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

INTERNSHIP PLANNING FORM

☐ CCX admit ☐ CCII

INSTRUCTIONS: Students enroll in SLHS 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 ☐ 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.

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*	*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: