

**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																	
TOTALS																			

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 _____

Time Increments

Age

.25 = 15 minutes

Child = 0 – 21 years

.33 = 20 minutes

Adult = 22+

.5 = 30 minutes

.75 = 45 minutes

1 = 1 hour

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