

## Clinical Practicum Contract

Student's Name: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Clinical Placement: \_\_\_\_\_

Major:    Audiology      Speech-Language Pathology

Term:        Fall / Spring / Summer / Year: \_\_\_\_\_

\_\_\_\_\_, a graduate student from the Department of Speech-Language-Hearing Sciences at the University of Minnesota, will participate in a clinical practicum experience at \_\_\_\_\_ this term. The following general principles apply for this practicum site:

Starting Date: \_\_\_\_\_                      Ending Date: \_\_\_\_\_

(Note: Fall or Spring: ~14 weeks / Summer: ~10 weeks)

Days of the Week: \_\_\_\_\_

Hours: From \_\_\_\_\_ until \_\_\_\_\_

Dress Requirements: \_\_\_\_\_

### Practicum Requirements:

Materials Preparation \_\_\_\_\_

Set Up \_\_\_\_\_

Patient contact: \_\_\_\_\_

    Diagnostics \_\_\_\_\_

        SLP (common tests reviewed) \_\_\_\_\_

        AUD (written protocols received) \_\_\_\_\_

    Treatment \_\_\_\_\_

        SLP (common programs reviewed) \_\_\_\_\_

        AUD (written protocols received) \_\_\_\_\_

Reports \_\_\_\_\_  
Type \_\_\_\_\_  
Number \_\_\_\_\_  
Frequency \_\_\_\_\_  
Deadlines \_\_\_\_\_  
Chart Notes/Documentation \_\_\_\_\_  
Observations \_\_\_\_\_  
Staff Meetings \_\_\_\_\_  
Patient Conferences \_\_\_\_\_  
Schedule of Meetings with Supervisor (weekly or biweekly): \_\_\_\_\_  
Goal setting \_\_\_\_\_ (~ 3 weeks); Midterm 1: \_\_\_\_\_ (~ 7 weeks)  
Midterm 2: \_\_\_\_\_ (~ 10 weeks); Final: \_\_\_\_\_ (14-15 weeks)  
Infection Control Procedures Discussed: \_\_\_\_\_  
Emergency Procedures Discussed: \_\_\_\_\_  
Special Requirements \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have read the above requirements for this practicum experience. I agree to meet the requirements written above.

\_\_\_\_\_  
Graduate Student Signature

I have read the above requirements for the practicum. I agree to supervise the student named above. If I have any questions about these requirements during the term, I will contact the Director of Clinical Programs, Dr. Mark DeRuiter, as needed. I hold current CCCs with the American Speech-Language-Hearing Association and agree to be on-site during all student practicum experiences.

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
ASHA Certification Number