SAN FRANCISCO STATE UNIVERSITY
CLINICAL PRACTICUM IN COMMUNICATIVE DISORDERS
(SC-10B) CLINICAL CLOCK HOURS (Special Day Class)

This is to certify that _____

completed _____ hours of clinical practicum within the Special Day Class setting, for which _____ units of academic credit were earned. This practicum was completed during _____ Semester, 20___.

Periodic on-site observations were conducted throughout the semester.

_____ _____
Supervisor's Signature Date

_____
Supervisor's Credential Area and Credential #

Site Name _____

Type of Clinical Setting _____

_____ _____
Bishop J. Graham, M.S., CD Clinic Coordinator Date
ASHA CCC# 01081121; CA License #SP8858

Please return this form to:

Bishop J. Graham, MS., CD Clinic Coordinator
Communicative Disorders Program
San Francisco State University
Department of Special Education
1600 Holloway, BH114
San Francisco, CA 94132