

**Department of Communication Disorders  
Clinical Services  
STUDENT SCHEDULE FORM**

FALL \_\_\_\_ SPRING \_\_\_\_ SUMMER \_\_\_\_ 20\_\_

NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_ ZIP: \_\_\_\_\_  
 TELEPHONE: HOME: (\_\_\_\_) \_\_\_\_\_ CELL: (\_\_\_\_) \_\_\_\_\_  
 E-MAIL (SCSU): \_\_\_\_\_  
 E-MAIL (other): \_\_\_\_\_

Scheduled Practica for Semester: **CMD 560 CMD 561 CMD 562 CMD 564 CMD 568 CMD 569**  
*(Circle all that apply)*

ESTIMATED HOURS COMPLETED TO DATE	Date: ____ / ____ /20__			
	ADULT		CHILD	
	Dx	Tx	Dx	Tx
Articulation				
Fluency				
Voice and Resonance				
Receptive and Expressive Language Disorders				
Hearing				
Swallowing Disorders				
Other Communication Modalities				
Cognitive Aspects of Communication				
Social Aspects of Communication				

Courses completed: **Fluency Phonology Voice Lang 0-5 Neuro Dis. Lang Sch. Cog Dis. AAC Literacy**  
*(Circle all that apply)*    545        531        583        550        527        551        537        602        656

Courses this semester: **Fluency Phonology Voice Lang 0-5 Neuro Dis. Lang Sch. Cog Dis. AAC Literacy**  
*(Circle all that apply)*    545        531        583        550        527        551        537        602        656

TIME	MON.	TUES.	WED.	THURS.	FRI.	SAT.
8:00	-----	-----	-----	-----	-----	-----
9:00	-----	-----	-----	-----	-----	-----
10:00	-----	-----	-----	-----	-----	-----
11:00	-----	-----	-----	-----	-----	-----
12:00	-----	-----	-----	-----	-----	-----
1:00	-----	-----	-----	-----	-----	-----
2:00	-----	-----	-----	-----	-----	-----
3:00	-----	-----	-----	-----	-----	-----
4:00	-----	-----	-----	-----	-----	-----
5:00	-----	-----	-----	-----	-----	-----
6:00	-----	-----	-----	-----	-----	-----
7:00	-----	-----	-----	-----	-----	-----

SPECIAL SKILLS (e.g., sign language, foreign language, etc.):