



**South Carolina Board of Examiners in
Speech-Language Pathology and Audiology**

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Report of Completed Internship

This form must be completed and signed by the intern and supervisor. A separate report is required for each supervisor at the end of the internship or if there is a change in the number of hours worked. The supervisor is required to complete this formal evaluation within 30 days of the completion of the Supervised Professional Employment (SPE) relationship.

INTERN INFORMATION

Name: _____ License Number: _____

Mailing Address: _____

INTERN SUPERVISION PLAN

Indicate the length of the planned professional experience with the number of hours per week this report pertains to. A separate Report of Completed Internship form must be submitted to the Board for each supervisor, different site locations and/or category hours.

Nine (9) months/ 36 weeks of full-time supervised professional employment of, at least, 30 hours per week.

Twelve (12) months/ 48 weeks of full-time supervised professional employment of, at least, 25-29 hours per week.

Fifteen (15) months/ 60 weeks of full-time supervised professional employment of, at least, 20-24 hours per week.

Eighteen (18) months/ 72 weeks of full-time supervised professional employment of, at least, 15-19 hours per week.

SUPERVISOR INFORMATION

Name: _____ License Number: _____

Phone: _____

EMPLOYMENT INFORMATION

Company: _____

Physical Location: _____

Mailing Address (if different): _____

Internship Start Date: _____

Internship End Date: _____

Practice Setting (See below): _____

Supervisory Agreement Date: _____

Type	Description	Type	Description	Type	Description
1	Private Practice	7	Habilitation Facility	13	Out-Patient Facility
2	Physician's Office	8	Home Health	14	Academic Setting
3	Hospital	9	Nursing Home	15	Military Setting
4	Public School	10	Other Government Facility	16	Hearing Aid Dealer or Franchiser
5	Private School	11	Other Private Facility	17	Industrial Setting
6	Rehabilitation Facility	12	Unknown		

TO BE COMPLETED BY THE SUPERVISOR:

EVALUATION DATA

Do not include any weeks in which the intern did not practice the minimum number of hours per week as established in the Supervisor Agreement/Intern Plan for SPE form.

Supervisor: As shown on the following chart, was the internship experience divided equally, with no fewer than 36 clock hours, of supervisory activities to include; 18 on-site observations (a minimum of 2 hours each month) of direct contact at the work site, in which the intern provided screening, evaluation, assessment, habilitation and rehabilitation and 18 other monitoring activities (a minimum of 2 hours each month), which may include conferences with the intern, evaluation of written reports, evaluation by professional colleagues and correspondences?

YES NO

If no, attach an additional sheet to this report with a written explanation.

Required Number of Weeks for Hours per Week Category

Required Length for Internship	Hours worked per week
9 months/ 36 weeks	30+ hours
12 months/ 48 weeks	25-29 hours
15 months/ 60 weeks	20-24 hours
18 months/ 72 weeks	15-19 hours

Indicate the number of on-site hours which the supervisor directly observed the practice of the intern (face-to-face), and monitoring activities completed during each 4-week period.

Months of Intern Supervision	Number of On-Site Hours Supervised	Number of Hours of Other Monitoring Activities
	A minimum of 2 hours is required for each category	
Month 1		
Month 2		
Month 3		
Month 4		
Month 5		
Month 6		
Month 7		
Month 8		
Month 9		
Month 10		
Month 11		
Month 12		
Month 13		
Month 14		
Month 15		
Month 16		
Month 17		
Month 18		

At least 80% of the internship workweek must be in direct client contact (assessment, diagnosis/evaluation, screening and habilitation/rehabilitation) and activities related to client management. Specify how many hours per week were spent in the following activities:

_____ Assessment, Diagnosis/Evaluation

_____ Screening

_____ Habilitation/ Rehabilitation (Direct and Indirect Services)

_____ In-Service Training

_____ Activities related to client management (Client reports, client staffing, family counseling, etc.)

Specify here: _____

_____ Total hours per week

INTERN'S STATEMENT & ACKNOWLEDGMENT

- I have read and discussed this report with my internship supervisor.
- I checked and found that my supervisor held an unrestricted, active license during my internship.
- I understand that a separate Report of Completed Internship must be submitted for each change in supervisor, site and/or category of hours worked per week and that a separate Supervisor Agreement/ Intern Plan for SPE must exist for each one.
- I assume all responsibility if it is later determined that these statements are not true and assume all responsibility for an invalid internship.

Intern's Signature

Date

SUPERVISOR'S STATEMENT & ACKNOWLEDGMENT

I certify that my license was current throughout this internship and the Board office accepted the appropriate forms before I allowed this intern to practice.

1. As the intern's supervisor, do you recommend that the internship reported for this intern be approved by the Board towards meeting the requirements for an active license?

YES NO

Once the internship has been completed (and if the intern license is still valid and not expired), an intern may continue to practice under your supervision with the intern license while awaiting for the issuance of their full license.

2. Do you agree to continue to supervise this intern from the end date of this internship until they are fully licensed?

YES NO

Supervisor's Signature

Date