

**Aural Habilitation Concentration (AHC)  
Department of Audiology and Speech Pathology  
University of Tennessee**

**Documentation of Completion per Semester**

**Date:** \_\_\_\_\_ **Semester:** \_\_\_\_\_

**CHS Representative Signature:** \_\_\_\_\_

**The following student, \_\_\_\_\_, has satisfactorily completed \_\_\_\_\_ hours of practicum experiences this Semester with children who are hearing impaired.**

**Providing Direct Services:**

Ages:

Degrees of hearing impairment:

Amplification:

Group:

Individual:

Setting:

**Completing Communication Assessments and Cochlear Implant Assessments:**

Ages:

Degrees of hearing impairment:

Amplification:

Tests administered:

Setting:

**Participation in Multi-disciplinary Meetings, In-Services, and Conferences:**

Ages:

Degrees of hearing impairment:

Amplification:

Setting:

Topics discussed:

Conference titles:

**Participation in CHS Supervisory Conferences, Topics Conferences, and coursework related to AHC:**

Supervisors:

Topics:

Coursework:

