



LOMA LINDA UNIVERSITY

School of Allied Health Professions

Department of Communication Sciences and Disorders

EDUCATIONAL FIELDWORK I WEEKLY CHECKLIST AND OBJECTIVES

(Write in dates as each component is completed; Submit copy to Clinical Coordinator at Final Evaluation)

Week 1 and 2

_____ Student clinician and Clinical Instructor (CI) collaborate to decide on a schedule including the following:

1. Schedule (i.e., times, hours on site)
2. List of all LLU holidays and/or scheduled absences during the quarter
3. Last day on site

_____ Student clinician observes treatment and takes notes on CI's case load

_____ Student clinician reads speech-language notes for relevant clients on CI's caseload

_____ Student clinician becomes familiar with therapy and assessment materials

_____ Student clinician observes one lesson in a regular-education classroom

_____ Student clinician plans therapy for two groups and treats with 100% supervision

_____ Student clinician submits a lesson plan prior to therapy session.

_____ Student clinician writes mock progress note for that therapy session. CI critiques the progress note.

Comments:

Date Completed: _____

Student Clinician's Signature: _____

CI's Signature: _____



LOMA LINDA UNIVERSITY

School of Allied Health Professions

Department of Communication Sciences and Disorders

EDUCATIONAL FIELDWORK I WEEKLY CHECKLIST AND OBJECTIVES

(Write in dates as each component is completed; Submit copy to Clinical Coordinator at Final Evaluation)

Week 3 and 4

- _____ Student clinician plans therapy for three groups and treats with 100% supervision
- _____ Student clinician submits a lesson plan prior to each therapy session.
- _____ Student clinician writes mock progress note for the therapy sessions. CI critiques progress notes.
- _____ Student clinician becomes familiar with IEP forms
- _____ Student clinician observes team conference and/or staffing
- _____ CI assigns one test to for student to become familiar
- _____ Student clinician administers one test as part of a complete battery

Additional Comments:

Date Completed: _____

Student Clinician's Signature: _____

CI's Signature: _____



LOMA LINDA UNIVERSITY

School of Allied Health Professions

Department of Communication Sciences and Disorders

EDUCATIONAL FIELDWORK I WEEKLY CHECKLIST AND OBJECTIVES

(Write in dates as each component is completed; Submit copy to Clinical Coordinator at Final Evaluation)

Week 5 and 6

- _____ Student clinician continues to treat previously selected groups, with at least 50% supervision
- _____ Student clinician assumes responsibility for documentation, as assigned
- _____ Student clinician submits a lesson plan prior to therapy session.
- _____ CI assigns another test to for student to become familiar
- _____ Student clinician administers a second test as part of a complete battery
- _____ Student clinician becomes familiar with how goals are written
- _____ MIDTERM EVALUATION. Student clinician and CI complete Skills Tracking Form.
- _____ Student clinician and CI select 1-2 additional groups/clients for student to see during the seventh and eighth week.

Additional Comments:

Date Completed: _____

Student Clinician's Signature: _____

CI's Signature: _____



LOMA LINDA UNIVERSITY

School of Allied Health Professions

Department of Communication Sciences and Disorders

EDUCATIONAL FIELDWORK I WEEKLY CHECKLIST AND OBJECTIVES

(Write in dates as each component is completed; Submit copy to Clinical Coordinator at Final Evaluation)

Week 7 and 8

- _____ Student clinician continues to treat previously selected groups, with at least 50% supervision
- _____ Student clinician submits a lesson plan prior to each therapy session.
- _____ Become familiar with referral process
- _____ Student clinician observes team conference and/or staffing

Additional Comments:

Date Completed: _____

Student Clinician's Signature: _____

CI's Signature: _____



LOMA LINDA UNIVERSITY

School of Allied Health Professions

Department of Communication Sciences and Disorders

EDUCATIONAL FIELDWORK I WEEKLY CHECKLIST AND OBJECTIVES

(Write in dates as each component is completed; Submit copy to Clinical Coordinator at Final Evaluation)

Week 9 and 10

- _____ Student clinician plans and conducts therapy for all assigned clients, including individual and group therapy.
- _____ CI observes at least 25% of therapy sessions.
- _____ Student clinician observes team conference and/or staffing
- _____ Student clinician provides CI with written documentation of clock hours for review and signature.
- _____ FINAL REVIEW OF PROGRESS. Student clinician and CI complete Skills Tracking Form.

Additional Comments:

Date Completed: _____

Student Clinician's Signature: _____

CI's Signature: _____