

**SPEECH-LANGUAGE PATHOLOGY
APPLICATION FOR PRACTICUM PLACEMENT**

Name: _____ Semester/Year Requesting: _____
Phone: _____

Due Dates: July 1st Fall Term Placement
 Nov 1st Spring Term Placement
 April 1st Summer Term Placement (all 8 weeks)

Submit to: Director of Clinical Services. Application must be submitted by the indicated due dates to ensure a placement for the subsequent semester. Students failing to do such cannot be assured a placement.

Circle your clinical emphasis track and place a check mark by the components you have completed thus far. Please note, you can complete more than one component a semester.

Child Emphasis Track

- _____ Early Intervention (0-2 yrs) *
- _____ ASU SHS Clinic (Children)
- _____ ASU SHS Clinic (Adults)
- _____ Preschool Classroom-Based *
- _____ Public School Internship
(Elementary & Secondary Focus)
- _____ Option _____

* NOTE: One of these will be completed at the ASU ICCP, the other will be in a community program

Generalist Emphasis Track

- _____ ASU ICCP (Toddler or Preschool)
- _____ ASU SHS Clinic (Children)
- _____ ASU SHS Clinic (Adults)
- _____ Public School Internship
- _____ Adult Internship (Acute, Extended or Rehabilitation Facility)

ALL TRACKS

- _____ Aural Rehabilitation
- _____ Hearing Screening

Adult Emphasis Track

- _____ ASU SHS Clinic or ICCP (Children)
- _____ ASU SHS Clinic (Adolescents/Young Adults)
- _____ ASU SHS Clinic (Geriatric)
- _____ Public School Internship (Preschool & Elementary Focus)
- _____ Adult Internship (Acute, Extended, or Rehabilitation Facility)
- _____ Option _____

Please indicate the component requirement you would like to complete next:

How many clock hours of clinical experience have you obtained to date: _____

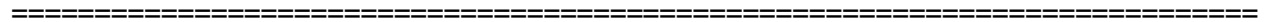
Indicate your clock hours obtained as follows:

- | | |
|------------------------------|------------------------------|
| _____ Observation | _____ Speech Dx (Children) |
| _____ Speech Tx (Children) | _____ Speech Dx (Adults) |
| _____ Speech Tx (Adults) | _____ Language Dx (Children) |
| _____ Language Tx (Children) | _____ Language Dx (Adults) |
| _____ Language Tx (Adults) | _____ Aural Rehabilitation |
| _____ Hearing Screening | _____ Other (Explain: _____) |

Please list the graduate level coursework you have taken (or plan to take next term) in communication disorders:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.
- 12.

Do not write below this line - for clinic staff use only



Assignment for this semester: _____

Please register for the following:

<u>Line #</u> (from Bulletin)	<u>Credit Hrs.</u>	<u>Clinical Faculty</u> (Initials)
_____	_____	_____
_____	_____	_____
_____	_____	_____