

CALIFORNIA STATE UNIVERSITY, EAST BAY
DEPARTMENT OF COMMUNICATIVE SCIENCES AND DISORDERS
SPEECH, LANGUAGE AND HEARING CLINIC

Clinical Practicum in Speech Pathology and Audiology
Clinician Background Sheet and Schedule

Quarter/Year: _____

Clinician Name:	Net ID:
Complete Address:	
Email:	Phone No.:

Clinical practicum course are you registering for: SPPA 4856 (U.G.) SPPA 6056 (Grad.) or
 SPPA 6057 (Grad. DX Clinic) (# of onsite leads completed _____, assists _____, offsite DX _____)

Number of previous quarters at CSUEB? _____ Other universities? (specify) _____

If this will be your first quarter of clinic, have you met with your academic advisor to confirm eligibility to start clinical practicum? Yes No

Do you sign? No Yes If yes, what level? Beginner Intermediate Advanced

Other languages spoken _____ Fluent? Yes No

Place a "D" (for Done) next to the courses you have taken **prior** to this quarter of clinic.

Place an **X** next to the courses you will take **during** this quarter of clinic.

- | | |
|---|--|
| _____ 4852/6052 Clinical Methods and Procedures
_____ 4854/6854 Diagnosis of Speech and Lang. Disorders
_____ 4862 Organic and Low Incidence Speech Disorders
_____ 4863 Articulation and Phonological Disorders
_____ 4865 Language Disorders in Children
_____ 4866 Neurocognitive Communication Disorders | _____ 6020 Vocal Pathology and Rehabilitation
_____ 6050 Neurogenic Motor Speech Disorders
_____ 6055 Aphasia and Neurogenic Language Disorders
_____ 6060 Advanced Language Disorders in Children
_____ 6064 Fluency Disorders
_____ 6070 AAC-Assistive Technology
_____ 6160 Audiological Rehabilitation |
|---|--|

Have you completed 25 observation hours? Yes No

Have you fulfilled the University Writing Skills Requirement (UWSR)? Yes No Unknown

Please indicate/approximate the number of hours (and their relative distribution) for each of your clients, to date. Follow this number with the client(s) initials, or ATP or Aphasia Group, as appropriate.

DISORDER	Pediatric Hours/Client Initials	Adult Hours/Client Initials, ATP or Aphasia Group (AG)
Language	<i>E.g., 6/JT</i>	<i>E.g., 56/ATP</i>
AAC		
Aphasia (adults)		
Cognitive/Linguistic		
Artic./Phono./AOS	<i>E.g., 9/JT</i>	<i>E.g., 5/ATP</i>
Accent Modification		
Voice/Resonance/Prosody		
Fluency		
Hearing Impaired		

Type of client you followed in SPPA 4852/6052? (client initials & disorder) _____

Please indicate the program (e.g., ATP, Aphasia Gp., offsite), types of clients (disorders/etiologies and/or age group-preschool, school age, adult) you would like to work with this quarter and why?

1.
2.
3.

Is this your final clinic experience at CSUEB? (check one) Yes No

Indicate with an **✓** ALL your FREE times on this time schedule, including Friday availability. **Please show class times and work schedules, although we are not obligated to accommodate for the latter.** Scheduling will be facilitated if you provide as much free time as possible. Clinic Director may be unable to meet your needs if minimal times are indicated.

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
9:00	✓	✓	✓	✓	✓
9:30	✓	✓	✓	✓	✓
10:00	✓	✓	✓	✓	✓
10:30	✓	✓	✓	✓	✓
11:00	✓	✓	✓	✓	✓
11:30	✓	✓	✓	✓	✓
12:00	✓	✓	✓	✓	✓
12:30	✓	✓	✓	✓	✓
1:00	✓	✓	✓	✓	✓
1:30	✓	✓	✓	✓	✓
2:00	✓	✓	✓	✓	✓
2:30	✓	✓	✓	✓	✓
3:00	✓	✓	✓	✓	✓
3:30	✓	✓	✓	✓	✓
4:00	✓	✓	✓	✓	✓
4:30	✓	✓	✓	✓	✓
5:00	✓	✓	✓	✓	✓
5:30	✓	✓	✓	✓	✓
6:00	✓	✓	✓	✓	✓
6:30	✓	✓	✓	✓	✓

Scheduling preferences/notes to Clinic Director: _____

SOME NOTES ON FILLING OUT CLINICIAN BACKGROUND SHEET CORRECTLY & COMPLETELY!

1. Enter all your ASHA contact clock hours in appropriate boxes. These can be approximations.
2. Correctly identify all SPPA classes taken previously as well as courses which will be taken concurrently in the same quarter as the upcoming clinic.
3. Read instructions on filling out schedule carefully using **X's to indicate available times for clinic**.
4. Please indicate ALL times you are available to see clients. A minimum of 6-8 available hours is necessary.
5. Clinic is scheduled on a Monday/Wednesday or Tuesday/Thursday schedule. On a limited basis, off-site practicum experiences are available which may vary from the listed schedule above.
6. Clearly write in both your class and work schedules on this form as it helps Clinic Director visualize your schedule.
7. Note clinic schedule preferences below schedule grid (e.g., Tu/Th, afternoon schedule preferred, etc.).
8. Please note that work schedules, childcare and other situations affecting your availability will be considered. However, given that this is a clinical program you may need to adjust existing schedules, to ensure an appropriate clinical assignment.