



## COLLEGE of SOCIAL AND APPLIED HUMAN SCIENCES

DEPARTMENT OF FAMILY RELATIONS  
AND APPLIED NUTRITION

# FRAN\*6830 Practicum III - Solution Focused Therapy

## COURSE OUTLINE – WINTER YEAR

### 1. GRADUATE CALENDAR DESCRIPTION

This is the third in a series of six Practica in the MRFT Program and features the integration of theory into practice and supervised clinical practice. This practicum is designed to provide an advanced understanding of and training in the Solution Focused Therapy Model. It involves regular clinical work with individuals and a wide diversity of relational systems. In addition to class time, students meet with clinical supervisors each week for a minimum of 2 hours of supervision. Supervision over the semester will involve individual/dyadic; group and live clinical teams.

<b>Credit Weight:</b>	1.0 credits
<b>Course Hours:</b>	3-0 (36 lecture; 0 lab/seminar)
<b>Pre-Requisite(s):</b>	FRAN 6820
<b>Co-Requisites(s):</b>	
<b>Restriction(s):</b>	MRFT Students only

### 2. COURSE DESCRIPTION

This is the third in a series of six on-site practica in the MRFT Program. The focus in this semester is on the Solution Focused Therapy (SFT) Model, which is one of the major strengths-based, collaborative models in the psychotherapy field. Students will learn about the history of SFT, the model's underlying assumptions, and the therapy strategies and in-session skills associated most closely with the SFT model. Students will practice the SFT strategies and in-session skills in their on-going clinical work with couples, families and individuals at the Maplewoods Centre. Students will participate in therapeutic teamwork utilizing the SFT consultation framework. Systemic thinking and practice will be highlighted, consistent with the training commitments of the MRFT Program. This practicum will promote therapy practice that includes consideration of the historical contexts, social locations, dominant discourses and social, political and economic structures affecting people's lives. This practicum involves active participation in a range of academic, experiential, and clinical activities designed for the professional development of MRFT therapist-interns.

### 3. TIMETABLE

**Lecture:**

**Location:**

**Supervision:** A specific supervision schedule will be provided to each student prior to Week 1.

**Clinical Teams:** Students are encouraged to schedule clinical teams in consultation with their clients and primary clinical supervisors.

#### 4. INSTRUCTIONAL SUPPORT

**Course Instructor and Co-Supervisor:** Catherine Taylor, MA, MSc, RP, RMFT-Supervisor Qualifying

**Email:** ctaylo48@uoguelph.ca

**Telephone:** 519-824-4120 ext.

**Office:**

**Office Hours:** By appointment only. Please note that I work part-time at Maplewoods and will only be available by e-mail Wednesdays through Fridays.

**Client Services Coordinator:** Amanda Buda

**Email:** rptp.admin@maplewoods.uoguelph.ca

**Office:** Maplewoods Centre, Room 147

**Office Hours:** By Appointment

#### 5. LEARNING RESOURCES

**Required Resource(s):** All online assigned readings will be available through Courselink and the university library. There is no additional costs to this course to students for course materials

#### 6. LEARNING OUTCOMES

At the completion of the course, successful students will be able to:

