

CALIPSO INSTRUCTIONS FOR CLINICAL SUPERVISORS

<https://www.calipsoclient.com/llu>

Complete Midterm Evaluation

- Login to CALIPSO (step two)
- Select the desired “Class” and click “change.”
- Click “New evaluation”.

Home Logout

Lobby

Please remember to [log out](#) when you're finished!

Current selected class: 2014 Change class to: 2014

View

51 clockhour forms pending approval

Student Information

New evaluation

My Student Evaluations

Supervisor feedback forms

Management

Update your information

Update your credentials

Site information forms

Supervision summary

Account

Change your password

- Complete required fields designated with an asterisk and press save.

Fields marked with an * are required.

Supervisor:	St. Clair, Jennifer Christine	
*Student:	Doe, Jane	
*Site:	Accent Mod	
*Evaluation Type:	Midterm	
*Term:	2013 Summer	
*Course number:	CMSD 567 - Accent Modification Clinic	
% the student was observed while providing:	Evaluation:	25 (minimum of 25% of the total contact with each client/patient)
	Treatment:	25 (minimum of 25% of the total contact with each client/patient)

*Patient population:
 Young Child (0-5)
 Child (6-17)
 Adult (18-64)
 Older adult (65+)

- Click on “rating scale” to see the grading criteria.

[PERFORMANCE RATING SCALE](#)
[Click to see Rating Scale](#)

Please refer to the Performance Rating Scale for grading criteria. Use a score between 1 and 5, in 0.25 increments (1.25, 1.5 etc.)

1 - Introductory	4 - Developing Level III
2 - Developing Level I	5 - Mastery
3 - Developing Level II	

- Continue completing evaluation by scoring all applicable skills across the Big 9 using the provided scoring method and saving frequently to avoid loss of data. If the skill does not apply, just leave it blank.
- Please see Appendix F for levels of expectation, at the final, for all skills within this rotation.

Evaluation skills	* If N/A, please leave space blank									Comments/Requirements
	Fluency	Voice	Language	Hearing	Swallowing	Cognition	Social Aspects	Communication	Other	
1. Conducts screening and prevention procedures (std III-D, std IV-G, 1a) 2										
2. Performs chart review and collects case history from interviewing patient and/or relevant others (std IV-G, 1b)										
3. Selects appropriate evaluation instruments/procedures (std IV-G, 1c) 2										
4. Administers and scores diagnostic tests correctly (std IV-G, 1d)										
5. Adapts evaluation procedures to meet patient needs (std IV-G, 1e)										
6. Possesses knowledge of etiologies and characteristics for each communication and swallowing disorder (std III-C)										
7. Interprets and formulates diagnosis from test results, history, and other behavioral observations (std IV-G, 1e) 2										
8. Makes appropriate recommendations for intervention (std IV-G, 1e)										
9. Completes administrative functions and documentation necessary to support evaluation (std IV-G, 1f) 2										
10. Makes appropriate recommendations for patient referrals (std IV-G, 1g) 2										
Score totals										
Total number of items scored: 0 Total number of points: 0 Section Average: 0										
Comments:										

- Complete the “comments” section for each area, if applicable.
- Complete the “strengths and weaknesses” and “recommendations” sections at the end of the evaluation.

Comments:

Save

Improvements Since Last Evaluation:

Strengths/Weaknesses:

Recommendations for Improving Weaknesses:

- Please note: you may edit and save the evaluation as often as you wish until the final submission box is checked. Once the final submission box is checked and the evaluation saved, the status will change from “in progress” to “final”. Students will then have access to view the submitted evaluation when logged into the system.
- Once the evaluation is complete, review it with the student. Type his/her name with the corresponding date as well as your name with the corresponding date located at the bottom of the page.
- Check the “final submission” box located just below the signatures.
- 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: Date reviewed:

I verify that this evaluation is being submitted by the assigned clinical supervisor and that I have supervised the above named student.

*Supervisor name: *Date completed:

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.

Final submission (if this box is checked, no more changes will be allowed)

- Receive message stating “evaluation recorded.”
- To view the evaluation, click “Student Information” located within the blue stripe then “evaluations” located to the right of the student’s name.

Home Logout New evaluation Student Information

Current selected class: **Test** Change class to: **Test**

Add student of interest:

Doe, Jane **Evaluations** [Clinical placement](#) | [Clockhours](#) | [Cumulative evaluation](#) | [Compliance/Immunizations](#) | [Contact Info](#)