# **Supplemental Placement Assessment Form (for individualized placements of brief duration)**

STUDENT NAME:­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CLINICAL EDUCATOR NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLACEMENT START and END DATES\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **MAIN LEARNING ACTIVITIES COMPLETED** | | **LEVEL OF SUPERVISION:** | | | | | |
| **1** | | * student observed * student observed and shared practice * student was supervised while practicing * student practiced independently | | | | | |
| **2** | |
| **3.** | |
| **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: | | | | | | | |
| **VERIFICATION AND SIGNATURES** | | | | | | | |
| Placement Site Name: | | | | | | | |
| Total “Clinical Hours” accrued: | Total clock hours of placement experience: | | | | | | |
| Disorder Area(s) and Type (AUD, LD, LA and assessment, intervention, etc.,): | | | | | | | |
| Student Signature | | | Date | | | | |
| Clinical Educator (CE)Signature: | | | Date | | | | |

The CE signature here verifies the total number of hours accrued, however it is understood that the students are also required to submit an hours log to InPlace broken down into the appropriate categories, which will count towards their total summary of hours accrued in the program.