

UNIVERSITY OF MINNESOTA  
DEPARTMENT OF SPEECH-LANGUAGE-HEARING SCIENCES  
SLP CLINICAL PRACTICUM HOURS REPORT FORM

For Masters Students

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

SPEECH/LANGUAGE PATHOLOGY		PREVENTION HOURS	ASSESSMENT HOURS	INTERVENTION HOURS	STAFFING HOURS	OBSERVATION HOURS
<b>ARTICULATION</b> (including phonology, motor speech disorders, and speech intelligibility)	Child					
	Adult					
<b>FLUENCY</b> (including rate deviations)	Child					
	Adult					
<b>VOICE AND RESONANCE</b> (including respiration, phonation, and velopharyngeal closure)	Child					
	Adult					
<b>RECEPTIVE &amp; EXPRESSIVE LANGUAGE IN SPEAKING, LISTENING, READING, WRITING, &amp; MANUAL MODALITIES</b> (including phonemic awareness, morphology, syntax, and semantics)	Child					
	Adult					
<b>SWALLOWING</b> (including oral, pharyngeal, esophageal, and related functions, including oral function for feeding; orofacial myofunction)	Child					
	Adult					
<b>COGNITIVE ASPECTS OF COMMUNICATION</b> (including attention, memory, sequencing, problem-solving, and executive functioning)	Child					
	Adult					
<b>SOCIAL ASPECTS OF COMMUNICATION</b> (including pragmatics, challenging behavior, ineffective social skills, and lack of communication opportunities)	Child					
	Adult					
<b>COMMUNICATION MODALITIES</b> (including oral, manual, augmentative and alternative communication techniques, and assistive technologies)	Child					
	Adult					
HEARING		PREVENTION HOURS	ASSESSMENT HOURS	INTERVENTION HOURS	STAFFING HOURS	OBSERVATION HOURS
<b>HEARING</b> (including the impact on speech and language)	Child					
	Adult					

**Student: Note: Please round hours to the nearest quarter hour.**  
 \_\_\_\_\_ Total number of hours.  
 \_\_\_\_\_ Number of credits registered for this practicum.  
 \_\_\_\_\_ At least 21 clock hours are completed for each cr of practicum (except for aud hours = 5-10 screening + aural rehab experience)  
**NOTE – UNDER PREVENTION AND STAFFING HOURS, CHILD AND ADULT HOURS DO NOT NEED TO BE SEPARATE.**

Supervisor's Signature \_\_\_\_\_  
 Supervisor's Name (please print) \_\_\_\_\_  
 Supervisor's ASHA Certification # (required) \_\_\_\_\_  
 Supervisor's Dept. of Health or Education Number \_\_\_\_\_  
 Practicum Location \_\_\_\_\_  
 Date \_\_\_\_\_

11/18/08