

# Harding University Speech Clinic Semester Hour Summary

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

**H Number:** \_\_\_\_\_ **Semester:** \_\_\_\_\_

	Intervention		Assessment		Total
	Child	Adult	Child	Adult	
<b>Articulation</b>	_____	_____	_____	_____	_____
<b>Language</b>	_____	_____	_____	_____	_____
<b>Voice</b>	_____	_____	_____	_____	_____
<b>Dysphagia</b>	_____	_____	_____	_____	_____
<b>Fluency</b>	_____	_____	_____	_____	_____
<b>Hearing</b>	_____	_____	_____	_____	_____
<b>ESL</b>	_____	_____	_____	_____	_____
<b>TOTAL</b>	_____	_____	_____	_____	_____

*My signature verifies these hours to be correct.*

**Clinician's Signature** \_\_\_\_\_

**Supervisor's Signature** \_\_\_\_\_