

APPLICANT SELF EVALUATION FORM
COMMUNICATION SCIENCES AND DISORDERS GRADUATE PROGRAM
UNIVERSITY OF MINNESOTA, DULUTH

Name of Applicant: _____ Date: _____

Academic transcripts do not always provide a clear indication of a student's exposure to various topics or clinical experiences in Communication Sciences and Disorders. Please answer the following questions regarding your academic background and previous clinical experiences:

Academic Background:

YES

NO

Have you successfully completed, or will have completed before starting graduate school, coursework (involving at least half of an academic term) specifically dealing with the following areas:

Speech Science (speech acoustics)	_____	_____
Hearing Science (psychoacoustics)	_____	_____
Articulation (phonology)	_____	_____
Normal Language Development	_____	_____
Audiology (hearing assessment/hearing disorders)	_____	_____
Clinical Methods or Procedures	_____	_____
Language Disorders in Children or Adults	_____	_____
Organic Disorders (neurogenics)	_____	_____
Aural Rehabilitation	_____	_____
Voice or Voice Disorders	_____	_____
Stuttering (fluency)	_____	_____
Statistics	_____	_____
Diagnostic Methods	_____	_____
Treatment Methods	_____	_____
Phonetics	_____	_____

Clinical Experience:

Have you completed 25 hours of observation? _____

How many clinical clock hours of clinical experience have you accrued under the supervision of an ASHA certified professional? _____

Do you plan to practice in a school system in a state **other** than Minnesota? _____

Return this form to:

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 UMD Department of Communication Sciences and Disorders
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 Duluth, MN 55812-2496