

Governors State University
Department of Communication Disorders
Report of Clinical Observation Hours

Student Name _____

Term _____

Clinical Site _____

NOTE: This is an official copy and permanent record of your clinical observation hours.				Articulation		Fluency		Voice Resonance		Swallow Feeding		Language		Social Aspects CDIS		Cognitive Aspects CDIS		Communication Modalities		Hearing AA/AR		
Date	Individual (√)	Group (√)	Age	Dx	Tx	Dx	Tx	Dx	Tx	Dx	Tx	Dx	Tx	Dx	Tx	Dx	Tx	Dx	Tx	Dx	Tx	
TOTALS																						

Daily Summary

Child Dx _____

Child Tx _____

Adult Dx _____

Adult Tx _____

TOTAL HOURS _____

Time Increments

.25 = 15 minutes

.33 = 20 minutes

.5 = 30 minutes

.75 = 45 minutes

1 = 1 hour

Age

PS = Preschool

SA = School age

A = Adult

G = Geriatric

Note

Child = 0 – 21

Adult = 22+

Semester Summary

Child Dx _____

Child Tx _____

Adult Dx _____

Adult Tx _____

TOTAL HOURS _____

Supervisor's Initials

Supervisor's Printed Name _____

Supervisor's Signature _____

ASHA # _____

Date _____