

PRACTICUM SUMMARY

Name: _____ Date Started Clinic at UF _____

Undergraduate Hours Accepted: _____

(University)

(# hrs.)

Summary of Clinic Assignments at UFSHC

Semester	Clinic	Primary Supv	ECS Skill Average	ECS Prof. Score	Total # Hrs	Verified

Summary of External Practica/Externship

Semester	Site	Primary Supv	ECS Skill Average	ECS Prof. Score	Total # Hrs	Verified

Date Clinic Assignments Completed: _____

Final Verification: _____

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 Clinical Assistant Professor
 Director of Clinical Education