Course Learning Outcomes	Program Learning Outcomes	CRPO Competencies	CAMFT Competencies
<b>Conceptual.</b> Develop an understanding of the conceptual aspects of Solution-Focused Therapy as a leading-edge approach within the field of individual and relational therapy and psychotherapy, including the underlying assumptions, the historical-contextual development of this perspective, major concepts, distinctions from other approaches, and its overall strengths and limitations through scholarly readings, class discussions, and written or oral assignments.	1.1, 1.2, 1.3, 3.1, 4.1, 4.2, 4.4, 4.5, 8.1, 8.2, 8.3	1.1, 1.2, 1.3, 5.1, 5.2	1.1, 1.2, 1.3, 3, 4.1, 4.3
<b>Therapeutic Interviewing and Team Skills.</b> Apply Solution-Focused Therapy practices in on-going clinical work with a wide variety of clients across the life-span with widely diverse presenting concerns and lived experiences through direct clinical work and supported through supervision. Facilitate and participate in clinical teams, as a therapist and team member.	1.2, 4.2, 4.3, 4.4, 4.5, 7.1, 7.2, 7.3, 7.4, 7.7	1.2, 1.4, 1.5, 3.5, 4.2, 4.5	1.2, 2.2, 3, 4.1, 4.3, 4.4
<b>Assessment, Hypothesizing and Documentation Skills.</b> Engage in Solution-Focused Therapy practices of: (a) collaboration with clients regarding the	1.2, 4.4, 4.5, 5.1, 7.1, 7.2,	1.2, 2.1, 2.3, 3.5, 3.7, 4.1, 4.2, 4.4, 4.5, 4.7	1.2, 2.1, 2.2, 3, 4.4

resources and constraints they are experiencing, (b) co-development with clients of initial goals for the therapy work, (c) writing Solution-Focused oriented clinical documents, (d) on-going co-evaluation with clients of their progress and the helpfulness of the therapy process, (e) engage in systemic hypothesizing and apply this in on-going clinical work, (f) conduct appropriate safety and risk assessment measures when needed, and (g) tracking and completing all necessary clinical documentation. This learning outcome will be achieved through the integration of scholarly course readings, class discussions, clinical practice, file meetings, and supervision.	7.3, 7.4, 7.6, 7.7		
<b>Ethics, Accountability and Professional Identity Development.</b> Understand and comply with ethical principles, codes of ethical conduct, and “best practices” in clinical work. Review personal ethics, extend development of preferred professional identity, and learn Solution-Focused practices for maintaining a therapeutic positioning that embraces complexity, engenders hope, and reflects personal and professional accountability. This learning outcome will be achieved through the integration of class discussion, clinical practice, supervision, and reflective writing assignment.	1.2, 2.1, 2.2, 3.3, 4.3, 6.1-6.4, 7.2, 7.5	3.1, 3.2, 3.3, 3.4, 3.5, 3.8, 4.3, 4.6	1.4, 1.5, 2.1, 2.2, 4.1, 4.2, 4.4
<b>Diversity.</b> Develop an awareness of differences and use this awareness to engage respectfully and compassionately in therapeutic conversations, collegial interactions, and supervision/consultation. This learning outcome will be supported through class discussions, reflective writing assignments, and supervision.	3.1, 3.2, 3.3, 5.1, 5.2, 7.1	1.5, 2.1, 2.2, 2.3, 4.3	2.1, 2.2, 3, 4.2, 4.4
<b>Power Relations and Reflexivity.</b> Develop a personal and professional understanding related to the intersections of social locations and how these influence people’s lives. To extend skills in critical analysis of the power dimensions inherent in all relationships, including especially the therapeutic relationship. To practice reflexivity with respect to analyzing one’s own participation in complex power relations and the construction of “knowledge” that may be oppressive or liberating for self and others. This learning outcome will be achieved through scholarly course readings, class discussion, reflective writing assignments, clinical work and supervision.	2.1, 2.2, 2.3, 3.1, 3.2, 3.3, 4.5, 6.2, 7.5	1.4, 1.5, 3.4, 3.5, 4.3	2.1, 2.2, 3, 4.2, 4.3, 4.4

