

Documentation of Undergraduate Clinical Clockhours

Student Name:

Semester:

Site: University of Arizona Speech, Language, & Hearing Clinic

Clinical Setting: University Clinic

Mode of Service Delivery: In person Telepractice

Age: Child Adult

Supervisor, Credentials:

Directions:

- a. Enter a date in the leftmost column
- b. Indicate the correct activity type (“eval” or “trt”) and disorder category

(1) Speech Sound Disorder	(4) Expressive / Receptive Language	(7) Cognitive Aspects of Communication
(2) Fluency/Fluency Disorder	(5) Hearing	(8) Social Aspects of Communication
(3) Voice & Resonance	(6) Swallowing / Feeding	(9) Augmentative / Alternative Communication
- c. Enter the number of clockhours (time with patient/family)
- d. Have the supervisor sign the hours to confirm

Date	Activity Type	Category	# Hours	Supervisor Signature	ASHA #

