ARKANSAS STATE UNIVERSITY DEPARTMENT OF COMMUNICATION DISORDERS

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

Ph. (870) 972-3301 Fax (870) 972-3788

Daily Clinical Clock Hour Record

Studen Primar	t: y Practicum	Site:	(do :	not abbrev	iate here)		Service Period Ending: Clinic Enrolled: Intro I II III IV (circle one)			
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:	DISORDER:		ACTIVITY:	
C=Child A = Adult	LANGUAGE L = Language Disorders (syntax, semantics, pragmatics, aphasia) <u>SPEECH</u> SA=Articulation SV=Voice SF =Fluency D = Dysphagia	<u>RELATED DISORDERS</u> R-Related Disorders (Accent/Dialect Reduction) <u>AUDIOLOGY</u> AS = Audiological <u>Screening</u> AE= Audiological <u>Evaluation</u> ARA= Aural Rehabilitation <u>Amplit</u> ARC= Aural Rehabilitation <u>Comm</u>		TOTAL SISU ARKANSAS STATE UNIVERSITY

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