

## Pre-Clinical Hour Completion

Name: \_\_\_\_\_ Year Started in Program \_\_\_\_\_

### **MEMT 150/760**

Clinical Observation \_\_\_\_\_  
In-Class Clinical Facilitation \_\_\_\_\_  
Service Learning \_\_\_\_\_

### **MEMT 196 (if applicable)**

Clinical Observation \_\_\_\_\_  
In-Class Clinical Facilitation \_\_\_\_\_  
Service Learning \_\_\_\_\_  
Field Experience and Preparation \_\_\_\_\_

### **MEMT 250**

Clinical Observation \_\_\_\_\_

### **MEMT 251/761**

Field Disability Simulation \_\_\_\_\_  
Clinical Observation \_\_\_\_\_  
In-Class Clinical Facilitation/Preparation \_\_\_\_\_

### **MEMT 296/762**

Clinical Observation \_\_\_\_\_  
In-Class Clinical Facilitation/Preparation \_\_\_\_\_

### **MEMT 329/838**

Clinical Observation \_\_\_\_\_  
In-Class Clinical Facilitation/Preparation \_\_\_\_\_  
Field Experience/Concert \_\_\_\_\_

### **MEMT 367/818**

Observations \_\_\_\_\_

### **MEMT 396**

#### **Level 1**

Clinical Observation \_\_\_\_\_  
Session Preparation \_\_\_\_\_  
Session Facilitation \_\_\_\_\_  
Documentation \_\_\_\_\_  
Supervision \_\_\_\_\_

#### **Level 2**

Clinical Observation \_\_\_\_\_  
Session Preparation \_\_\_\_\_  
Session Facilitation \_\_\_\_\_

Documentation	_____
Supervision	_____
<b>Level 3</b>	
Clinical Observation	_____
Session Preparation	_____
Session Facilitation	_____
Documentation	_____
Supervision	_____
<b>Level 4</b>	
Clinical Observation	_____
Session Preparation	_____
Session Facilitation	_____
Documentation	_____
Supervision	_____
<b>MEMT 408</b>	
Service Learning/Pedagogy Practice	_____
<b>MEMT 463/763</b>	
Clinical Observation	_____
In-Class Clinical Facilitation	_____
<b>MEMT 464/764</b>	
Clinical Observation	_____
In-Class Clinical Facilitation	_____
<b>Total Pre-Clinical Hours</b>	_____