

COMPLETE THIS FORM IN PENCIL ONLY.



Alabama A & M University Communicative Sciences and Disorders Clinic CLINICIAN SCHEDULE (CSD 516)

Clinician: _____ Semester: _____ **20** _____ Semester of Graduation: _____
 Clinician's Phone: home _____ work _____ cell _____
 AAMU Email Address: _____ Need Audiology hrs this semester? _____

Please indicate class and work schedule as well as any other obligations you have that may cause you to be unavailable for a client or externship rotation. IF YOUR SCHEDULE CHANGES IN **ANY** WAY (after December 5th), NOTIFY THE CLINIC DIRECTOR **IMMEDIATELY!**

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8:00 – 8:30					
8:30 – 9:00					
9:00 – 9:30					
9:30 – 10:00					
10:00 – 10:30					
10:30 – 11:00					
11:00 – 11:30					
11:30 – 12:00					
12:00 – 12:30					
12:30 – 1:00					
1:00 – 1:30					
1:30 – 2:00					
2:00 – 2:30					
2:30 – 3:00					
3:00 – 3:30					
3:30 – 4:00					
4:00 – 4:30					
4:30 – 5:00					
5:00 – 5:30					
5:30 – 6:00					
6:00 – 9:00					

KEY: C/A = Child (C) or Adult (A) N/R = New client (N) or Returning client (R)
Sup: Embden (EE) Brewster (CB) Bush (BB) Vinson (JV) Deakin (CD) Reed(HR)
Clinic: AAMU CSD Clinic
Disorder: Articulation (A) Language (L) Voice (V) Fluency (F) Dialect Reduction (DR) Dysphagia (D)
 Hearing Impaired (HI) Reading Disorders (R) School of Education (SOE) Other (O)
Assistant: Name of clinical assistant assigned. *It is your responsibility as the Senior Clinician to contact your assistant for session planning.
 " You are also responsible for contacting the assistant in the event of a cancellation by you or the client(s)."*

Client	Contact/Phone	Disorder(s)	Assistant	Asst. Phone	C/A	N/R	Sup	Clinic
	See attached							

COMMENTS: _____

