

EXTERNAL PRACTICUM SITE AGREEMENT

_____ will engage in a clinical practicum with
(student clinician)
_____ at _____
(clinical supervisor) (official site name)
beginning _____ and ending _____
(month/ day/year) (month/day/year)

Site Information:

Address _____
Telephone _____
E-mail _____
Fax _____

Clinical Supervisor Information:

Home Address _____
Mobile Telephone _____
Home E-mail _____

Site Schedule:

Monday _____
Tuesday _____
Wednesday _____
Thursday _____
Friday _____

Student Clinician Information:

Home Address _____
Mobile Telephone _____
Home E-mail _____

Student Clinician and Clinical Supervisor Responsibilities/Guidelines:
(Initials of participants required in the appropriate section.)

Student Clinician:

- _____ 1. Provide to the clinical supervisor a list of the academic course work and clinical practicum completed and those currently attending.
- _____ 2. Provide a copy of TB screening, Hepatitis B acceptance/declination, CPR training and/or liability insurance as requested.
- _____ 3. Provide supervisor information related to ASHA clock hour requirements. Identify possibilities for acquisition of hours at the assigned site. Specifically, develop a plan for acquiring speech and language diagnostics, speech/language and hearing screenings, and aural rehabilitation hours.
- _____ 4. Be on time for every scheduled session.
- _____ 5. Notify the supervisor **and** clinical director of emergencies requiring an absence prior to a scheduled session.
- _____ 6. Follow accepted protocol enabling the supervisor to evaluate my performance.
- _____ 7. Facilitate timely evaluation of my performance by securing and/or disseminating the necessary forms to the supervisor.
- _____ 8. Make daily entries on the required clock hour form and secure both the supervisor signature and percentage of time supervised.

- ____ 9. Complete a monthly and/or semester composite clock hour form. Attach to the above mentioned daily clock hour form and forward to the Clinical Director, Communication Disorders Program at Arkansas State University no later than the 5th day of each month subsequent to delivered services. Clinical clock hour forms require original entries and signatures and may not be faxed. Failure to submit appropriate clock hour forms in a timely manner will be considered by both the clinician supervisor and clinical director during the performance evaluation. Student clinicians should maintain a copy of all clock hour forms submitted.
- ____ 10. Assume responsibility for ensuring that clinical evaluations are received by the Clinical Director, Communication Disorders Program at Arkansas State University on the prescribed dates.
- ____ 11. Uphold the ASHA Code of Ethics, ASU NHP Honor Code, and act at all times in a moral and ethical manner.

Clinical Supervisor:

- ____ 1. Provide on-site, direct supervision to the assigned student clinician according to the American Speech-Language-Hearing Association standards. Specifically, **25%** direct supervision for **treatment** and **50%** direct supervision for **diagnostics**.
- ____ 2. Assume the clinical educator role by providing instruction/demonstration as related to the clinical skill/competency level of the student clinician during both treatment and diagnostic situations.
- ____ 3. Provide daily oral and/or written evaluation of the clinical skills/competencies demonstrated by the student clinician. Identified weaknesses should be provided to the student clinician in writing. A written record of improvement should also become a part of the student clinician file.
- ____ 4. Provide a mid-term and final evaluation (objective and subjective) for the assigned student clinician using a prescribed format furnished by the Communication Disorders Program at Arkansas State University.
- ____ 5. Forward all pages of the mid-term and final student clinician evaluation to the Clinical Director at Arkansas State University.
- ____ 6. Initial/sign required clinical clock hour forms verifying the students direct client/patient contact time **and** record the percentage of direct supervision time provided. Consult and/or staffing time may be counted on a limited basis. Paperwork time may **not** be counted.

The student clinician and clinical supervisor have completed the information items, reviewed the responsibilities/guidelines, and mutually agree to the conditions identified within the external practicum site agreement.

Student Clinician _____ Date _____

Clinical Supervisor _____ Date _____

License # _____ State _____ ASHA # _____

(Attach copies of all current credentials.)

Retain a copy and forward the original to the Clinical Director within 5 days.