

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

Documentation of Completion

Semester of Graduation: _____

CHS Representative Signature: _____ **Date:** _____

Academic Advisor Signature: _____ **Date:** _____

The following student, _____, has satisfactorily completed _____ hours of practicum experiences with children with hearing impairment.

Providing Direct Treatment 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, Seminars and Academic Coursework related to Aural Habilitation:

Supervisors:

Topics:

Coursework (and dates completed):