



UNIVERSITY OF CENTRAL FLORIDA

Communication Disorders Clinic
Clinician Schedule Form

Please indicate semester

Summer (due April 7th) Fall (due July 7th) Spring (due November 7th)

Graduate Undergraduate Consortium Faculty Advisor

Name: Phone: County you live in:

Email

May we share your contact info with other students, staff and faculty under FERPA guidelines for clinic business purposes? Yes No

Please provide the submission date for the following:

Background Investigation Fingerprinting

What is your native (first) language? English Other language

Are you fluent in the other language? Yes No If yes, please specify:

Which clinic semester will you be entering with this schedule?

1st semester beginning clinic SPA 6503/6505 4th semester differential diagnostics SPA 6553L - check here for diagnostic hours only

2nd semester intermediate clinic SPA 6942C

3rd semester advanced clinic SPA 6943C 4th semester differential diagnostics SPA 6553L - check here if you need additional therapy hours

Table with 4 columns: Courses, Previously Taken (Sem/Year), Currently Taking (Sem/Year), Will take concurrently with this clinic. Rows include SPA 4400, SPA 4476, SPA 6404/6402, SPA 6413/6403, SPA 6204, SPA 6225C, SPA 5559, SPA 6410, SPA 6236, SPA 6211C, Spa 6567/6565, SPA 6417, SPA 6843, SPA 6452.

Previous Clinic Experience

Enter total 'number' of previously earned hours. If you are currently enrolled also add estimation of anticipated hours.

Child Speech Tx Adult Speech Tx
Child Language Tx Adult Language Tx
Child Lang Dx Adult Lang Dx Audiology
Child Sp Dx Adult Sp Dx (Tx and Scr)

Check if you have had a client with the following disorder: Aphasia TBI Other neurogenic deficit
Enter the initials of clients you have previously had in the UCF clinic so we do not assign you the same client twice:

Table with 2 columns: Location, Sem/Year. Title: Previous Off-Campus Clinic Assignments

Name:

Email Address:

Phone Number:

Do you have a car? Yes No

Semester/Year in Clinic:

Your Class Schedule

Write in specific start and end times for classes (example: SPA 6402 9:00-11:50).

Consortium Students Only: Write in specific school attendance times.

DO NOT write in work schedules. Work schedules should be arranged outside of clinic times.

Clinic assignment hours are indicated by the shaded areas.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
8:00						
8:30						
9:00						
9:30						
10:00						
10:30						
11:00						
11:30						
12:00						
12:30						
1:00						
1:30						
2:00						
2:30						
3:00						
3:30						
4:00						
4:30						
5:00						
5:30						
6:00						
6:30						
7:00						

Clinic Client Hours: M-Th 9:00 a.m. to 7:00 p.m.; Fri 8:00 a.m. to 2:00 p.m.; Sat 8:00 a.m. to 12 noon

INTENT TO SCHEDULE CLINIC HOURS

By checking the boxes below, I am indicating my agreement to the conditions described in the Intent to Schedule Clinic Hours:

- If a student received a "C", incomplete, or requires a remediation plan in any of the courses, your clinic assignment may have to be changed or dropped.
- If the courses listed do not agree with your plan of study (POS), they must be approved by your advisor and the clinic director.
- It is the student's responsibility to complete this form accurately and return it by the deadline.
- It is the student's responsibility to arrange your work and other time commitments to ensure you can arrive promptly, prepare and complete your clinic assignments.
- It is the student's responsibility to attend the Clinical Seminars provided by Clinical Educators for each course as indicated on the attached schedule.
- It is the student's responsibility to complete a Change Request and submit it within three days of receipt of your schedule to report any schedule conflicts.
- It is the student's responsibility not to make changes in the client schedule without the approval of the Clinical Educator.
- The Communication Disorders Clinic will schedule the amount of clinic time and type of clients to provide students with sufficient opportunities to accrue the clock hours and clinical experiences required for completion of the program.
- The Communication Disorders Clinic may use off-campus sites to provide clinic experiences.
- The Communication Disorders Clinic may require rescheduling if a client assignment cannot be maintained due to unforeseen conditions. The student will be offered another client assignment, if and when available. This may require the student to rearrange other commitments to accept the new assignment. If a new schedule cannot be arranged, or if a student cannot meet the required competencies, as determined by the Clinical Educator, it may be necessary to drop the course, complete a remediation plan, repeat or take an Incomplete for the course.

Student Signature: _____

Date: ___/___/___

TO BE COMPLETED BY CLINICAL EDUCATOR

Client Assignments

Client*	Adult/Child	Day/Time	Co-clinician	Clinical Educator

*If Off-Site is indicated above, specific clients will be assigned by the Off-Site Clinical Educator