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

Student Name __________________________
Clinical Site ____________________________________________
Term __________________________

Clinical Site     ____________________________________________

NOTE: This is an official copy and permanent record of your clinical observation hours.

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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

Semester Summary
Child Dx _____
Child Tx _____
Adult Dx _____
Adult Tx _____
TOTAL _____ HOURS

Age
PS = Preschool
SA = School age
A = Adult
G = Geriatric

Note
Child = 0 – 21
Adult = 22+

Supervisor’s Printed Name _______________________________________
Supervisor’s Signature _______________________________________
ASHA # __________________________ Date _______________________

Date ________