Form updated 5/07

GRADUATE CLINICAL PRACTICUM REPORT SPEECH-LANGUAGE-HEARING ALABAMA A&M UNIVERSITY

NOTE: One supervisor and one location per page.

SEMESTE	NAME:											
				* Age = <u>A</u>	dult, <u>C</u> h	ild						
		TYPE OF		THE	RAPY		DIAGNOSTIC		OTHER: Conference,			
		PROBLEM	INDIV.		GROUP		(Evals, Test)		hrg screenings, obser	vations		
		Language, artic, voice, fluency	AGE	CLOCK	AGE	CLOCK		CLOCK		CLOCK		SUPERVISOR
NAME	DATE	dysphagia, aural rehab	A/C	MIN.	A/C	MIN.	A/C	MIN.	TYPE	MIN.	LOCATION	INTIALS
		Therapy	Δ	/ C	Di:	agnostic	Δ	/ C		A / C		
Language			/ /		Diagnostic		/ /		Staffing Hrs	/ /		
		Artic		/	-			1	Observation			
		Voice		/	-			/	Staffing Hrs. Observation Hearing Screening			
		Fluency		/	-				Ticaling Corconing			
		Dysphagia		/	•			/	•		TOTAL MIN	NI.
				/	-			/	•		TOTAL HR	
		Audiology		/	-			/	-		IOIAL IIK	٥ <u> </u>
SUPERVISOR'S SIGNAT	IIRF:				CC	CC-		ASHA	#·		DATE:	
	TERVIOUR O OIGINATURE:							, , , , , , ,	, DAIE:			