

Harding University Speech Clinic Record of Diagnostic Hours

Clinician: _____

Semester: _____

	Date	Client Age	Type	Hours	Supervisor
1.	_____	C/A	_____	_____	_____
2.	_____	C/A	_____	_____	_____
3.	_____	C/A	_____	_____	_____
4.	_____	C/A	_____	_____	_____
5.	_____	C/A	_____	_____	_____
6.	_____	C/A	_____	_____	_____
7.	_____	C/A	_____	_____	_____
8.	_____	C/A	_____	_____	_____
9.	_____	C/A	_____	_____	_____
10.	_____	C/A	_____	_____	_____
11.	_____	C/A	_____	_____	_____
12.	_____	C/A	_____	_____	_____

Totals	Child	Adult
Articulation	_____	_____
Language	_____	_____
Fluency	_____	_____
Voice	_____	_____
Dysphagia	_____	_____
Hearing	_____	_____
TOTAL	_____	_____

Supervisor's Printed Name _____

ASHA # (8 digit) _____

Supervisor's Signature _____