

CALIFORNIA STATE UNIVERSITY, EAST BAY
DEPARTMENT OF SPEECH, LANGUAGE, AND HEARING SCIENCES

INTERNSHIP PLANNING FORM

CCX admit CCII

INSTRUCTIONS: Students enroll in SPPA 698 (4 units) twice to meet internship requirements. This form is to be completed by the student with their advisor **at least 3 months prior** to the anticipated start of the first internship. Note that internship placements, especially adult placements, are not guaranteed for a specific semester.

Name: _____ Net ID: _____ Current GPA: _____

Email: _____ Commuting from: _____

1. Are you planning two pediatric internships? Yes No
Note: An internship in a school setting requires a minimum of 100 contact hours and is required for the California Speech-Language Pathology Services credential

2. Are there specific populations within your internships that are of special interest to you?

3. The clinic director will consider the following information as internships are scheduled.
Note: One pediatric placement will be school-based. Summer placements are typically limited to non-school settings, with the exception of a few special needs programs or year-round schools.

Internship #1 <input type="checkbox"/> Adult <input type="checkbox"/> Pediatric Semester: _____ Site: _____ Site: _____ Site: _____	Internship #2 <input type="checkbox"/> Adult <input type="checkbox"/> Pediatric Semester: _____ Site: _____ Site: _____ Site: _____
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4. Are there any special factors that should be considered in arranging your internship, e.g., out of S.F. Bay area placement, distance restrictions, transportation, need for clock hours in a specific disorder area, etc.? Please be advised that an internship outside the Bay Area requires a lengthy procedure to secure a contract with CSUEB.

5. Anticipated date/semester of comprehensive examination _____ OR I am completing a thesis.

This section must be completed accurately or a planned internship may be canceled.

Status Key: C=complete IP=in progress TBC=to be completed → if TBC, put term in TBC column (Ex: Sp 24)

Pediatric Population					
Status	Course Information	Term	Status	Non-course Requirements	Term
	SLHS 601, Adv. Child Lang. Disorders			Certificate of Clearance	
	SLHS 603, Adv. Artic/Phono Disorders			Negative TB Test	
	SLHS 604, Speech Sci/Voice Disorders			Basic Skills Requirement (CBEST)	
	SLHS 610, Fluency Disorders				

Adult Population					
Status	Course Information	Term	Status	Course Information	Term
	SLHS 406, Adult Neurocog Dis. or equivalent			SLHS 605, Dysphagia	
	SLHS 603, Adv. Artic/Phono Disorders			SLHS 609, Motor Speech Disorders	
	SLHS 604, Speech Sci/Voice Disorders			SLHS 610, Fluency Disorders	

Note: Sites may require additional criminal background checks or other non-course requirements specific to that site.

Student: _____
Signature Date

Advisor: _____
Signature Date

Advisor Comments: