

ARKANSAS STATE UNIVERSITY COMMUNICATION DISORDERS PROGRAM

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

Table with 3 columns: TYPE OF ASSESSMENT, CHILD (20), ADULT (20). Rows include ARTICULATION, FLUENCY, VOICE, DYSPHAGIA, and TOTAL.

SPEECH INTERVENTION

Table with 3 columns: TYPE OF INTERVENTION, CHILD (20), ADULT (20). Rows include ARTICULATION, FLUENCY, VOICE, DYSPHAGIA, and TOTAL.

LANGUAGE ASSESSMENT

Table with 3 columns: (blank), CHILD (20), ADULT (20). Row includes LANGUAGE ASSESSMENTS.

LANGUAGE INTERVENTION

Table with 3 columns: (blank), CHILD (20), ADULT (20). Row includes LANGUAGE INTERVENTION.

AUDIOLOGY/AURAL REHABILITATION (20 Hours)

Table with 2 columns: (blank), (blank). Rows include AUDIOLOGY-SCREENING, AUDIOLOGY - EVALUATION, AURAL REHABILITATION-AMPLIFICATION, AURAL REHABILITATION-COMMUNICATION, and TOTAL.

RELATED DISORDERS (TOTAL ALLOWED=20 HOURS)

Table with 2 columns: ACCENT/DIALECT REDUCTION, (blank).

CONSULT/STAFFING

(TOTAL ALLOWED = 25 HOURS)

Table with 2 columns: TOTAL CONSULT/STAFFING HOURS, (blank).

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

Table with 2 columns: (blank), (blank).

TOTAL # OF HOURS FOR PERIOD SPECIFIED ABOVE: _____

STUDENT SIGNATURE: _____ DATE: _____

VALIDATION SIGNATURE: _____ CCC- _____ DATE: _____