

SFSU Department of Speech, Language and Hearing Sciences

SLHS Internship Site Visitor Report of Site Visit

Student Teacher/Intern _____

Site _____

Site Master Clinician/Supervisor _____

Date of Site Visit _____

[Report should include summary of (a) intern's observed clinical strengths and areas for further development (observed by the SFSU Supervisor); (b) intern's proposed goals for the remainder of the semester (based on observation and discussion with the student, site mentor and SFSU supervisor); (c) meeting with site mentor; (d) meeting with intern; and (e) status of internship, i.e., mid-term or final grade, continue, continue with concerns being addressed; intervention requested. *A copy of this completed form will be send to the site mentor, student intern, and SLHS medical internship coordinator.]

Student Teacher/Intern's Observed Clinical Strengths and Weaknesses _____

Intern's Proposed Goals for the Remainder of the Semester _____

Meeting with Site Mentor _____

Meeting with Intern _____

Status of Internship _____

SFSU Faculty Supervisor

Date

Comments:

