

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

Student Name _____

Term _____

Course (check one): CDIS 8250 ___ CDIS 8810 ___ CDIS 8820 ___ CDIS 8830 ___ Site: _____

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

Page 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 _____