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 #