

**Aural Habilitation Concentration (AHC)  
Department of Audiology and Speech Pathology  
University of Tennessee Health Science Center**

**Documentation of Completion**

**Semester of Graduation:** \_\_\_\_\_

**CHS Representative Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Academic Advisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**The following student, \_\_\_\_\_, has satisfactorily completed \_\_\_\_\_ hours of practicum experiences with children who are deaf and hard of hearing.**

**Providing Direct Treatment Services:**

Ages:

Degrees of hearing loss:

Amplification:

Group:

Individual:

Setting:

**Completing Communication Assessments and Cochlear Implant Assessments:**

Ages:

Degrees of hearing loss:

Amplification:

Tests Administered:

Setting:

**Participation in Multi-disciplinary Meetings, In-Services, and Conferences:**

Ages:

Degrees of hearing loss:

Amplification:

Setting:

Topics Discussed:

Conference Titles:

**Participation in CHS Supervisory Conferences, Topics Conferences, Seminars and Academic Coursework related to Aural Habilitation:**

Supervisors:

Topics:

Coursework (and dates completed):