

Internship Planning Form

INSTRUCTIONS: Students enroll in SLHS 698 (4 units) twice to meet internship requirements. This form is to be completed by the student in consultation with their advisor (as needed) **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: _____

Cohort: CCX CCII

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 ☐ Adult ☐ Pediatric

Internship #2 ☐ Adult ☐ Pediatric

Semester: _____

Semester: _____

Site: _____

Site: _____

Site: _____

Site: _____

Site: _____

Site: _____

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.

Please review the [Internship Requirements and Procedures](#) document.

Important Reminder: Please note that all internship placements for the MS in Speech-Language Pathology program are arranged and finalized through the Clinic Director. Students should not contact potential internship sites, supervisors, or agencies on their own or attempt to make independent arrangements.

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 Term column (Ex: Sp 24)

Pediatric Population

Status	Course Information	
	SLHS 601A, Child Lang. Disorders B-7	Term
	SLHS 601B, Child Lang. Disorders 8-21	
	SLHS 603, Adv. Artic/Phono Disorders	
	SLHS 604, Speech Sci/Voice Disorders	
	SLHS 610, Fluency Disorders	

Adult Population

Status	Course Information	
	SLHS 602A, Adult Lang. Disorders	Term
	SLHS 602B Adult Cog-Comm Disorders	
	SLHS 603, Adv. Artic/Phono Disorders	
	SLHS 604, Speech Sci/Voice Disorders	
	SLHS 605, Dysphagia	
	SLHS 609, Motor Speech Disorders	
	SLHS 610, Fluency Disorders	

Non-Course Requirements

Status	Non-course Requirements	Term
	Certificate of Clearance	
	Negative TB Test	

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

Student: _____
Signature Date

Advisor: _____
InSignature Date

Advisor Comments: