

Clinical Hours by Work Area Term _____

| Work Areas CT = Co-treat O = Observation | S L P | S L P A | D a t e/ T i m e | D a t e/ T i m e | D a t e/ T i m e | D a t e/ T i m e | D a t e/ T i m e | D a t e/ T i m e | D a t e/ T i m e | D a t e/ T i m e | D a t e/ T i m e | D a t e/ T i m e | D a t e/ T i m e | D a t e/ T i m e |
|---|-------------|------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| Articulation | | | | | | | | | | | | | | |
| Phonemic Awareness | | | | | | | | | | | | | | |
| Receptive Language | | | | | | | | | | | | | | |
| Expressive Language | | | | | | | | | | | | | | |
| Pragmatics | | | | | | | | | | | | | | |
| AAC | | | | | | | | | | | | | | |
| Auditory Processing | | | | | | | | | | | | | | |
| Dysfluency | | | | | | | | | | | | | | |
| Dysphagia | | | | | | | | | | | | | | |
| Cognitive Therapy | | | | | | | | | | | | | | |
| Evaluation | | | | | | | | | | | | | | |
| Voice | | | | | | | | | | | | | | |
| Workshop/Consult/Training | | | | | | | | | | | | | | |
| Other: | | | | | | | | | | | | | | |
| Clinical I II III IV (Circle) Total Hours: | | | | | | | | | | | | | | |
| Supervising SLP Signature: | | | | | | | | | | | | | Date: | |

SLPA Intern Signature:

Date:

Created: 9/15/2019 P. Koehler

*This form will be utilized to document clinical hours and will be required to be turned in the last week of the course.

- Both the SLP and SLPA Intern will provide initials per session
- For Date/Time, also indicate if CT or O, i.e. 9/15 45”O
- Both the SLP and SLPA Intern will sign and date prior to submission at the end of the course
- Total the hours prior to submission
- Circle the appropriate clinical course number
- If needed, use multiple copies of the form