

Governors State University
Department of Communication Disorders
Summary of Prevention Clock Hours

Student: _____ **Term:** _____

Site: _____

Site Supervisor(s): _____

Articulation **Child** _____ **Adult** _____

Fluency **Child** _____ **Adult** _____

Voice **Child** _____ **Adult** _____

Swallowing **Child** _____ **Adult** _____

Language **Child** _____ **Adult** _____

Social Aspects **Child** _____ **Adult** _____

Cognitive Aspects **Child** _____ **Adult** _____

Communication Modalities **Child** _____ **Adult** _____

Hearing **Child** _____ **Adult** _____

Total Prevention Hours: _____

Supervisor Signature: _____ **ASHA #** _____

CCC, Speech-Language Pathology

Date: _____

This is an official document and permanent record of your hours accrued. Please submit the original signed copy to the Director of Clinical Education in the Department of Communication Disorders.