



SUMMARY OF SUPERVISED CLINICAL PRACTICE HOURS FORM

SPEECH LANGUAGE PATHOLOGY

Name:	Date:
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SECTION 1: BASIC KNOWLEDGE SPECIFIC TO THE PROFESSION – SPEECH LANGUAGE PATHOLOGY

Clinical experience in assessment, intervention and prevention of speech and language functions, related communication disorders and swallowing functions.	Minimum Requirement: 300 direct client contact hours
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	DIRECT CLIENT CONTACT				SIMULATED PRACTICE (50 Hr. max)
	Assessment		Intervention		
	Children	Adults	Children	Adults	
MUST INCLUDE A VARIETY OF DISORDER TYPES FROM THE FOLLOWING:					
Articulation / Phonological Disorders					
Preschool / School-Aged Language Development and Literacy					
Developmental Language Disorders					
Acquired Language Disorders					
Cognitive Communication Disorders					
Voice Disorders					
Resonance Disorders or Structurally Related Disorders (e.g. Cleft Lip and Palate)					
Fluency Disorders					
Neurologically Based Speech Disorders					
Augmentative and Alternative Communication					
Dysphagia					
Prevention Activities					
SECTION 1: TOTAL HOURS					

SECTION 2: PROFESSIONAL COMPETENCIES - ALL COMMUNICATION DISORDERS

To include exposure to audiology assessment, intervention, and/or prevention activities.	Minimum Requirement: 20 direct client contact hours
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	DIRECT CLIENT CONTACT				SIMULATED PRACTICE (50 Hr. max)
	Assessment		Intervention		
	Children	Adults	Children	Adults	
Audiology Assessment Intervention and/or Prevention					
SECTION 2: TOTAL HOURS					



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CLINICAL PRACTICUM COMPONENT– SPEECH LANGUAGE PATHOLOGY May include a maximum total of 50 simulated hours.	Minimum Requirement: 350 Direct Client Hours
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Section Summary	Minimum Hours Required	Total Hours Reported
1: Professional Competencies – Speech Language Pathology	300	
• Hours with the pediatric population	50	
• Hours with the adult population	50	
• Hours of assessment/identification	50	
• Hours of intervention/treatment	100	
2: Professional Competencies - All Communication Disorders	20	
TOTAL	350	

I verify that _____ completed the summary of supervised clinical practicum hours within the program of:

Name of Program	
Name of Educational Institution	
Date of Program (from – to)	
Program Director’s Name	
Program Directors Signature	
Date Signed	

Submit to:
 The College of Speech-Language Pathologists and Audiologists of Saskatchewan
 Email: office@csask.ca