## TEACHING AND LEARNING ACTIVITIES/CLASS SCHEDULE

Week	Topics	Assigned Readings & Guest Speakers
1	Metamodels, Intro to SFT, History of SFT	<p>De Jong, P., &amp; Berg, I. K. (2008). Interviewing for solutions (3rd ed.). Thomson Higher Education. (Chapter 1 &amp; 2)</p> <p>Dolan, Y. (2023). Solution-Focused Therapy: The Basics (1st ed.). Routledge.  <a href="https://doi.org/10.4324/9781003401230">https://doi.org/10.4324/9781003401230</a>            (Chapter 1) (p. 1-24)</p> <p>Optional ** Davis, S. D., Fife, S. T., Whiting, J. B., &amp; Bradford, K. P. (2021). Way of being and the therapeutic pyramid: Expanding the application of a common factors meta-model. <i>Journal of Marital and Family Therapy</i>, 47(1), 69–84.  <a href="https://doi.org/10.1111/jmft.12466">https://doi.org/10.1111/jmft.12466</a></p> <p>Optional ** Chapter 1, Systemic Thinking (p. 1-28): Nelson, T. (2019). <i>Solution Focused Brief Therapy with Families</i>.</p>
2	Foundations of SFT- Assumptions	<p>Nelson, T.S. (2018). <i>Solution-Focused Brief Therapy with Families</i> (1st ed.). Routledge.  <a href="https://doi.org/10.4324/9781351011778">https://doi.org/10.4324/9781351011778</a>            (Chapter 3 &amp; 4 ) (p. 53-107)</p> <p>Optional ** Dolan, Y. <i>Solution-Focused Therapy: The Basics</i> (1st ed.). Routledge.  <a href="https://doi.org/10.4324/9781003401230">https://doi.org/10.4324/9781003401230</a>            (Chapter 2) (p. 25-47).</p> <p><b>Learning Goals Due January 16</b></p>
3	SFT Change Process	<p>Franklin, &amp; J. S., Kim (Eds.) (2025). <i>Solution-Focused Brief Therapy with Families: A Training Manual</i>. (1st ed.). American Psychological Association            (Chapter 2) (pp. 23-49)</p> <p>Bannink, F. (2010). <i>1001 Solution-focused questions: Handbook for solution-focused interviewing</i>. W W Norton &amp; Co. (Chapter 10) (p. 149-193)</p>
4	Session Structure & Early Sessions	<p>Franklin, &amp; J. S., Kim (Eds.) (2025). <i>Solution-Focused Brief Therapy with Families: A Training Manual</i>. (1st ed.). American Psychological Association.            (Chapter 3 &amp; 4) (pp. 31-81).</p>

5	Goal Setting & Preferred Futures	<p>Franklin, &amp; J. S., Kim (Eds.) (2025). <i>Solution-Focused Brief Therapy with Families: A Training Manual</i>. (1st ed.). American Psychological Association. (Chapter 5) (pp. 83-97).</p> <p>Lipchik, E. (2002) <i>Beyond technique in solution-focused therapy</i>. The Guilford Press. (Chapter 5) (78-107)</p>
6	Exploring Exceptions, Amplifying Change	<p>Nelson, T. (2019). <i>Solution-Focused Brief Therapy with Families</i>. Routledge. (Chapter 5) (p. 53-107)</p> <p>Selekman, M. D. (1993). <i>Pathways to change: Brief therapy solutions with difficult adolescents</i>. Guilford Press. (Chapter 4) (p. 68-108)</p> <p><b>Midcourse Reflection Due: February 13<sup>th</sup></b></p>
7	Reading Break	
8	Tying it All Together & Critiques	<p>Lowe, R. (2005). Structured Methods and Striking Moments: Using Question Sequences in “Living” Ways. <i>Family Process</i>, 44(1), 65–75.  <a href="https://doi.org/10.1111/j.1545-5300.2005.00042.x">https://doi.org/10.1111/j.1545-5300.2005.00042.x</a></p> <p>Lipchik, Eve. "CASE STUDIES; Mr. Spock Goes to Therapy: Good Therapy Means Knowing when to Break the Rules." <i>Family Therapy Networker</i> Jan. 1996: 79. ProQuest. Web. 14 Dec. 2025 .</p> <p>Optional ** Lipchik, E. (2002) <i>Beyond technique in solution-focused therapy</i>. The Guilford Press. (Chapter 4) (62-77)</p> <p>Optional ** Walker, C. R., Froerer, A. S., &amp; Gourlay-Fernandez, N. (2021). <i>The value of using emotions in solution focused brief therapy</i>. <i>Journal of Marital and Family Therapy</i>.</p>
9	SFT with Relational Work	<p>Franklin, C., Zhang, A., Bolton, K., &amp; Yates, H. T. (2023). Solution-focused couple therapy. In J. L. Lebow &amp; D. K. Snyder (Eds.), <i>Clinical handbook of couple therapy</i> (6th ed., pp. 250–266). The Guilford Press.</p> <p>Hoyt, M. F., &amp; Berg, I. K. (1998). Solution-focused couple therapy: Helping clients construct self-fulfilling realities. In F. M. Dattilio (Ed.), <i>Case studies in couple and family therapy: Systemic and cognitive perspectives</i> (pp. 203–232). Guilford Press.</p>

