

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

Student: _____ **Term:** _____

Site: _____

Site Supervisor(s): _____

Speech Sound Production	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+