

**THE UNIVERSITY OF MINNESOTA  
DEPARTMENT OF SPEECH-LANGUAGE-HEARING SCIENCES  
AUD CLINICAL PRACTICUM HOURS REPORT FORM**

Student's Name \_\_\_\_\_  
Semester and Year \_\_\_\_\_

AUDIOLOGY CONTACT HOURS			Assessment Hours	Intervention Hours	Staffing Hours	Observation Hours	
<b>HEARING SCREENING</b>	Adult						
	Behavioral, physiological		Child				
<b>HEARING EVALUATION – BEHAVIORAL</b>	Adult						
	Child						
<b>PHYSIOLOGICAL EVALUATION (Auditory/Vestibular)</b>	Adult						
	Child						
<b>AMPLIFICATION – TREATMENT</b>	Adult						
	Child						
<b>ASSISTIVE LISTENING DEVICES - TREATMENT</b>	Adult						
	Child						
<b>TREATMENT RELATED DISORDERS</b>	Adult						
	Child						
<b>COUNSELING IN MODES OF COMMUNICATION</b>	Adult						
	Child						
<b>PREVENTION</b>	Adult						
	Child						
SPEECH-LANGUAGE PATHOLOGY			Prevention Hours	Assessment Hours	Intervention Hours	Staffing Hours	Observation Hours
<b>SLP SCREENING/TREATMENT</b>	Adult						
	Child						
<b>ADMINISTRATIVE</b>							

**\*Please round hours to the nearest quarter hour.**  
 \_\_\_\_\_ Number of hours (grand total)  
 \_\_\_\_\_ Number of credits registered for this practicum

**Note**  
 Staffing hours (meeting to discuss a patient, etc.)  
 Admin. hours (charting, paperwork, other Aud. functions)

Supervisor's Signature \_\_\_\_\_  
 Supervisor's Name (please print) \_\_\_\_\_  
 Supervisor's ASHA Certification # (must have) \_\_\_\_\_  
 Supervisor's Dept of Health Number \_\_\_\_\_  
 Practicum Location \_\_\_\_\_  
 Date \_\_\_\_\_