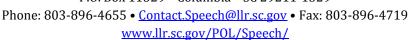


South Carolina Department of Labor, Licensing and Regulation

South Carolina Board of Examiners in Speech-Language Pathology and Audiology

110 Centerview Dr. • Columbia • SC • 29210 P.O. Box 11329 • Columbia • SC 29211-1329





Report of Completed Internship

This form must be completed and signed by the intern and supervisor. A separate report is required for each supervisor at the end of the internship or if there is a change in the number of hours worked. The supervisor is required to complete this formal evaluation within 30 days of the completion of the Supervised Professional Employment (SPE) relationship.

INTE	RN INFORMATION					
Name	e: License Number:					
Mailin	ng Address:					
Indicato. A s		orofessional of Internship i	experience with the number of form must be submitted to the			
	Nine (9) months/36 weeks of	f full-time sup	ervised professional employment	t of, at least,	30 hours per week.	
	Twelve (12) months/ 48 week	s of full-time	supervised professional employr	nent of, at le	east, 25-29 hours per week.	
	Fifteen (15) months/ 60 week	s of full-time	supervised professional employn	nent of, at le	ast, 20-24 hours per week.	
	Eighteen (18) months/72 wee	eks of full-tim	e supervised professional employ	ment of, at	least, 15-19 hours per week.	
SUPE	RVISOR INFORMATION	I				
Name:	Name: License Number:					
Phone	:					
	LOYMENT INFORMATIO					
Physic	eal Location:					
Mailin	ng Address (if different):					
	ship Start Date:					
Practice Setting (See below):			Supervisory Agreement Date:			
Type	Description	Type	Description	Type	Description	
1 2 3 4 5 6	Private Practice Physician's Office Hospital Public School Private School Rehabilitation Facility	7 8 9 10 11 12	Habilitation Facility Home Health Nursing Home Other Government Facility Other Private Facility Unknown	13 14 15 16	Out-Patient Facility Academic Setting Military Setting Hearing Aid Dealer or Franchiser Industrial Setting	

TO BE COMPLETED BY THE SUPERVISOR:

EVALUATION DATA

Do not include any weeks in which the intern did not practice the minimum number of hours per week as established in the Supervisor Agreement/Intern Plan for SPE form.

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, attach an additional sheet to this report with a written explanation.

Required Number of Weeks for Hours per Week Category

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

Indicate 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.

Months of Intern Supervision	Number of On-Site Hours Supervised	Number of Hours of Other Monitoring Activities		
•	A minimum of 2 hours is required for each category			
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				

	nip workweek must be in direct client contact (assessment, diagnosis/evaluehabilitation) and activities related to client management. Specify how may owing activities:	· ·						
Assessment, Diagr	nosis/Evaluation							
Screening								
Habilitation/ Reha	_ Habilitation/ Rehabilitation (Direct and Indirect Services)							
In-Service Trainin	_ In-Service Training							
<u> </u>	o client management (Client reports, client staffing, family counseling, etcre:	c.)						
Total hours per we	ek							
INTERN'S STATEME	NT & ACKNOWLEDGMENT							
 I checked and foun I understand that a supervisor, site and Intern Plan for SPI I assume all respon 	cussed this report with my internship supervisor. d that my supervisor held an unrestricted, active license during my interns separate Report of Completed Internship must be submitted for each chan lor category of hours worked per week and that a separate Supervisor Agreements exist for each one. sibility if it is later determined that these statements are not true and assure invalid internship.	nge in reement/						
Intern's Signature	Date							
SUPERVISOR'S STAT	EMENT & ACKNOWLEDGMENT							
I certify that my license wa forms before I allowed this	s current throughout this internship and the Board office accepted the app intern to practice.	propriate						
-	pervisor, do you recommend that the internship reported for this into Board towards meeting the requirements for an active license? YES	ern be NO						
_	en completed (and if the intern license is still valid and not expired), an in your supervision with the intern license while awaiting for the issuance of	tern may						
2. Do you agree to c are fully licensed	continue to supervise this intern from the end date of this internship?	until they						
Ž	YES	NO						
Supervisor's Signature	Date							