

SUMMARY FORM , NAU Communication Sciences and Disorders

(To be used by clinicians beginning their first practicum in Summer 2008 or thereafter)

Using your "TOTALS" page, record total minutes for the current practicum in the top row of this chart. ALL hours must be documented on signed Daily Logs. Minutes from previous practica should be carried over from your previous Summary Form into the corresponding categories. Add "Previous Minutes" to "Minutes This Practicum" in each category. The box at the end of the "Total Minutes" row should equal the same number when adding **across** the row as when adding **down** the last column. Divide Total Minutes in the last column by 60 for total cumulative hours. Submit this form with the original signed Daily Logs, your original CCE (grade recommendation from supervisor) form(s), and all other required documents. Unless this is your first practicum, also attach a copy of the Summary form from your most recent practicum, e.g., last semester, with "Previous Hrs" written across the face of the document so we can verify your "Previous Minutes" totals. You must have a minimum of 400 Grand Total hours (excluding Hearing Screening) by the end of externship. Refer to your current syllabus for other clinical requirements & timelines.

Student Clinician _____ LOUIE ID # _____ SITE(S) _____

(required)

Pct I ___ Pct II ___ *Pct III ___ Extrn ___ Semester/Yr _____ **Class # _____ Full-Time Track ___ Sum-Only Track ___

*Pct III is for Full-Time students only

** # used at registration

Put a check mark (✓) next to each discipline within each category below in which you have accrued clinical hours during any NAU clinical experience

	SPEECH & LANGUAGE				HEARING (AR, AP)				TOTAL MINUTES
	PEDIATRIC		ADULT		PEDIATRIC		ADULT		
	___Articulation	___Fluency	___Articulation	___Fluency	If you accrue Hearing Screening hours, do NOT include them here; record them at bottom of page & attach documentation with logs.	If you accrue Hearing Screening hours, do NOT include them here; record them at bottom of page & attach documentation with logs.			
	___Voice	___Language	___Voice	___Language					
	___Swallowing	___Cognition	___Swallowing	___Cognition					
	___Social	___Modalities	___Social	___Modalities					
	Evaluation	Prevention / Treatment	Evaluation	Prevention / Treatment	Evaluation	Prevention / Treatment	Evaluation	Prevention / Treatment	
Minutes This Practicum									
+ Previous Minutes	+	+	+	+	+	+	+	+	=/+
Total Minutes	=	=	=	=	=	=	=	=	
Cum Hrs (Min/60)	=	=	=	=	=	=	=	=	=

Student Phone # & Email _____ Documented Observation Hrs (required) + 25 .

Student Signature _____ Date _____ **GRAND TOTAL HOURS** _____

Hearing Screening Hours, if any: Pct I _____ + Pct II _____ + Pct III _____ = Total Hearing Screening Hours from all semesters _____

NAU Clinic Director Signature (Full-Time Students) _____ Date _____ Final Grade _____

Summers-Only Coordinator Signature (Summers-Only Students) _____ Date _____ Final Grade _____