Harding University Speech Clinic
Daily Clock Hours Form

Clinician: _____ Semester: _____

Client	Type*	Age	Date	Clock Hours	Supervisor's Initials

Supervisor's Printed Name _____

ASHA # (8 digit) _____

Supervisor's Signature _____

* A= Articulation, V= Voice, L= Language, F= Fluency, D= Dysphagia, H= Hearing