

**ADDITIONAL EXPERIENCES REQUIRED DURING CLINICAL EDUCATION**

**PLEASE COMPLETE THIS FORM AND  
TURN IT IN AT THE END OF CE IV**

<b><u>Area</u></b>	<b><u>Date of Experience</u></b>	<b><u>Time Spent w/Discipline</u></b>
Home Health	_____	_____
Speech Therapy	_____	_____
Occupational Therapy	_____	_____
Recreation Therapy	_____	_____
Social Work/Social Services	_____	_____