DAILY CLOCK HOUR FORM
HARDING UNIVERSITY SPEECH AND HEARING CLINIC

Clinician/Observer_____ Date_____

Semester_____

CLIENT	TYPE*	AGE	DATE	CLOCK HOURS	SUPERVISOR"S INITIALS

Supervisor's Printed Name_____ Total hours this page_____

ASHA # (8 digit)_____

Supervisor's Signature_____ Revised 9/17/2002

* **A**=Articulation, **V**=Voice, **L**=Language, **F**=Fluency, **D**=Dysphagia, **H**= Hearing, **O**=Observation, **P**=Practicum, **E**=Evaluation
Every entry should contain two letters (AO= articulation observation, LP language practicum, etc.)