graduation'.

3. If you have not selected your student as a student of interest, go into Student Information. Click on the dropdown titled “Add student of interest”, find your student, choose them and click “add”.

Lobby

Last successful login: Mar 23 2018 09:55AM (Eastern time) Login errors since last successful login: 0
Current selected class: DL 2017 Start (23 students). Change class to:

The screenshot shows the 'Lobby' page with the 'View' section highlighted. The 'Student Information' link is circled in red.

Student Information

The screenshot shows the 'Student Information' page. The 'Current selected class' is 'DL 2017 Start (23 students)'. The 'Add student of interest' dropdown menu is open, showing a list of students. 'Blyden, Patricia' is selected and circled in red. An 'Add' button is also circled in red.

4. Next, on the HOME PAGE, click on “New Evaluation”.

NOTE: If you are wanting to do a Final Evaluation via COPYING an existing Midterm, please see document titled “Copying a Midterm Evaluation”

Lobby

Last successful login: Mar 23 2018 09:55AM (Eastern time) Login errors since last successful login: 0
Current selected class: **DL 2017 Start (23 students)**. Change class to: DL 2017 Start

View
6 clockhour forms pending approval
Student Information
New Evaluation
My Student Evaluations
Supervisor Feedback Forms
Management
Update Your Information

5. Next, you will see a screen that looks like this. First, select your student from the drop down menu.

New Evaluation

Fields marked with an * are required.

Supervisor: Boarman, Katie M

*Student: [dropdown menu] (Brewer, Amanda is selected and circled in red)

*Site: [dropdown menu]

*Evaluation Type: [dropdown menu]

*Semester: [dropdown menu]

*Course number: [dropdown menu]

Client(s)/Patient(s) Multicultural Aspects (check all that apply): [?]

Ethnicity
 Race
 Culture

Client(s)/Patient(s) Primary Ethnicity (check all that apply): [?]

English
 English Li
 Primary E

*Patient population (check all that apply): [?]

Young Ch
 Child (6-1
 Adult (18-
 Older adu

6. Select your site from the dropdown menu.

New Evaluation

Fields marked with an * are required.

Supervisor: Boarman, Katie M

*Student: [dropdown menu]

*Site: [dropdown menu] (red arrow points to this field)

*Evaluation Type: [dropdown menu]

*Semester: [dropdown menu]

*Course number: [dropdown menu]

Client(s)/Patient(s) Multicultural Aspects (check all that apply): [?]

Ethnicity
 Race
 Culture
 National origin
 Socioeconomic status

Client(s)/Patient(s) Primary Ethnicity (check all that apply): [?]

*Patient population (check all that apply): [?]

7. Select whether you are completing a “Midterm” or “Final”.

New Evaluation

Fields marked with an * are required.

Supervisor: Boarman, Katie M

*Student: [dropdown menu]

*Site: [dropdown menu]

*Evaluation Type: [dropdown menu] (Midterm is selected and checked)

*Semester: [dropdown menu]

*Course number: [dropdown menu]

Client(s)/Patient(s) Multicultural Aspects (check all that apply): [?]

Ethnicity
 Race
 Culture

8. Select the semester for which you are evaluating the student.

New Evaluation

Fields marked with an * are required.

Supervisor: Boarman, Katie M

*Student:

*Site:

*Evaluation Type:

*Semester:

*Course number:

Client(s)/Patient(s) Multicultural

Ethnicity

Race

Culture

9. Choose the appropriate course number for the student's placement.

NOTE:

- If you are an *off campus placement during the student's first year*, you will select **"Advanced Clinical Practicum"** and the current semester of the student.
- If you are a *medical/school extern placement*- select the appropriate externship **"Medical Extern or School Extern"**.
- If you are an *on campus supervisor*, select **"Standard Clinical Practicum"** and the appropriate semester.

*Semester:

*Course number:

Client(s)/Patient(s) Multicultural

Ethnicity

Race

Culture

National origin

Socioeconomic status

Gender identity

Sexual orientation

Religion

Exceptionality

Other

UG OBS Undergraduate Observation and Clock Hours
CCHM Prior to fall 2017 semesters
7700 650-1stSt1 1st STANDARD Practicum Year 1
7700 650-1stAd1 1st ADVANCED Practicum Year 1
7700 650-2ndSt1 2nd STANDARD Practicum Year 1
7700 650-2ndAd1 2nd ADVANCED Practicum Year 1
7700 650-3rdSt1 3rd STANDARD Practicum Year 1
7700 650-3rdAd1 3rd ADVANCED Practicum Year 1
7700 693 School Externship
7700 695 Medical Externship

10. Select the population(s) with which your student has worked by checking the boxes.

*Patient population:

Young Child (0-5)

Child (6-17)

Adult (18-64)

Older adult (65+)

11. Next, select the multicultural aspects and linguistic diversities with which that the clinician has gained experience. Click on the **blue ? mark** to see descriptions of these aspects if you are unsure of what each means.

