

ARKANSAS STATE UNIVERSITY COMMUNICATION DISORDERS PROGRAM

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

Ph. (870) 972-3106

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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 | |
|--------------------------|--|

CONSULT/STAFFING

(TOTAL ALLOWED = 25 HOURS)

| | |
|------------------------------|--|
| TOTAL CONSULT/STAFFING HOURS | |
|------------------------------|--|

OBSERVATION: TOTAL REQUIRED=25 (DO NOT INCLUDE IN TOTAL)

| | |
|--|--|
| | |
|--|--|

TOTAL # OF HOURS FOR PERIOD SPECIFIED ABOVE: _____

STUDENT SIGNATURE: _____ **DATE:** _____

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