CLINICAL PRACTICUM HOURS
SPEECH-LANGUAGE PATHOLOGY

Student's Name: Dates of Practicum Period:

Practicum Site:

*Hours should be rounded to the nearest quarter hour.

Activity		Assessment & Identification		Intervention & Management		Simulated Practice
		Adults	Children	Adults	Children	
Articulation & Phonology						
Preschool/School-Age Language & Literacy						
Developmental Language						
Acquired Language						
Cognitive Communication						
Motor Speech						
Augmentative & Alternative Communication						
Voice & Resonance						
Fluency						
Dysphagia						
Prevention & Identification						
S-LP Hours	**Total Hours:**	**Subtotal:**	**Subtotal:**	**Subtotal:**	**Subtotal:**	**Subtotal:**
Minor Audiology Hours	**Total Hours:**	**Subtotal:**	**Subtotal:**	**Subtotal:**	**Subtotal:**	**Subtotal:**

Name of Clinical Educator | Signature of Clinical Educator | Date

DESCRIPTION OF CLINICAL HOURS REQUIREMENTS – SPEECH-LANGUAGE PATHOLOGY

Articulation & Phonology – Delays or disorders of speech sound production including errors in production of individual speech sounds (articulation) and predictable, rule-based error patterns (phonology)

Preschool/School-Age Language & Literacy – Delayed or disordered literacy development (in preschool or school-aged children) including difficulty with phonological awareness, knowledge of print, reading, spelling, and/or writing

Developmental Language – Delayed or disordered morpho-syntax, semantics, pragmatics, and/or discourse in oral, graphic, and/or manual modalities; includes work with any client who has a developmental language delay or disorder, regardless of cause (e.g., Developmental Language Disorder, Autism Spectrum Disorder, intellectual disability, hearing impairment, cerebral palsy)

Acquired Language – Neurogenic disorders of expression and/or comprehension in verbal, graphic, and/or manual modalities resulting from stroke, traumatic brain injury, neurodegenerative, or other neurological conditions.

Cognitive Communication – Disorders of communication resulting from an underlying cognitive deficit due to stroke, traumatic brain injury, neurodegenerative, or other neurological conditions; domains of cognitive functioning affected include attention, memory, perception, and executive control functions

Motor Speech – Neurological disorders of speech motor planning/programming (i.e., apraxia of speech) and/or speech motor execution (i.e., dysarthria); includes regular examination of oral peripheral structures for speech production

Augmentative and Alternative Communication – Use of unaided and aided augmentative and alternative communication systems to develop, rehabilitate or maintain communication; includes training of communication partners

Voice & Resonance – Abnormalities in vocal quality, pitch, loudness, and/or resonance resulting from neurologic, organic, functional, or hyperfunctional causes; also includes gender affirming voice training and the production of voicing post-laryngectomy (e.g., use of electro-larynx, tracheoesophageal puncture, esophageal speech) and tracheostomy (e.g. use of speaking valve)

Fluency – Disordered repetition of speech sounds, syllables, words, and/or phrases, difficulty with speech rate, difficulty with pacing/juncture between syllable/word boundaries

Dysphagia – Disorders of swallowing and oral function for feeding

Prevention and Identification – Prevention or identification of communication and/or swallowing disorders (e.g., speech-language-swallowing screenings, lectures on healthy voice usage and vocal hygiene, developmental of materials and presentations on early literacy or language facilitation strategies for parents/caregivers)

Audiology (Minor Hours for S-LP students) – Expectations for students gaining clinical experience in the minor area (audiology) focus on gaining an overall understanding and appreciation of the minor area as opposed to developing independence in specific skills. This would include, for example, being able to interpret assessment results, knowing when to refer, understanding how to adjust communication for a client with a hearing impairment

*Aural rehabilitation may be categorized as articulation/phonology, developmental language, acquired language, and/or minor audiology hours depending on the onset of the hearing loss (early-onset in childhood or late-onset in adulthood), who is providing the service (audiologist or speech-language pathologist), and the goals/targets of the assessment or treatment sessions

****Please note –** Work with a client may fall within more than one clinical disorder area. For example, when working with a client who requires an AAC system, hours may be counted under the category of Augmentative and Alternative Communication and may also fall under the category of Motor Speech Disorders, Developmental Language, or Acquired Language (depending on etiology). Hours should be divided between categories according to the amount of time spent on each.

CLINICAL HOURS REQUIREMENTS – SPEECH-LANGUAGE PATHOLOGY

Provincial regulators require a minimum of 350 hours of supervised clinical education, including:

- Minimum 300 direct contact hours in speech-language pathology
- Minimum 20 direct contact or simulated practice hours in audiology (audiology hours do not count in the 300 direct contact hours and can include assessment, intervention, and/or prevention)
- Maximum of 50 simulated practice hours

The 300 direct contact S-LP hours must also include:

- Minimum 50 hours with children
- Minimum 50 hours with adults
- Minimum 50 hours assessment
- Minimum 100 hours intervention
- Variety of disorder types from the following (no specific hours requirements for each category):
    - Articulation/phonological disorders
    - Preschool/school-age language development and literacy
    - Developmental language disorders
    - Acquired language disorders
    - Cognitive communication disorders
    - Voice disorders
    - Resonance disorders or structurally related disorders (e.g. Cleft lip and palate)
    - Fluency disorders
    - Neurologically based speech disorders
    - Augmentative and alternative communication
    - Dysphagia
    - Prevention and identification activities

Clinical Activity Definitions:

Direct Contact	A supervised practical learning experience where the student clinician actively participates in patient/client service. The patient/client or significant communication partner (i.e., spouse, parent, work colleague) need not be present for all activities, but these should be focused on the client's specific needs (e.g., team meetings, discussion with supervisor). This category is not meant to capture activities that are of a general nature (e.g., delivering a presentation on a disorder type). The participation may be unaided or assisted: • Unaided participation – patient/client services provided by student where the student's supervisor is readily available to assist or support the student but does not directly participate in services provided. • Assisted participation – patient/client services provided by student where the student's supervisor directs or guides the services provided.
Simulation	A practical learning experience where the student clinician participates in an activity that utilizes a real-life imitation of a patient/client with a set of problems. Simulations may be computerized or may involve an individual who is trained to act as a real patient/client.