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 2019**. 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 your visit.

**PLEASE RETURN THE COMPLETED FORM BY FAX OR EMAIL BY 31 JULY 2019**

Faculty of Medicine and Health Sciences

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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?

   _____________________________________________

   _____________________________________________
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?

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
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