

**Governors State University
Department of Communication Disorders
Semester Summary of Clinical Clock Hours**

Student Name: _____ Site Supervisor Name: _____

Course (check one): CDIS 8250 _____ 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.		Speech Sound Production		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)

Speech Sound Production

Child _____ Adult _____

Speech Sound Production

Child _____ Adult _____

Time Increments

Age

Fluency

Child _____ Adult _____

Fluency

Child _____ Adult _____

.25 = 15 minutes

Child = 0 – 21 years

Voice

Child _____ Adult _____

Voice

Child _____ Adult _____

.33 = 20 minutes

Adult = 22+

Swallowing

Child _____ Adult _____

Swallowing

Child _____ Adult _____

.5 = 30 minutes

Language

Child _____ Adult _____

Language

Child _____ Adult _____

.75 = 45 minutes

Social Aspects

Child _____ Adult _____

Social Aspects

Child _____ Adult _____

1 = 1 hour

Cognitive

Child _____ Adult _____

Cognitive

Child _____ Adult _____

Comm. Mod.

Child _____ Adult _____

Comm. Mod.

Child _____ Adult _____

Hearing

Child _____ Adult _____

Hearing

Child _____ Adult _____

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