OFF-CAMPUS CLINICIAN'S EVALUATION

NAME OF STUDENT CLINICIAN ____________________________
OFF-CAMPUS PRACTICUM SITE ____________________________
NAME OF SUPERVISOR ____________________________
ASHA # ____________________________
PERIOD COVERING FROM __________ TO __________

A. SCREENING
Plan and implement an efficient and effective speech and language and hearing screening program.

COMMENTS
List screening procedures that the student was unable to perform that you would recommend being taught at the University.

B. DIAGNOSIS
Diagnosis of speech, language, and/or hearing problems by selecting appropriate instruments, administering them effectively, recording results accurately, and interpreting results.

COMMENTS
List diagnostic procedures and tests that the student was unable to perform that you would recommend being taught at the University.

C. PLANNING PROCEDURES
Ability to write effective and appropriate objectives and treatment plans

COMMENTS