



Sacred Heart UNIVERSITY

SPEECH-LANGUAGE PATHOLOGY

Practicum Information & Agreement Form

To be completed by the **Graduate Student**:

Name:

Semester/Practicum Level: 5th semester – IV

Phone:

Email:

I have reviewed my Student Worksheet and Supervisory Needs Assessment form with my clinical educator ☐Yes ☐No

To be completed by **SHU Faculty Liaison**:

SHU Liaison: Taryn Rogers

Phone: 203-365-4504 (office)

Email: rogerst7@sacredheart.edu

In the event of an **emergency**, please contact me at: 860-302-7071 (mobile)

To be completed by the **On-Site Clinical Educator**:

Clinical Site:

Type of Facility:

Location (City/Town, State):

Primary Clinical Educator

Name:

Email:

Phone:

ASHA #:

Expiration:

Certification: CCC/

License #:

Expiration:

State:

Teaching Certification (if applicable):

Expiration:

State:

Preferred Method of Communication with SHU Faculty Liaison: ☐Email

☐Phone

Secondary Clinical Educator (if appropriate)

Name:

Email:

Phone:

ASHA #:

Expiration:

Certification: CCC/

License #:

Expiration:

State:

Teaching Certification (if applicable):

Expiration:

State:

Preferred Method of Communication with SHU Faculty Liaison: ☐Email

☐Phone

Please list approximate number of hours per week you anticipate that your student will be participating in the following activities:

Evaluation:

Treatment:

Prevention/Screening:

Documentation:

Meetings (e.g., staff, PPT, rehab team, etc.):

In-services/Professional Development:

Other:

How often do you anticipate supervising your student (ASHA requires at least 25% direct supervision of clinical hours):

Site Visits: Would you like a scheduled site visit from a SHU Faculty Liaison during this practicum?

☐ Yes ☐ I will request only if needed

For SLP 602 (SLP Student Teaching Externship) 2 site visits are required as part of the practicum and will be arranged by the SHU Faculty Liaison.

To be completed by the **Graduate Student and Clinical Educator** together:

Practicum Schedule:

Start/End Date: January 17-April 28

☐ Monday Time:

☐ Tuesday Time:

☐ Wednesday Time:

☐ Thursday Time:

☐ Friday Time:

Please note that students are not to make any adjustments to clinical schedules. Any changes should be discussed directly with the SHU Liaison.

Does the on-site clinical educator have any planned time-off during this practicum and what are the student expectations during this time (e.g., time off for student, supervision by another SLP, etc.)

☐ Yes (please indicate) _____ ☐ No

We have discussed that feedback will be provided:

☐ Verbally ☐ Written ☐ Both ☐ Other:

In addition to a midterm & final meeting, we have discussed to have meetings:

☐ Daily ☐ Weekly ☐ Monthly ☐ Other:

We have discussed the site's attendance policy, dress code, and student expectations

☐ Yes ☐ No

(If no attendance policy, student will follow SHU SLP attendance policy- see Clinical Manual)

In the event of an absence, inclement weather, emergency, etc., the student and on-site clinical educator will contact each other via:

☐ Email ☐ Phone ☐ Text Message ☐ Other:

In the event of a **student absence**, the student will also contact SHU Liaison via email address.

Any additional information discussed together:

We have reviewed this form and agree with the above information.

☐ Graduate Student:

Date:

☐ On-site Clinical Educator:

☐ SHU Faculty Liaison: Taryn Rogers

Date:

Date: