

ARKANSAS STATE UNIVERSITY COMMUNICATION DISORDERS PROGRAM

104 N. Caraway P.O. Box 910 State University, AR 72467-0910

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Cumulative Clinical Clock Hour Record

Monthly Semester Final (circle one)

Student: _____

Primary Site Assignment: _____

Service Period Ending : _____

Clinic Enrolled: Intro I II III IV (circle one)

SPEECH ASSESSMENT

TYPE OF ASSESSMENT	CHILD (20)	ADULT (20)
ARTICULATION		
FLUENCY		
VOICE		
DYSPHAGIA		
TOTAL		

SPEECH INTERVENTION

TYPE OF INTERVENTION	CHILD (20)	ADULT (20)
ARTICULATION		
FLUENCY		
VOICE		
DYSPHAGIA		
TOTAL		

LANGUAGE ASSESSMENT

	CHILD (20)	ADULT (20)
LANGUAGE ASSESSMENTS		

LANGUAGE INTERVENTION

	CHILD (20)	ADULT (20)
LANGUAGE INTERVENTION		

AUDIOLOGY/AURAL REHABILITATION (20 Hours)

AUDIOLOGY-SCREENING	
AUDIOLOGY - EVALUATION	
AURAL REHABILITATION-AMPLIFICATION	
AURAL REHABILITATION-COMMUNICATION	
TOTAL	

RELATED DISORDERS (TOTAL ALLOWED=20 HOURS)

ACCENT/DIALECT REDUCTION	
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CONSULT/STAFFING

(TOTAL ALLOWED = 25 HOURS)

TOTAL CONSULT/STAFFING HOURS	
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OBSERVATION: TOTAL REQUIRED=25 (DO NOT INCLUDE IN TOTAL)

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TOTAL # OF HOURS FOR PERIOD SPECIFIED ABOVE: _____

STUDENT SIGNATURE: _____ **DATE:** _____

VALIDATION SIGNATURE: _____ **CCC-** _____ **DATE:** _____