

AUDIOLOGY (for majors in speech-language pathology)

Supervisor's Full Name (incl. maiden & middle)	College/ Univ.	Supervisor's ASHA Account Number	Supervisor's State License Number	Name of Practicum Site	Practicum Completion Date (mo/yr)	Record hours under areas in which they were obtained.			
						Evaluation		Treatment	
						Screening	Audiologic Evaluation	Amplification (Hearing Aid Selection, Treatment)	Treatment of Communication Handicaps of the Hearing Impaired
TOTALS									

TOTAL

minimum of 20 clock hours

C. SUMMARY OF CLINICAL PRACTICUM HOURS

	Hours
Observation total clock hours:	_____
Clinical Practicum total clock hours:	_____
Hours in Speech-Language Pathology:	_____
Speech-Language Pathology hours at graduate level:	_____
Hours in Audiology	_____
Date all hours were completed:	_____

At least 50 clock hours of practicum must be completed in each of three types of clinical settings. List the settings in which these hours were completed.

1. _____
2. _____
3. _____

I verify that all practicum experience listed above was completed at _____ according to all ASHA practicum requirements and that at least 25 hours of observation were acquired before the practicum was begun.

name of university

_____ program director's signature

_____ date