# 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.