

**SUMMARY OF CLINICAL PRACTICUM**

Name of Off-Campus Site \_\_\_\_\_ Semester \_\_\_\_\_

Type of facility (center, clinic, hospital, school, private practice, etc.)

- Long Term Care Facility/Center
- Clinic
- Hospital
- School
- Private Practice
- Other \_\_\_\_\_

Location and distance from Southeast Missouri State University campus: \_\_\_\_\_ miles.

Full names of on-site supervisors used by your program and their ASHA certification number(s).

Is a certified supervisor on site at all times when students are engaged in practicum?

- Yes       No

Number of trainees per supervisor per term

- (a) from Southeast's program \_\_\_\_\_  
(b) from other programs \_\_\_\_\_

Academic prerequisites for clinical practicum in the facility.

Number of terms (semesters) per year the facility is used as a training site: \_\_\_\_\_

Average number of practicum hours per term each student obtains at the site: \_\_\_\_\_

Describe functions engaged in by student clinicians (evaluation, remediation, etc.):

State average number of hours per week each student is at the site: \_\_\_\_\_ hours.