ARKANSAS STATE UNIVERSITY COMMUNICATION DISORDERS PROGRAM **D-3**
104 N. Caraway P.O. Box 910 State University, AR 72467
Ph. (870) 972-3106 Fax (870) 972-3788

Daily Clinical Clock Hour Record

Page ____ of _____

Student: _____ Service Period Ending: _____

Primary Practicum Site: _____ Clinic Enrolled: Intro ☐ I ☐ II ☐ III ☐ IV ☐ (check one)

(do not abbreviate here)

Date	Client Initials or Facility	Age	Disorder	Activity	Site (abbreviate)	Group Yes/No	Supervisor's Last Name	Supervisor's Initials	Percentage Supervised	Clinician's Direct Contact Time (Hours)

AGE:

C=Child
A = Adult

DISORDER:

LANGUAGE
L = Language Disorders
(syntax, semantics, pragmatics, aphasia)

SPEECH
SA=Articulation
SV=Voice
SF =Fluency
D = Dysphagia

RELATED DISORDERS
R-Related Disorders
(Accent/Dialect Reduction)

AUDIOLOGY
AS = Audiological Screening
AE= Audiological Evaluation
ARA= Aural Rehabilitation Amplification
ARC= Aural Rehabilitation Communication

ACTIVITY:

T=Treatment
E=Evaluation
O=Observation
C=Consult

0.00
TOTAL

ARKANSAS STATE UNIVERSITY

Revised: 2/27/06