
STELLENBOSCH UNIVERSITY

B IN SPEECH-LANGUAGE AND HEARING THERAPY

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

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

To enable you to make an informed decision regarding your career choice it is necessary that you visit TWO places 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 these visits you may also arrange to visit an Audiology practice with the aim to observing basic audiometry.

As soon as possible after your visit, please report on it to us by completing the enclosed form and returning the form to this office before **31 July** of the preceding year. 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 TO:

The Registrar
For attention of Mrs C de Doncker
Faculty of Medicine and Health Sciences

POSTAL ADDRESS

OR

PHYSICAL ADDRESS

P O Box 19063

Clinical Building – Room 1038

TYGERBERG

Francie van Zijl Drive

7505

PAROW 7500

Tel. : (021) 938-9533

Fax : (021) 931-9834

Email: cb3@sun.ac.za

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:

- | | | |
|---|--|-------------------------------------|
| <input type="checkbox"/> Language | <input type="checkbox"/> Articulation | <input type="checkbox"/> Voice |
| <input type="checkbox"/> Disabled children/adults | <input type="checkbox"/> Hearing tests | <input type="checkbox"/> Stuttering |
| <input type="checkbox"/> Feeding and swallowing | <input type="checkbox"/> Stroke | |

Other: _____

2.1 What type of Speech-Language and Hearing Therapy patients and communication disorders did you observe?

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 in future when you have graduated?

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

If yes, what for:

SIGNATURE

DATE