

SPEECH-LANGUAGE PATHOLOGY SUMMARY OF CLINICAL PRACTICE HOURS

TOTAL HOURS OF CLIENT CONTACT (hours to be rounded up to nearest quarter hour)

Name: _____ Unit and Dates: _____ Placement Site: _____

AGE GROUP: C = Child A = Adult		ASSESSMENT/ IDENTIFICATION (Ax)		TREATMENT/ MANAGEMENT (Tx)		Clinical/Professional Activities	Sub-Total Hours	Total All Age	Min. Req. Hours	
		Client Specific Services	Client Related Services	Client Specific Services	Client Related Services					
LANGUAGE Developmental	C								40	
	A									
LANGUAGE Acquired	C								30	
	A									
DYSPHAGIA	C								10	
	A									
ARTICULATION/ PHONOLOGY	C								20	
	A									
MOTOR SPEECH	C								10	40
	A									
FLUENCY	C								10	
	A									
VOICE/RESONANCE	C								10	
	A									
OTHER – approval needed Clinical Education Coordinator	C									
	A									
AUDIOLOGY-MINOR	C								20	
	A									

		Ax Minimum Required		Tx Minimum Required		Maximum: 50 Hours				
TOTAL HOURS	C/20			C/20				C		50
TOTAL HOURS	A/20			A/20				A		50

CLINICAL PROFESSIONAL TOTAL:

TOTAL CLIENT HOURS	ASSESSMENT HOURS (Min. Required = 100) :	TREATMENT HOURS (Min. Required = 100):	GRAND TOTAL:	350
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Signature (Student)

Signature (Clinical Educator Signs)

Date