California State University, Fresno
Speech, Language & Hearing Clinic
559-278-2422

CDDS 257- STUDENT TEACHING : OFF- CAMPUS SPEECH THERAPY HOUR LOG

_____ _____
Clinician Supervisor

_____ _____
Client Circle One: Adult Child Semester

EVALUATION/DIAGNOSTIC HOURS

Date	Lang.	Artic.	Voice	Fluency	Aural Rehab.	Other	Absent
Total							

TREATMENT HOURS

Date	Lang.	Artic.	Voice	Fluency	Aural Rehab.	Other	Absent

_____ _____ _____
Supervisor's Signature License # ASHA CCC Account #