

**NAU Communication Sciences and Disorders (CSD)
CSD 608: Fieldwork Experience – Site Identification Form
Communication Sciences and Disorders**

This form needs to be completed and submitted to Clinic Director 9-12 months prior to starting your externship.

Name: _____ **Date:** _____

Student ID #: _____ **Anticipated Date of Fieldwork:** _____

Site Priorities (at least one from an already established NAU contract):

1. _____

2. _____

3. _____

If any of the sites listed above are new, please fill out the information below for each site.

Site Name: _____

Address: _____

Name of Contact Person: _____ Phone Number: _____

Fax Number: _____ e-mail: _____

Would they like a copy of the NAU contract: **Yes / No**

Would they like to send a copy of their own terms of agreement: **Yes / No**

Site Name: _____

Address: _____

Name of Contact Person: _____ Phone Number: _____

Fax Number: _____ e-mail: _____

Would they like a copy of the NAU contract: **Yes / No**

Would they like to send a copy of their own terms of agreement: **Yes / No**