

CALIFORNIA STATE UNIVERSITY, EAST BAY  
DEPARTMENT OF SPEECH, LANGUAGE, AND HEARING SCIENCES  
NORMA S. AND RAY R. REES SPEECH, LANGUAGE AND HEARING CLINIC

Submitted for Term/Year:
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Clinician Name:	Net ID:
Complete Address:	
Email:	Phone Number:

Please indicate the types of practicum (e.g., group aphasia programs, Early Intervention, AAC, offsite) and clients (disorders/etiologies and/or age group-preschool, school age, adult) you would like to be assigned to for this