

HARDING UNIVERSITY SPEECH AND HEARING CLINIC

Name:		Student Number:			Undergraduate Observation Hours ___	Undergraduate Practicum Hours ___
Semester and Year:		Course:				
SPEECH PATHOLOGY						Degree and
SPEECH	Treatment	Diagnostics		Name(s) of Supervisors	Certification	Facility
	Children	Adults	Children	Adults		
Artic						
Fluency						
Voice						
Dysphagia						
SPEECH TOTALS						
LANGUAGE	Children	Adults	Children	Adults		
LANGUAGE TOTAL						
Other Related Disorders; Specify area of contact.						
	Children	Adults	Children	Adults		
TOTAL OTHER						
AUDIOLOGY	Treatment	Diagnostics				
TOTAL						
SEMESTER TOTALS					Clinic Director's Signature _____	
Speech treatment - children						
Speech treatment - adults					Clinic Director's ASHA # _____	
Language treatment - children						
Language treatment - adults						
Speech evaluation - children						
Speech evaluation with adults						
Language evaluation - children					Clinician's/Observer's Signature _____	
Language evaluation - adults						
Hours in a related field					Date: _____	
Audiology Evaluation hours						
Aural rehabilitation hours						
Staffing Hours						
Observation Hours (25 min)						
Language						
Articulation						
Voice						
Fluency						
Dysphagia						
Hearing						
Other						
Hours in Group Work						
Hours in Student Teaching						
TOTAL HOURS						revised Dec. 3, 2002

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