		<p>Optional ** Froerer, A., &amp; Pagan-Romney, E. (2014). Solution-Focused Approach With Clients With Disabilities. In J. S. Kim (Ed.), <i>Solution-focused brief therapy: A multicultural approach</i>. SAGE Publications, Inc., <a href="https://doi.org/10.4135/9781483352930">https://doi.org/10.4135/9781483352930</a> (Chapter 11) (p. 166-179)</p> <p>Optional ** Kelly, M. S., &amp; Maynard, B. R. (2014) Solution-Focused Approach with Spiritual or Religious Clients. In J. S. Kim (Ed.), <i>Solution-focused brief therapy: A multicultural approach</i>. SAGE Publications, Inc., <a href="https://doi.org/10.4135/9781483352930">https://doi.org/10.4135/9781483352930</a> (Chapter 13) (p. 194-205)</p> <p>Optional ** Ouer, Rebekka O. (2016) Solution-Focused Brief Therapy with the LGBT Community: Creating Futures through Hope and Resilience. Routledge. <a href="https://doi.org/10.4324/9781315744360">https://doi.org/10.4324/9781315744360</a> (ch 2 SFBT and the LGBT community p. 16-34)</p>
10	SFT with Trauma, Suicide and Loss	<p>Connie, E., Froerer, A., Kim, J., &amp; von Cziffra-Bergs, J. (2018). Language creates a new reality. In E. Connie, A. Froerer, J. Kim, &amp; J. von Cziffra-Bergs (Eds.), <i>Solution-focused brief therapy with clients managing trauma</i> (pp. 25–47). Oxford University Press. (Chapter 3)</p> <p>Please pick <b>one</b> additional reading from the list below:</p> <p>Cziffra-Bergs, J., (2018). SFBT and Violent Crime. In E. Connie, A. Froerer, J. Kim, &amp; J. von Cziffra-Bergs (Eds.), <i>Solution-focused brief therapy with clients managing trauma</i> (pp. 48-63). Oxford University Press. (Chapter 4)</p> <p>Fiske, H., (2018). Preventing Suicide in the Aftermath of Trauma. In E. Connie, A. Froerer, J. Kim, &amp; J. von Cziffra-Bergs (Eds.), <i>Solution-focused brief therapy with clients</i></p>

		<i>managing trauma</i> (pp. 64-84). Oxford University Press. (Chapter 5)  Smith, C., & Froere, A. (2018). Loss, Grief, and Bereavement. In E. Connie, A. Froerer, J. Kim, & J. von Cziffra-Bergs (Eds.), <i>Solution-focused brief therapy with clients managing trauma</i> (pp. 201-214). Oxford University Press. (Chapter 13).  <b>Transcript Assignment Due March 13<sup>th</sup></b>
<b>11</b>	Single Session	TBD  Guest Speaker: Emma, Catherine is away
<b>12</b>	SFT with Children and Adolescents	TBD  Guest Speaker: Play Therapist Aimee VanKoughnett MSW
<b>13</b>	Wrap up, Consolidation and Integration	TBD  <b>Final Reflection Paper Due April 1<sup>st</sup></b>

**Note:** This is a tentative schedule; however, due to various unknown factors there may be changes. Any changes will be announced during class and an announcement will be posted on the CourseLink site.