<p>Client(s)/Patient(s) Multicultural Aspects (check all that apply): [?]</p> <ul style="list-style-type: none"> <input type="checkbox"/> Ethnicity <input type="checkbox"/> Race <input type="checkbox"/> Culture <input type="checkbox"/> National origin <input type="checkbox"/> Socioeconomic status <input type="checkbox"/> Gender identity <input type="checkbox"/> Sexual orientation <input type="checkbox"/> Religion <input type="checkbox"/> Exceptionality <input type="checkbox"/> Other 	<p>Client(s)/Patient(s) Linguistic Diversity (check all that apply): [?]</p> <ul style="list-style-type: none"> <input type="checkbox"/> English <input type="checkbox"/> English Language Learner <input type="checkbox"/> Primary English dialect <input type="checkbox"/> Secondary English dialect <input type="checkbox"/> Bilingual <input type="checkbox"/> Polyglot <input type="checkbox"/> Gender identity <input type="checkbox"/> Sign Language (ASL or SEE) <input type="checkbox"/> Cognitive / Physical Ability <input type="checkbox"/> Other
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

12. Click “save” once all of this information is updated.

[Home](#) [Logout](#) [Student Information](#)

New Evaluation

Fields marked with an * are required.

<p>Supervisor: Boarman, Katie M</p> <p>*Student: <input type="text" value="Brewer, Amanda"/></p> <p>*Site: <input type="text" value="UA - Audiology and Speech Center"/></p> <p>*Evaluation Type: <input type="text" value="Final"/></p> <p>*Semester: <input type="text" value="2018 Spring"/></p> <p>*Course number: <input type="text" value="7700 650-3rdAd1 3rd ADVANCED Prac"/></p>	<p>*Patient population:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Young Child (0-5) <input checked="" type="checkbox"/> Child (6-17) <input type="checkbox"/> Adult (18-64) <input type="checkbox"/> Older adult (65+)
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<p>Client(s)/Patient(s) Multicultural Aspects (check all that apply): [?]</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Ethnicity <input type="checkbox"/> Race <input checked="" type="checkbox"/> Culture <input type="checkbox"/> National origin <input checked="" type="checkbox"/> Socioeconomic status <input type="checkbox"/> Gender identity <input type="checkbox"/> Sexual orientation <input type="checkbox"/> Religion <input checked="" type="checkbox"/> Exceptionality <input type="checkbox"/> Other 	<p>Client(s)/Patient(s) Linguistic Diversity (check all that apply): [?]</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> English <input type="checkbox"/> English Language Learner <input type="checkbox"/> Primary English dialect <input type="checkbox"/> Secondary English dialect <input checked="" type="checkbox"/> Bilingual <input type="checkbox"/> Polyglot <input type="checkbox"/> Gender identity <input checked="" type="checkbox"/> Sign Language (ASL or SEE) <input type="checkbox"/> Cognitive / Physical Ability <input type="checkbox"/> Other
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

13. Next, an evaluation will open which contains sections for “Evaluation Skills” “Treatment Skills” and “Professional Practice, Interaction, and Personal Qualities”. Rate the student in each clinical competency with which they’ve had experience across the “Big 9” areas of speech pathology.

The rating scale goes from 1-7, and ratings can be done in .25 increments. Select “*click to see rating scale*” for an in-depth description of what level of supervisory support qualifies for each score.

PERFORMANCE RATING SCALE

[Click to see Rating Scale](#)

Please refer to the Performance Rating Scale for grading criteria. Use a score between 1 and 7, in 0.25 increments (1.25, 1.5 etc.)

1 - Non-existent / Unacceptable behavior	5 - Developing / Minimum-moderate supervisory support
2 - Minimally present / Maximum supervisory support	6 - Adequate / Minimum supervisory support
3 - Early emerging to emerging / Moderate-maximum supervisory support	7 - Consistent / Collaborative supervisory support
4 - Present / Moderate supervisory support	

* If n/a, please leave space blank

14. When you are finished, click “**SAVE**”, which appears after each section, as well as at the top and bottom of the page. You can save without finishing and come back later to finish at any time. The evaluation will not be officially submitted until you click the “**Final Submission**” check box at the bottom and then click “save”.

Upon reviewing the evaluation with the student, type the student’s name and the date. Then type your own name and the date completed.

When you are **POSITIVE** that no more changes need to be made, check the “**Final Submission**” box and click “save”.

By entering the student's name, I verify that this evaluation has been reviewed and discussed with the student prior to final submission. Student name: <input type="text" value="Amanda Brewer"/> Date reviewed: <input type="text" value="4/6/2018"/>
I verify that this evaluation is being submitted by the assigned clinical supervisor and that I have supervised the above named student. *Supervisor name: <input type="text" value="Amanda Brewer"/> *Date completed: <input type="text" value="4/6/2018"/>
If you want to save an evaluation in progress and come back to it later, make sure the "final submission" is un-checked and then press Save. <input checked="" type="checkbox"/> Final submission (if this box is checked, no more changes will be allowed!) <input type="button" value="Save"/> ←

15. You are now finished and can return to the homepage.