SAINT MARY'S COLLEGE
NOTRE DAME • INDIANA

Communicative Sciences and Disorders
Clinical Observation Hours: Record Form

Student Name:_____ Semester:_____

DATE	CLIENT INITIALS OR NUMBER	CHILD OR ADULT (C=CHILD; A= ADULT)	HOURS: (TO THE TENTH)	TREATMENT CHECK MARK	DIAGNOSTIC CHECK MARK	DISORDER USE ABBREVIATION (BELOW)	SIGNATURE AND ASHA ID OF CLINICAL PROVIDER

Abbreviations: AR-articulation; LA-language; FL-fluency; Voice-VO; Hearing-HE; Swallowing-SW; Cognitive Communication Disorders-CCD; Social Communication Disorders-SCD; Communication Modalities-CM

Director of Clinical Education signature: ASHA ID: Date:

Notes: