

Clock Hour Semester Summary

Name: _____
 Clarion ID #: _____
 Semester/Dates: _____
 Site: _____

Supervisor Name: _____
 Supervisor Signature: _____
 ASHA Acct#: _____
 State License #: _____
 Teacher Certification: Yes or No

Total hours for semester: _____

Clinical Practicum (Speech Language pathology)

A: Evaluation: Children

Artic	Fluency	Voice	Lang	Swall	Cognit	Social	Modal

B: Evaluation: Adults

Artic	Fluency	Voice	Lang	Swall	Cognit	Social	Mod

C. Treatment: Children

Artic	Fluency	Voice	Lang	Swall	Cognit	Social	Mod

D. Treatment: Adults

Artic	Fluency	Voice	Lang	Swall	Cognit	Social	Mod

E. Audiology

Screening	Treatment

Types of Cases: Pre School _____ School Age _____ Adult _____
 Severity of Disorder: Mild _____ Moderate _____ Severe _____

Experience with clients from culturally diverse backgrounds: _____