Clinical Practicum Contract

Student’s Name: __________________________________________
Supervisor’s Name: _______________________________________
Clinical Placement: _______________________________________
Major:      Audiology        Speech-Language Pathology
Term:      Fall / Spring / Summer / Year:___________

__________________________________________, a graduate student from the Department of Speech-Language-Hearing Sciences at the University of Minnesota, will participate in a clinical practicum experience at ___________________________ this term. The following general principles apply for this practicum site:

Starting Date: ______________________ Ending Date: _____________________
(Note: Fall or Spring: ~14 weeks / Summer: ~10 weeks)
Days of the Week: _________________________________________________________
Hours: From ________________________ until ________________________________
Dress Requirements: ______________________________________________________
________________________________________________________________________

Practicum Requirements:

Materials Preparation ___________________________________________________
_____________________________________________________________________
Set Up _______________________________________________________________
_____________________________________________________________________
Patient contact: _________________________________________________________
_____________________________________________________________________
Diagnostics ____________________________________________________________
SLP (common tests reviewed) ___________________________________________
AUD (written protocols received)_____________________________________
_____________________________________________________________________
Treatment _____________________________________________________________
SLP (common programs reviewed) _______________________________________
AUD (written protocols received)______________________________________
Reports ________________________________

Type ________________________________

Number ______________________________

Frequency ____________________________

Deadlines ____________________________

Chart Notes/Documentation _____________

Observations __________________________

Staff Meetings _________________________

Patient Conferences ____________________

Schedule of Meetings with Supervisor (weekly or biweekly): ______________________________

- Goal setting _____________ (~ 3 weeks); Midterm 1: ______________ (~ 7 weeks)
- Midterm 2: ______________ (~ 10 weeks); Final: ______________ (14-15 weeks)

Infection Control Procedures Discussed:______________

Emergency Procedures Discussed:______________

Special Requirements ____________________________

____________________________________________________________________

____________________________________________________________________

I have read the above requirements for this practicum experience. I agree to meet the
requirements written above.

________________________________________________________________________

Graduate Student Signature

I have read the above requirements for the practicum. I agree to supervise the student named
above. If I have any questions about these requirements during the term, I will contact the
Director of Clinical Programs, Dr. Mark DeRuiter, as needed. I hold current CCCs with the
American Speech-Language-Hearing Association and agree to be on-site during all student
practicum experiences.

____________________________________________________________________

Supervisor’s Signature

____________________________________________________________________

ASHA Certification Number