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

ON 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 # _____