CONTRACT FOR OFF-CAMPUS PRACTICUM

I, _____________________________________________________________________,

have met with my practicum site supervisor,____________________________________

at _________________________________________________________________

(Name of Site)

concerning my responsibilities for ________________________________________

(Semester/Year)

We have agreed on the following:

1. I will be at the site during the dates______________________________________.

2. I will be at the site during the hours of _______________on_______________.
   (Time)   (Days)

3. My clinical experience will include_____________________________________
   _________________________________________________________________
   _________________________________________________________________

I am also aware that I must complete the following to ensure that the clock hours I earn
are properly recorded and to earn my grade.

1. Case logs and Time logs on the Typhon Student Tracking System
2. Site Evaluation

________________________________________________________________________
(Student Clinician)       (Date)

________________________________________________________________________
(Site Supervisor)         (Date)

________________________________________________________________________
(ASHA Number)             (Email Address)