

**Governors State University  
Department of Communication Disorders  
Semester Summary of Clinical Clock Hours**

Student Name: \_\_\_\_\_ Site Supervisor Name: \_\_\_\_\_

Course (check one): CDIS 8810 \_\_\_\_\_ CDIS 8820 \_\_\_\_\_ CDIS 8830 \_\_\_\_\_ Site: \_\_\_\_\_

NOTE: This is an official copy and permanent record of your clinical clock hours. Enter all log totals in the appropriate columns.		Articulation		Fluency		Voice Resonance		Swallowing Feeding		Language		Social Aspects		Cognitive Aspects		Communication Modalities		Hearing	
		Dx	Tx	Dx	Tx	Dx	Tx	Dx	Tx	Dx	Tx	Dx	Tx	Dx	Tx	Dx	Tx	Dx	Tx
	Term	Client																	
		Child																	
		Adult																	
<b>TOTALS</b>																			

**Assessment / Diagnostics (Dx)**

**Intervention / Therapy (Tx)**

Articulation    Child \_\_\_\_\_    Adult \_\_\_\_\_  
 Fluency        Child \_\_\_\_\_    Adult \_\_\_\_\_  
 Voice          Child \_\_\_\_\_    Adult \_\_\_\_\_  
 Swallowing    Child \_\_\_\_\_    Adult \_\_\_\_\_  
 Language      Child \_\_\_\_\_    Adult \_\_\_\_\_  
 Social Aspects Child \_\_\_\_\_    Adult \_\_\_\_\_  
 Cognitive      Child \_\_\_\_\_    Adult \_\_\_\_\_  
 Comm. Mod.    Child \_\_\_\_\_    Adult \_\_\_\_\_  
 Hearing         Child \_\_\_\_\_    Adult \_\_\_\_\_

Articulation    Child \_\_\_\_\_    Adult \_\_\_\_\_  
 Fluency        Child \_\_\_\_\_    Adult \_\_\_\_\_  
 Voice          Child \_\_\_\_\_    Adult \_\_\_\_\_  
 Swallowing    Child \_\_\_\_\_    Adult \_\_\_\_\_  
 Language      Child \_\_\_\_\_    Adult \_\_\_\_\_  
 Social Aspects Child \_\_\_\_\_    Adult \_\_\_\_\_  
 Cognitive      Child \_\_\_\_\_    Adult \_\_\_\_\_  
 Comm. Mod.    Child \_\_\_\_\_    Adult \_\_\_\_\_  
 Hearing         Child \_\_\_\_\_    Adult \_\_\_\_\_

**Total Assessment (Dx) Hours** \_\_\_\_\_ + **Total Intervention (Tx) Hours** \_\_\_\_\_ = **Total Semester Hours**

Student Signature: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ ASHA #: \_\_\_\_\_ Date: \_\_\_\_\_  
 CCC, Speech-Language Pathology or Audiology

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
 Director of Clinical Education