

Harding University Speech Clinic Semester Summary of Observation Hours

Last Name: _____ **First Name:** _____

H Number: _____ **Semester:** _____

Course Number: _____ **Instructor:** _____

	child	adult
Articulation	_____	_____
Language	_____	_____
Fluency	_____	_____
Voice	_____	_____
Dysphagia	_____	_____
Hearing	_____	_____
TOTAL	_____	_____

My signature verifies these hours to be correct.

Observer's Signature _____

Instructor's Signature _____