

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

STUDENT:	_ CLINICAL EDU	CATOR:				
PLACEMENT DATES	(ple	ease list all days attended)				
MAIN LEARNING ACTIVITIES COMPLET	TED L	EVEL OF SUPERVISION:				
1		student observed				
		student observed and	share	d pra	ctice	
2				•		1
		•		•		,
3.		student practiced indep	Jenue	HILLY		
Indicate (✓) the number which best correspitem is not applicable, leave the line blank:	oonds to the stud	lent's performance for the it	tems	belov	v. If th	ıe
1. Does not perform skill, even with extens	sive direction and	or demonstration from Clinica	l Edu	cator.		
2. Performs effectively only with continued	d intervention from	the Clinical Educator.				
3. Performs effectively with some guidance	e and input from t	he Clinical Educator; no conce	erns.			
4. Performs effectively with minimal guida	nce and input fror	n the Clinical Educator; knows	wher	n to se	eek in	ρut.
			1	2	3	4
1. Overall professionalism (punctual, appropr	iately attired etc.)					
2. Assessment Skills						
3. Planning Skills						
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						
Understands and can demonstrate use of supportive communication strategies Additional Comments:						
Additional Commonto.						
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 a	ssessment, interv	ention, 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.