

EXTERNSHIP INFORMATION SHEET
Department of Communication Disorders

Semester of Externship Placement: _____

Name: _____ Date: _____

Southeast Address /Phone: _____

Permanent Address/Phone: _____

Cell phone: _____ E-mail: _____

Projected Date for Completion of M.A. Degree: _____

What classes will you be taking during this externship semester? Days/times?

Will you be working during this externship semester? _____

When? _____

Where? _____

Will you be able to drive to an externship site within a 50-mile radius of Cape Girardeau? _____ Where? _____

Would you like to be assigned to a site in another city, besides the Cape/Jackson area? _____ Where? _____

If you have completed an externship prior to this semester OR have at least 50 clock hours at a site other than the University Speech and Hearing Clinic, please list the site and city here: _____

What type of site do you prefer to be placed in for **this externship**? (Rank order your preferences.)

_____ Public School (K-12)

_____ Early Childhood/Preschool

_____ Hospital

_____ Nursing Home

_____ Rehabilitation Center

_____ Other: _____

How many clock hours have you obtained thus far? _____ as of _____
(date)

List the numbers and types of clock hours that you have completed:

	<u>Children</u>	<u>Adults</u>
<i>Speech Therapy Hours</i>	_____	_____
<i>Speech Evaluation Hours</i>	_____	_____
<i>Language Therapy Hours</i>	_____	_____
<i>Language Evaluation Hours</i>	_____	_____
<i>Dysphagia Evaluation Hours</i>	_____	_____
<i>Dysphagia Therapy Hours</i>	_____	_____
<i>Audiology/Aural Rehabilitation Hours</i>	_____	_____
<i>Other (Specify) _____</i>	_____	_____

Do you have any special circumstances I should know about when making your externship arrangements? _____

Additional comments/requests: _____