

REQUEST FOR CLINICAL PRACTICA

Please fill form out completely.

SEMESTER: _____

Projected graduation date: _____
Semester / Year

Name: _____

Email: _____

Advisor: _____

Home phone: _____

Cell phone: _____

Address (during clinical semester requesting):

ACADEMIC COURSES for pending semester: (Complete schedule on reverse)

[Note: 1) If you are enrolled in 8727, you must be available on Mon, Tues, or Thurs from 3:00-4:40 for associated fieldwork.
2) If you are enrolled in 5531, you must be available on Mondays from 9-12 for lecture and lab.]

CLINICAL REQUESTS for pending semester (TUSLHC, Schools, Preschool/EI, Adult, etc.):

Other Clinical needs for which you have met pre- prerequisites:

___ Fluency ___ Aphasia Block Field (please list): _____

___ Voice ___ Hearing Screenings/AR _____

TRANSPORTATION: ___ Car ___ Public transportation

Are you bilingual or proficient in any languages other than English? If so, please list.

Please list any special areas of interest (e.g. AAC, adult rehab, dysphagia)

ON THE BACK OF THIS SHEET, block out all of your *scheduled Course times* and *any other times* you cannot be scheduled for clinical practica.

*****Please note***** Your requests will be honored according to the space and needs of TUSLHC, our affiliates, and our field sites. We cannot guarantee that we will be able to fulfill requested clinical practica in the exact semester you request them, especially if you have transportation or availability restrictions. You may be given an alternate assignment. You will be given ample opportunity to meet your ASHA and Temple University MA hours requirements.

PREREQUISITES for clinic placements are as follows:

- TUSLHC: 25 hours observation, 4396, 5521, 5522 (or be concurrent)
- EI and schools: Approval of Clinical Director, 5521, 5522, and currently enrolled in 8726
- Adult placement: 5526, 8724, 8722
- Voice: 5528
- Aural Rehab/Hearing Screens: 4301, 5531, 5532
- Fluency: 5525 (or concurrent)

Date Completed: _____ Student: _____ Advisor: _____

Name: _____ Telephone: AM _____
 Address: _____ e-mail: _____ PM _____

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	
8:30						8:30
9:00						9:00
9:30						9:30
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5:00						5:00
5:30						5:30
6:00						6:00
6:30						6:30