

**South Carolina Department of Labor, Licensing and Regulation
Board of Examiners in Speech-Language Pathology and Audiology**

REPORT OF COMPLETED INTERNSHIP

NOTE: THE INTERN AND SUPERVISOR MUST COMPLETE, SIGN AND DATE THIS REPORT. A SEPARATE REPORT IS REQUIRED FOR EACH SUPERVISOR OR IF THERE WAS A CHANGE IN THE NUMBER OF HOURS WORKED.

Print clearly in black ink or type the following information.

I. INTERN DATA

				License #: _____
_____	_____	_____	_____	()
Last Name	First Name	Middle Initial		
_____	_____	_____	_____	_____
Mailing Address	City	State	Zip Code	Telephone Number

II. SUPERVISOR DATA

				License #: _____
_____	_____	_____	_____	
Last Name	First Name	Middle Initial		

III. EMPLOYMENT DATA (SITE)

_____	_____	_____	_____	_____
Company's Name	Mailing Address	City	State	Zip Code
()	_____	_____	/	/
Telephone Number	Practice Setting	Date of Supervisory Agreement		
/	/	/	/	/
Date Internship Began		Date Internship Completed		

1. How many weeks of your Internship does this report cover? _____

2. How many hours per week spent in Speech-Lang Pathology? _____ Audiology? _____

3. If this report is only for a portion of your Internship, indicate the exact dates here:

_____	_____
Begin Date	End Date

4. If a break occurred during the Internship, indicate exact date of the break:

_____	_____
Begin Date	End Date

IV. INTERN STATEMENT

I have read and discussed this report with my internship supervisor. Furthermore, I checked and found that my supervisor held an unrestricted, active license. I understand that a separate internship report must be submitted for each change in supervisor, site or hours per week. If it is later determined that this statement is not true, I assume all responsibility for an invalid internship.

_____	_____
Signature	Date

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V. EVALUATION DATA

NOTE: Do not include any weeks in which the intern did not practice the number of hours per week established in the Intern Plan and Agreement of Supervised Professional Employment.

At least 80% of the internship workweek must be in direct client contact (assessment, diagnosis/evaluation, screening, and habilitation/rehabilitation) and activities related to client management. Specify **how many hours per week** spent in the following activities:

- _____ Assessment, Diagnosis/Evaluation
 - _____ Screening
 - _____ Habilitation/Rehabilitation (direct and Indirect Services)
 - _____ In-Service Training
 - _____ Activities related to client management (client reports, client staffing, family counseling, etc.), **specify here:**
-
- _____ **Total hours per week**

SUPERVISOR: As shown on the following chart, was the internship experience divided equally with no fewer than **36 clock hours** of supervisory activities to include **18 on-site observations (a minimum of 2 hours each month)** of direct contact at the work site, in which the intern provided screening, evaluation, assessment, habilitation, and rehabilitation and **18 other monitoring activities (a minimum of 2 hours each month)**, which may include conferences with the intern, evaluation of written reports, evaluation by professional colleagues and correspondences?

YES **NO** If “NO”, explain on another sheet of paper and attach to this form.

Complete Chart A indicating the number of on-site hours, which the supervisor directly observed the practice of the intern (face-to-face), and monitoring activities completed during each 4-week period. Refer to Chart B for the required number of weeks, and complete Chart A only for the months that this report covers.

CHART A: Indicate Number of Hours Supervised

Months of Intern Supervision	Number of On-Site Hours Supervised	Number of Hours of Other Monitoring Activities
Month 1		
Month 2		
Month 3		
Month 4		
Month 5		
Month 6		
Month 7		
Month 8		
Month 9		
Month 10		
Month 11		
Month 12		
Month 13		
Month 14		
Month 15		
Month 16		
Month 17		
Month 18		
Total Hours		

CHART B: Required Number of Weeks for the Internship

Hours worked per week	Required length for Internship
15-19 hours/week	72 weeks/ 18 months
20-24 hours/week	60 weeks/ 15 months
25-29 hours/week	48 weeks/ 12 months
30+ hours/week	36 weeks/ 9 months

If you have changed from one category to another (e.g., switched from 16 to 35 hours per week), you must submit a separate report for each category.