**Live Clinical Teams:** As an extension of the course and supervision, Clinical Teams are a mandatory component of the practicum and are scheduled outside of class time. The practicum instructor/supervisor and co-supervisor are required to participate to support the students' learning experience. The purpose of this is to provide sufficient class time for theoretical learning and practice and to meet the needs of clients by scheduling teams during times that fit best for them. In addition, by structuring Clinical Teams outside of class time, this provides opportunities for participation and collaboration across the first and second year MRFT cohorts.

## 7. ASSESSMENT DETAILS

Assessment	LOs Addressed	Due Date	% of Final
Class Participation	1.1, 1.2, 2.1, 3.1, 3.2, 3.3, 4.1, 4.4, 5.1, 5.2	Throughout Semester	PASS/FAIL
Setting/Revising Individual Learning Goals	2.1-2.3, 3.2, 4.3, 7.5	January 16 <sup>th</sup>	PASS/FAIL
Paired Facilitated Reading Discussion	1.1, 1.2, 1.3, 3.1, 3.2, 4.1, 4.2, 4.4, 5.1, 5.2, 7.1, 7.2, 8.1-8.3	Throughout Semester	PASS/FAIL
Midcourse Reflection	2.1-2.3, 3.2, 4.3, 7.5	February 13 <sup>th</sup>	PASS/FAIL

Assessment	LOs Addressed	Due Date	% of Final
Transcript Assignment	1.1, 1.2, 1.3, 2.1-2.3, 4.2, 4.4, 4.5, 5.1, 7.1, 7.2, 7.3, 7.4, 8.1, 8.2	March 13 <sup>th</sup>	PASS/FAIL
Final Reflection Paper	2.1-2.3, 3.2, 4.3, 7.5	April 1 <sup>st</sup>	PASS/FAIL
Clinical Experience – including Clinical Teams, Supervision, and Clinical Work	1.2, 2.1-2.3, 3.1, 3.2, 5.1, 5.2, 6.1-6.4, 7.1-7.7	Throughout Semester	PASS/FAIL
			<b>Total: PASS/FAIL</b>

## Assessment Details

### Class & Supervision Participation

Each student/intern is expected to come to class ready to engage in thoughtful, constructive, applied conversation and analysis of the assigned readings. Active class participation is based upon the ability to discuss, question, summarize, criticize, and incorporate the assigned readings and videos in class and to apply that knowledge in session. Participation in class clinical consultation and supervision must be professional, well prepared for, pro-active, ethical, and demonstrate incorporation of class content.

### Setting/ Revising Individual Learning Goals

Each student will develop three written learning goals (in point form, 1/2-1 page long) relevant to this practicum and in consideration of their current clinical development that they will work toward over the course of the semester.

You will provide copies of these goals to Catherine and your supervisor via email. These goals will be reviewed during the mid-term dialogue and at the end of the term. The intention of this assignment is (a) to practice developing goals and action initiatives from (a) Solution-Focused perspective and (b) to track your own progress in increasing competence over the course of the practicum.

Learning Goals due to Catherine and your supervisor via email by **January 14<sup>th</sup>**

### Paired Facilitated Reading Discussion

In supervision pairs, students will lead a 30-45 minute facilitated class discussion about an article of their choosing from their assigned week. To help facilitate the discussion, students will prepare 8-10 questions as a pair to ask the class and have printed copies of questions to distribute in class.

Questions will be reviewed according to the following:

- Clarity of the questions asked or reflection made
- Relevance to the topic at hand
- Degree to which the questions indicate critical engagement with and integration of the class readings for that date and topic
- Engagement of critical thinking with respect to theoretical assumptions and knowledge, and use of self-reflection regarding one's own values and beliefs, social locations, and power
- Incorporation of relevant personal or professional experience

### Mid-Course Reflection

Each student will write a 2-3 page reflection paper reflecting on their experience in the course. Recommended concepts for students to reflect on are:



- Things you have attempted to integrate into practice with clients from classroom learning (please be sure to speak specifically about SFT). How was this for you (reflect on both use of skills and how you feel that went clinically and self-of-the-therapist experience)
- What stands out for you as beneficial, intriguing, different, about the philosophy behind the SFT model? In what ways does this align with or has influenced your developing personal style as a therapist?
- What SFT assumptions are you most drawn to and what is it about them or you that draws you to them? What assumptions do you find more challenging to conceptualize or buy into – what is it about them or you that makes these more of a challenge?
- What do you see as the general strengths and the limitations about the SFT model?
- What do you see as the strengths and the limitations about the SFT model when working with marginalized, or BIPOC clients.
- What if any ethical concerns or considerations you have when using the SFT model?
- How you are coming to understand your own voice and style as a therapist using SFT? What have you noticed about yourself as a person or developing therapist that is different having used this model and ideas for a semester?

**IMPORTANT:** There is no expectation that all questions posed are addressed. **Due on Friday, February 13<sup>th</sup> in Microsoft Teams Assignment Folder. Please submit paper in a Microsoft Word Document.**

## **Transcript Assignment**

In this assignment, students will record and review a session with client(s) and select a clip up to 15-minutes, transcribe it, and analyze it using the template below. Students will keep a copy of this clip until end of term so that the instructor and student have the option to discuss the clip as a part of the debrief. Students will need to ensure that they choose a clip with ample dialogue to demonstrate therapist's SFT interventions and client responses to complete this assignment.

Any identifying information regarding clients must be omitted, and client names shall not be used. The instructor would also prefer that therapists request and receive their client's permission to participate in this activity.

This assignment will be submitted through Teams and a Microsoft Word Document – please no PDFs.

In addition to the transcript analysis, students will also provide the following information:

1. Client's social location and relevant sociocultural and family history of the client
2. Client's reason for therapy – what name did the client give the problem?
3. Client's hopes for therapy
4. What does the client(s) give hold as most precious and dear, including key relationships, beliefs about the world, and intentions for themselves and their relationships
5. How did you experience the SFT model as facilitating change for this client(s)?
6. What do you imagine it is about the client, model or you that contributes to that change?

The intention of this activity is to: (a) specifically link your practice to what you have learned in the course, (b) reflect on the self of the therapist in therapy process, (c) to reflect on your therapist position working with this/these particular clients(s).

**Due on Friday, March 13<sup>th</sup> in Microsoft Teams Assignment Folder. Please submit paper in a Microsoft Word Document.**

## Final Course Reflection

Each student will write a 2-3 page reflection paper reflecting on their experience in the course. Recommended concepts for students to reflect on are:

- Self-of-the-therapist experiences in seeing clients- please consider times you have felt stuck or unsure about, moments you are proud of as a clinician, and general self-of-the-therapist experiences
- What SFT techniques are you most drawn to or find most useful? What is it about these or you that draws you to them? What stands out for you as being a difficulty, challenge, or critique of the SFT model as you have used it this term?
- How has working with this model and holding its assumptions influenced your:
  - o theory of change
  - o assumptions about change
  - o conceptualizations of problems and what constitutes a “solution”.
- Growth experienced as clinicians over the course
- Key learnings from the course from classroom, supervision, and clinical experiences
- How you grew in understanding your therapeutic style and voice as a therapist

IMPORTANT: There is no expectation that all questions posed are addressed

**Due on Wednesday April 1<sup>st</sup> in Microsoft Teams Assignment Folder. Please submit paper in a Microsoft Word Document.**

