

**SPEECH-LANGUAGE PATHOLOGY**  
**SHS 6844/7844 CLINIC REQUEST FORM (CF-02)**

To be considered for clinical placements, complete all portions of this form in detail and submit by date in clinic calendar.

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Address: \_\_\_\_\_ Academic Advisor: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Cumulative GPA: \_\_\_\_\_

**Progress through Curriculum:** Please mark the current semester. Then list and describe any deviations from the prescribed course curriculum, including postponed or rescheduled courses, courses that need to be retaken, etc.

Autumn Semester, Year 1  Spring Semester, Year 1  Summer Semester, Year 1   
 Autumn Semester, Year 2  Spring Semester, Year 2  Summer Semester, Year 2

Topic Specialization or Thesis: \_\_\_\_\_

Level of ASL:  Beginner  Intermediate  Advanced  None

Fluent in other languages? List: \_\_\_\_\_

A. Accumulated Clinical Hours: <i># of graduate clock hours entered AND signed in CALIPSO.</i>					B. Projected Clinical Hours: <i>Projected # of graduate clock hours NOT yet signed in CALIPSO.</i>				
	Child Dx	Adult Dx	Child Tx	Adult Tx		Child Dx	Adult Dx	Child Tx	Adult Tx
Artic					Artic				
Fluency					Fluency				
Voice					Voice				
Language					Language				
Hearing					Hearing				
Swallowing					Swallowing				
Cognition					Cognition				
Social					Social				
Comm. Mod.					Comm. Mod.				
<b>A. # of accumulated hours signed by a CCC-SLP:</b>					<b>B. # of projected hours for current semester:</b>				

<b>Total # of accumulated and projected graduate clock hours (A + B) :</b>	
<i>Observation hours :</i>	
<i>Undergraduate Clinical Hours (325/400 hours must be at the graduate level) :</i>	

**Clinical Experience:** List prior placements (e.g., OSU SLHC, Hilltop, Dodd) and KASA areas (e.g., COG, SOC, LANG) for each.

Placement	KASA Area(s) Addressed	Placement	KASA Area(s) Addressed
1)		7)	
2)		8)	
3)		9)	
4)		10)	
5)		11)	
6)		12)	

Name:

**Schedule Information:** Fill in times when you are not available for placement. List course names/numbers or other commitments (e.g., work, GRA/GTA/GAA). If a block is **blank**, it will be considered available for clinical assignments.

	Monday	Tuesday	Wednesday	Thursday	Friday
8:00					
8:30					
9:00					
9:30					
10:00					
10:30					
11:00					
11:30					
12:00					
12:30					
1:00					
1:30					
2:00					
2:30					
3:00					
3:30					
4:00					
4:30					
5:00					
5:30					

	Yes	No	Additional Information
Do you have a car?			
Do you have a GRA/GTA/GAA or other job in the department?			
Is this commitment flexible?			
Provide details regarding these and other scheduling restrictions (e.g., "Need 4 hours between 8 and 5."):			
Provide details regarding approved clinic absences (based on letter of petition):			
Clinical Areas of Interest:			