AUDIOLOGY
APPLICATION FOR PRACTICUM PLACEMENT

Name: ___________________________ Semester/Year Requesting: ___________________________

Phone: ___________________________

Due Dates: July 1st Fall Term Placement
          Nov 1st Spring Term Placement
          April 1st Summer Term Placement (all 8 weeks)

Submit to: Director of Clinical Services. Application must be submitted by the indicated due dates
to ensure a placement for the subsequent semester. Students failing to do such cannot be
assured a placement.

Circle your clinical emphasis track and place a check mark by the components you have
completed thus far. Please note, you can complete more than one component a semester.

Pediatric Emphasis Track

_____ ASU Hearing Clinic (Adults)
_____ ASU Hearing Clinic (Pediatrics)
_____ Pediatric Diagnostics (Infant Screenings, ENTs, Medical Ctr)
_____ Pediatric Rehabilitation (School-based Placement)
_____ Option ____________________

Generalist Emphasis Track

_____ ASU Hearing Clinic (Adults)
_____ ASU Hearing Clinic (Pediatrics)
_____ Pediatric Diagnostics & Rehabilitation (School-based Placement)
_____ Adult Diagnostics (General, Vestibular, & Other Special Tests)
_____ Adult Rehabilitation (Hearing Aids & Aural Rehabilitation)

Adult Emphasis Track

_____ ASU Hearing Clinic (Pediatrics)
_____ ASU Hearing Clinic (Adults)
_____ Adult Rehabilitation (Hearing Aids, Cochlear Implants, Aural Rehab)
_____ Adult Diagnostics (Vestibular, General Diagnostics, Special Tests)
_____ Option ____________________

ALL TRACKS

_____ Speech & Language Evaluation/Screening
_____ Speech & Language Therapy

Please indicate the component requirement you would like to complete next:
___________________________________________________________________________
___________________________________________________________________________

How many clock hours of clinical experience have you obtained to date: __________________________

Indicate your clock hours obtained as follows:

_____ Observation
_____ Hearing Dx (Children)
_____ Hearing Dx (Adults)
_____ Amplification (Children)

_____ Hearing Tx
_____ Speech & Language Dx
_____ Speech & Language Tx
_____ Other (Explain: __________________________)
Please list the graduate level coursework you have taken (or plan to take next term) in communication disorders:

1. 
2. 
3. 
4. 
5. 
6. 
7. 
8. 
9. 
10. 
11. 
12. 

**Do not write below this line - for clinic staff use only**

Assignment for this semester: ____________________________________________

Please register for the following:

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<tr>
<th>Line # (from Bulletin)</th>
<th>Credit Hrs.</th>
<th>Clinical Faculty (Initials)</th>
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