## Clinical Experience

This course is linked to the students ongoing clinical experience which includes the delivery of ongoing face-to-face and virtual clinical services through the Maplewoods Centre and accumulation of expected direct client contact hours. It also includes the receipt of face-to-face and in person and weekly supervision, live clinical teamwork, ad-hoc supervision, emergency-on-call supervision; documentation writing review and support and file meetings to support indirect service. All of these activities will take place *outside* of designated class time. The course instructor/supervisor and co-practicum supervisor will provide primary support for clinical work. Other RPTP supervisors will provide back up support of clinical services. The course instructor (in collaboration with the co-practicum supervisor) will take the lead in organizing mid-term and final review dialogues, supervising clinical teamwork, and ensuring availability for weekly supervision, ad-hoc and emergency on-call supervision for the duration of the semester. The course instructor/supervisor and co-practicum supervisor along with all other available clinical supervisors will meet on a bi-weekly basis to review clinical progress, and clinical situations involving risk, and monitor student's progress toward learning outcomes. The Client Services co-ordinator in conjunction with the Manager of Clinical Supervision, coordinate regularly scheduled file meetings to review and monitor progress of indirect service. Students who do not stay up-to-date with indirect service responsibilities (documentation) risk not acquiring new clients or advancing to the next practicum. Students who do not progress satisfactorily may be at risk of not advancing to the next practicum.

- Continue Direct Client contact hours to reach semester goal of 85-110 hours
- Engage in weekly individual or dyadic supervision
- Prepare and engage in file meetings in consultation with Client Service Coordinator
- Access consultation, ad-hoc, emergency on-call as needed
- Participate in Live Clinical Teams
- Ensure completion of all aspects of in-direct service including clinical documentation
- Ensure closure of all direct and indirect service related to clients you are no longer seeing at Maplewoods Centre

## **8. COURSE STATEMENTS**

### **Land Acknowledgement:**

We acknowledge that the University of Guelph resides on the ancestral lands of the Attawandaron people and the treaty lands and territory of the Mississaugas of the Credit. We recognize the significance of the Dish with One Spoon Covenant to this land and offer our respect to our Anishinaabe, Haudenosaunee and Métis neighbours as we strive to strengthen our relationships with them. Acknowledging them reminds us of our important connection to this land where we learn and work.

### **Course Website:**

There is a course website at <http://courselink.uoguelph.ca>. All components of this course will be housed on the CourseLink site including this course outline and links to further resources. Please familiarize yourself with this website as soon as possible and visit it regularly throughout the semester.

### **Late Assignments:**

Late assignments will be accepted up to 5 days following the due date and will receive a penalty of 10% per day EXCEPT under documented grounds for compassionate consideration. Assignments submitted more than one week late without documented grounds will receive a grade of zero. If you are going to hand an assignment in late, you must contact your course instructor to inform them when you will be submitting your assignment.

### **Receipt of Grades:**

After you receive a grade on CourseLink, please review your feedback. Any inquiry or dispute over the grade must be made within two weeks from the date they are posted. If you fail to protest any grade during this time limit, changes to the grade will not be considered.

### **Turnitin Software:**

In this course, your instructor will be using Turnitin, integrated with the CourseLink Dropbox tool, to detect possible plagiarism, unauthorized collaboration or copying as part of the ongoing efforts to maintain academic integrity at the University of Guelph.

All submitted assignments will be included as source documents in the Turnitin.com reference database solely for the purpose of detecting plagiarism of such papers. Use of the Turnitin.com service is subject to the Usage Policy posted on the Turnitin.com site.

A major benefit of using Turnitin is that students will be able to educate and empower themselves in preventing academic misconduct. In this course, you may screen your own assignments through Turnitin as many times as you wish before the due date. You will be able to see and print reports that show you exactly where you have properly and improperly referenced the outside sources and materials in your assignment.

## **9. UNIVERSITY STATEMENTS**

### **E-mail communication:**

As per university regulations, all students are required to check their <uoguelph.ca> e-mail account regularly: e-mail is the official route of communication between the University and its students.

### **When you cannot meet a course requirement:**

When you find yourself unable to meet an in-course requirement because of illness or compassionate reasons, please advise the course instructor (or designated person, such as a teaching assistant) in writing, with your

name, id#, and e-mail contact. See the Graduate Calendar for information on regulations and procedures for [Academic Consideration](#).

#### **Drop date:**

Courses that are one semester long must be dropped by the end of the last day of classes; two-semester courses must be dropped by the last day of classes in the second semester. The regulations and procedures for [Dropping Courses](#) are available in the Graduate Calendar.

