

SAN FRANCISCO STATE UNIVERSITY
CLINICAL PRACTICUM IN COMMUNICATIVE DISORDERS
(SC-10) CLINICAL CLOCK HOURS

This is to certify that _____ completed
_____ hours of clinical practicum, for which _____ units of academic credit were earned. This
practicum was completed during _____ Semester, 20_____.

Please fill out a separate form for each category:

- Audiology (includes speech and language services for those with hearing impairment)
- Speech (check one): articulation stuttering voice dysphagia
- Language (check one): rec/exp lang cog soc AAC

DIAGNOSTIC

THERAPY

_____ hours w/preschool

_____ hours w/preschool

_____ hours w/school age

_____ hours w/school age

_____ hours w/adult

_____ hours w/adult

_____ hours w/simulation

Supervisor/Clinic Instructor's Signature

Date

(Print Instructor's Name) _____

Instructor's ASHA CCC #

Instructor's CA State License #

Site / Agency Name _____

Type of Clinical Setting* _____

By signing this form, the supervisor/clinical instructor affirms "At least 25% of the student's total contact time in clinical evaluation and treatment was observed directly."

*Types of clinical settings include separate units/settings within an institution or its affiliates (brain injury units/stroke units/nursing homes/classrooms for severely language-impaired children), community clinics, public schools, rehabilitation centers, hospitals, and private practice settings. For the 3 clinical settings to be classified as different settings, it must be determined that the student has gained unique experiences in each one (i.e., public schools: pull-out services versus a classroom for children who present communication disorders; or hospital: acute-care versus long-term care).