

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

Student: _____ **Term:** _____

Site: _____

Site Supervisor(s): _____

| | | | |
|---------------------|---------------------------------------|---------------------------------|---------------------------------------|
| Articulation | Child _____ Adult _____ | Social Aspects | Child _____ Adult _____ |
| Fluency | Child _____ Adult _____ | Cognitive Aspects | Child _____ Adult _____ |
| Voice | Child _____ Adult _____ | Communication Modalities | Child _____ Adult _____ |
| Swallowing | Child _____ Adult _____ | Hearing | Child _____ Adult _____ |
| Language | 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.

Time Increments

.25 = 15 minutes
.33 = 20 minutes
.5 = 30 minutes
.75 = 45 minutes
1 = 1 hour

Age

Child = 0 – 21 years
Adult = 22+