



Supplemental Placement Assessment Form

(for individualized placements of brief duration)

STUDENT TO COMPLETE	MAIN LEARNING ACTIVITIES COMPLETED			
Student Name:	1.			
Placement Site:				
Unit:				
Date(s) of Placement:	2.			
Disorder Area:				
Total Number of Hours at Placement Setting:	3.			
CLINICAL EDUCATOR (CE) TO COMPLETE				
Level of clinical educator supervision:				
<input type="checkbox"/> student observed <input type="checkbox"/> student observed and shared practice <input type="checkbox"/> supervised practice <input type="checkbox"/> student practiced independently				
Indicate (✓) the number which best corresponds to the student's performance for the items below. If the item is not applicable, leave the line blank:				
1. Does not perform skill, even with extensive direction and/or demonstration from Clinical Educator. 2. Performs effectively only with continued intervention from the Clinical Educator. 3. Performs effectively with some guidance and input from the Clinical Educator; no concerns. 4. Performs effectively with minimal guidance and input from the Clinical Educator; knows when to seek input.				
	1	2	3	4
1. Overall professionalism (punctual, appropriately attired etc.)				
2. Assessment Skills				
3. Planning Skills				
4. Reporting Skills				
5. Counseling Skills				
6. Intervention Skills				
7. Understands the impact of disorder area on the communication process				
8. Understands the use and maintenance of assistive devices				
9. Understands and can demonstrate use of supportive communication strategies				
Additional Comments:				
Date Assessed:	Student Signature:			
CE Name:	CE Signature:			
<i>NOTE to CE: Please also verify and sign the Program Summary of Clinical Practice Hours form. Students will submit this completed and signed Supplemental Placement Assessment Form and the hours form electronically to the University within two business days following completion of the placement.</i>				