
 PRINT YOUR STUDENT NUMBER ON TOP OF EVERY PAGE 							

STELLENBOSCH UNIVERSITY

B OF SPEECH-LANGUAGE AND HEARING THERAPY

**FORMAL RECOMMENDATION TO ALL PROSPECTIVE SPEECH-
LANGUAGE AND HEARING THERAPY STUDENTS**

**VISIT TO A SPEECH-LANGUAGE AND HEARING THERAPY
DEPARTMENT/DIVISION/CLINIC OR PRIVATE PRACTICE.**

To enable you to make an informed decision regarding your career choice it is necessary that you visit a place where Speech-Language & Hearing Therapy is offered. This could be a Department of Speech-Language & Hearing Therapy, a general hospital or school. In addition to this visit you may also arrange to visit an Audiology practice with the aim to observing basic audiometry.

As soon as possible after your visit, please complete the enclosed form to report on your visit. Please return the completed form to this office before **31 July 2020**. If you are unable to pay such a visit, you are required to inform us in writing of the reason why you have not been able to do so.



It is essential to study the questions below thoroughly before going on you visit.

PLEASE RETURN THE COMPLETED FORM BY FAX OR EMAIL BY 31 JULY 2020

Faculty of Medicine and Health Sciences

Email: tygselections@sun.ac.za

Enquiries: (021) 938 9580

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STELLENBOSCH UNIVERSITY SPEECH-LANGUAGE AND HEARING THERAPY

FEEDBACK ON VISIT TO A SPEECH- LANGUAGE AND HEARING THERAPY DEPARTMENT, CLINIC OR PRIVATE PRACTICE.

NAME AND SURNAME OF PROSPECTIVE STUDENT: _____

STUDENT NUMBER: _____

ADDRESS: _____

DATE OF VISIT: _____ **NUMBER OF HOURS SPENT THERE:** _____

NAME OF DEPARTMENT/CLINIC/PRIVATE PRACTICE: _____

SPEECH PATHOLOGIST/AUDIOLOGIST IN CHARGE: _____

SIGNATURE: _____

YEAR QUALIFIED: _____ **UNIVERSITY:** _____



1. What aspects of Speech-Language Therapy and Hearing Therapy have you seen?

Select:

- Language Articulation Voice Disabled Hearing tests Stuttering
 children/adults Feeding and Stroke swallowing

Other: _____

2.1 What type of communication disorders and/or abnormalities did you observe in patients?

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2.2 Describe in your own words what the treatment involved.

3. What is Speech-Language and Hearing Therapy? What are the roles and functions of a Speech-Language and Hearing Therapist?

4. Why do you wish to study Speech-Language and Hearing Therapy?

5. What aspect of Speech-Language and Hearing Therapy do you find most interesting and why?

6. What aspects of Speech-Language and Hearing Therapy did you enjoy least and why?

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7. **How will you practice your profession when you have graduated?**

8. **Have you ever received Speech-Therapy? Yes () No ()**

If yes, what for:

SIGNATURE

DATE