#### **Copies of out-of-class assignments:**

Keep paper and/or other reliable back-up copies of all out-of-class assignments: you may be asked to resubmit work at any time.

#### **Accessibility:**

The University promotes the full participation of students who experience disabilities in their academic programs. To that end, the provision of academic accommodation is a shared responsibility between the University and the student.

When accommodations are needed, the student is required to first register with Student Accessibility Services (SAS). Documentation to substantiate the existence of a disability is required, however, interim accommodations may be possible while that process is underway.

Accommodations are available for both permanent and temporary disabilities. It should be noted that common illnesses such as a cold or the flu do not constitute a disability.

Use of the SAS Exam Centre requires students to make a booking at least 14 days in advance, and no later than November 1 (fall), March 1 (winter) or July 1 (summer). Similarly, new or changed accommodations for online quizzes, tests and exams must be approved at least a week ahead of time.

More information: [www.uoguelph.ca/sas](http://www.uoguelph.ca/sas)

#### **Academic misconduct:**

The [Academic Misconduct Policy](#) is outlined in the Graduate Calendar.

The University of Guelph is committed to upholding the highest standards of academic integrity and **it is the responsibility of all members of the University community – faculty, staff, and students – to be aware of what constitutes academic misconduct** and to do as much as possible to prevent academic offences from occurring. University of Guelph students have the responsibility of abiding by the University's policy on academic misconduct regardless of their location of study; faculty, staff and students have the responsibility of supporting an environment that discourages misconduct. Students need to remain aware that instructors have access to and the right to use electronic and other means of detection.

Please note: Whether or not a student intended to commit academic misconduct is not relevant for a finding of guilt. Hurried or careless submission of assignments does not excuse students from responsibility for verifying the academic integrity of their work before submitting it. Students who are in any doubt as to whether an action on their part could be construed as an academic offence should consult with a faculty member or faculty advisor.

Instructors **shall not** determine if academic misconduct has occurred. This is up to the Associate Dean Academic's office. Instructors shall not assign a grade of zero even if they believe that the student has

committed some form of academic misconduct (e.g., copied material from a website like CourseHero) on an assignment or exam.

Instructors **can** determine if a student has poorly paraphrased and/or improperly cited material and can provide a grade accordingly as long as this is clearly identified as part of the assessment criteria via a rubric or other assessment tools.

For more information about Academic Integrity resources and how to prevent Academic Misconduct see:  
<https://csahs.uoguelph.ca/faculty-research/hub-teaching-learning-excellence/academic-integrity>

### **Recording of materials:**

Presentations which are made in relation to course work—including lectures—cannot be recorded or copied without the permission of the presenter, whether the instructor, a classmate or guest lecturer. Material recorded with permission is restricted to use for that course unless further permission is granted.

### **Resources:**

The [Academic Calendars](#) are the source of information about the University of Guelph's procedures, policies and regulations which apply to undergraduate, graduate and diploma programs.

### **Disclaimer:**

Please note that the ongoing COVID-19 pandemic may necessitate a revision of the format of course offerings, changes in classroom protocols, and academic schedules. Any such changes will be announced via Courselink and/or class email.

This includes on-campus scheduling during the semester, mid-terms and final examination schedules. All University-wide decisions will be posted on the COVID-19 website (<https://news.uoguelph.ca/2019-novel-coronavirus-information/>) and circulated by email.

### **Illness:**

Medical notes will not normally be required for singular instances of academic consideration, although students may be required to provide supporting documentation for multiple missed assessments or when involving a large part of a course (e.g., final exam or major assignment).

### **COVID-19 Safety Protocols:**

For information on current safety protocols, follow these links:

- <https://news.uoguelph.ca/return-to-campuses/how-u-of-g-is-preparing-for-your-safe-return/>
- <https://news.uoguelph.ca/return-to-campuses/spaces/#ClassroomSpaces>

Please note, that these guidelines may be updated as required in response to evolving University, Public Health or government directives.