



Student Name: _____ Semester: _____

Practicum Level: _____ Credit Hours: _____ Cohort: _____ Miles from ENMU: _____

The Communicative Disorders Program at Eastern New Mexico University is pleased to have the opportunity to place a student under your supervision. This form is to be completed at the initial supervisor-student meeting. We appreciate this partnership in clinical education and your support of our program. If you have any questions, please contact the Clinical Director at laura.bucknell@enmu.edu or call 575-562-4232.

Supervisor and Site Information

Supervisor Name: _____

Employer: _____

Site Name: _____

City, State, Zip: _____

Site Phone: _____

Supervisor Email: _____

8-Digit ASHA Number and Expiration Date: _____

State with License Number and Expiration Date: _____

Site Description

Type of Setting: Hospital (inpatient) Hospital (outpatient) School (circle: public / private)
 Skilled Nursing Facility (SNF) Home Health Private Practice/Clinic
 Community Clinic Rehab Center University Clinic

Population Served: Birth – 3 Preschool Elementary School Middle School
 High School Adult Geriatric

Caseload Description: Language Articulation Feeding/Oral Motor Hearing Impaired
 Fluency Voice Autism Literacy Cog Comm
 Dysphagia TBI AAC

Plan for Meeting Competencies:

Students may not work with disorders if they have not had the appropriate coursework. Students must mark coursework completed to aid in the development of their clinical schedule. Please see Supervisor Handbook for course pre-requisites and clinical restrictions.

- Courses Completed:
- CDIS 511 Articulation/Phonological Disorders
 - CDIS 512 Voice Disorders
 - CDIS 516 Language Assessment
 - CDIS 517 Language Intervention
 - CDIS 525 Fluency Disorders
 - CDIS 526 Neurogenic Speech Disorders
 - CDIS 527 Craniofacial Anomalies
 - CDIS 528 Dysphagia
 - CDIS 529 Neurogenic Language Disorders
 - CDIS 540 Oral Motor Disorders
 - CDIS 550 AAC

- Practicum 1 – 501 Semester Completed: _____
- Practicum 2 – 502 Semester Completed: _____
- Practicum 3 – 503 Semester Completed: _____
- Practicum 4 – 505 Semester Completed: _____
- Practicum 5 – 589 Semester Completed: _____

ENMU students must minimally complete a practicum with (check off if complete/in progress):

- Birth – 5 years 6-17 18-64 65+ years

My current completed hours are:

Lifespan	# of Clock Hours Completed
Birth- 5 yrs.	
K-3 rd grade	
4 – 6 th grade	
Junior high	
Senior high	
18-25 years	
26-40 years	
41-65 years	
66-80 years	
81+ years	

My completed (or in progress), clinical sites are:

Site	Semester Completed
ENMU Clinic	
Preschool	
Birth to Three	
K-12 school	
Skilled Nursing	
Hospital	
Rehab Center	
Home Health	
Private Clinic	
Other	

Student Clinician’s Schedule

Days of the week student is scheduled at site: Mon Tues Wed Thurs Fri Sat

Start date of practicum: _____ End date of practicum: _____

Start time and end time daily: _____

Alternate day for evaluations if applicable: Mon Tues Wed Thurs Fri Sat

The supervisor and student should review the Clinical Practicum Student Assessment (CPSA) together. Each intervention competency and evaluation competency will be rated on the CPSA at midterm and again at the end of the clinical rotation. If there is limited or no opportunity to measure a specific competency, the supervisor and student should work together to develop a plan for meeting that competency via an additional assignment/task.

Student's Self-Assessment

List your clinical strengths based on your experience and the competencies on the CPSA.

List the clinical skills you need to work on based on your experience and competencies on the CPSA.

Student's Objectives

What are your professional objectives?

What are your objectives for this practicum experience?

Describe your plan for meeting all clinical competencies on the CPSA for your level of practicum.

Student Reflection

To be completed by the student clinician and reviewed with the supervisor at beginning and end of practicum.

Describe your growth as a clinician, including clinical style, to date.

Describe your professional interactions with administration, clinical/professional/support staff, and clients' families.

What have you learned in this setting from your clients, their family, supervisor, and the site?

What research have you done to produce more successful results with your clients?

Clinical Schedule Agreement

The Clinical Schedule that is submitted is considered binding and may not be changed unless requested by the practicum/internship site and approved by the ENMU Clinical Director. Student clinicians may not miss class for practicum and must request approval from the ENMU Clinical Director and site supervisor for all absences. If any days of the practicum or internship are missed, the student must extend to make up the days unless prohibited by the practicum/internship facility. The submitted schedule must be completed in its's entirety from beginning date through ending date, unless the practicum/internship is terminated by the facility or the supervisor. Such a change would need to be routed through and approved in writing by the Clinical Director. Student failure to complete the practicum/internship in its entirety may result in disciplinary action including, but not limited to one or more of the following:

- a grade of "Incomplete" for the course
- a grade of "C" for the course
- an inability to count clinical clock hours earned during the course
- additional practicum/internship assignments in the current semester
- re-enrollment in the practicum/internship in a subsequent semester
- delayed graduation
- suspension or dismissal from the ENMU CDIS Graduate Program

Supervision Requirements

ASHA's 2020 CFCC (certification) standards in Speech-Language Pathology require all clinical supervisors to have:

- 2 hours of professional development in the area of supervision *before* serving as a clinical supervisor.
- practiced as an SLP for 9 months following the award of their CCC-SLP

Free continuing education courses are hosted on the ASHA website through July 26, 2021 at

<https://www.asha.org/professional-development/supervision-courses/>. These are titled "Nine Building Blocks of Supervision" and "Knowledge, Skills, and Competencies for Supervision."

Supervisors:

Please read and initial each statement to indicate that you will follow the supervision requirements.

_____ *I agree to provide direct supervision in real time for at least 25% of the student's total contact with each client/patient, periodically throughout the practicum.*

_____ *I agree that the amount of supervision provided will be sufficient to ensure the welfare of each client/patient and commensurate with the student's knowledge, skills, and experience.*

_____ *I agree to be available to consult with the student to provide guidance and feedback to facilitate the student's acquisition of essential skills.*

_____ *I certify that I hold ASHA's Certificate of Clinical Competence and am in good standing with ASHA.*

_____ *I certify that I hold licensure in the state in which I practice and am in good standing with the state's licensing board.*

_____ *I agree to be on site at all times the student clinician is providing services.*

Supervisor Signature

Date

Student Signature

Date

NOTE: Students must include a copy of their supervisor's ASHA certification and their state licensure when submitting their Agreement to Supervise.

Scan these documents as one (1) PDF.

Email this PDF to practicum.forms@enmu.edu.

Label document as: **last name_semester_practicum level**

EXAMPLE: Jones_SP18_502

***Be sure to complete this form in its entirety. Incomplete packets will be returned and may result in delays in starting your placement.