SAN JOSÉ STATE UNIVERSITY

Connie L. Lurie College of Education · Department of Communicative Disorders and Sciences
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RECORD OF SUPERVISED CLINICAL EXPERIENCE

FOR SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY

Clinician Name: _____ Student ID#: _____

For _____ the clinician named above has satisfactorily completed the designated client contact hours at:
SEMESTER & YEAR

Name of Site(s): _____

Course: ☐EDAU 177 ☐EDAU 277 ☐EDSP 177 ☐EDSP 269 ☐EDSP 276 ☐EDSP 277 ☐EDSP 278

	SPEECH			LANGUAGE				AGE	# of HRS.
EVALUATION:	PHONOLOGY / ARTICULATION	VOICE / RESONANCE	FLUENCY	REC./EXP. LANGUAGE	COGNITIVE ASPECTS	SOCIAL ASPECTS	COMM. MODAL.	(please check)	
Speech: Adult								☐A ☐G	
Language: Adult								☐A ☐G	
Speech: Child								☐T ☐P ☐S	
Language: Child								☐T ☐P ☐S	
TREATMENT:	PHONOLOGY / ARTICULATION	VOICE / RESONANCE	FLUENCY	REC./EXP. LANGUAGE	COGNITIVE ASPECTS	SOCIAL ASPECTS	COMM. MODAL.		
Speech: Adult								☐A ☐G	
Language: Adult								☐A ☐G	
Speech: Child								☐T ☐P ☐S	
Language: Child								☐T ☐P ☐S	
MISCELLANEOUS:									
Indirect Hours									
Client Conferences									

SWALLOWING

☐ **Evaluation** | Age: ☐T ☐P ☐S ☐A ☐G | HRS: ☐ ☐**Treatment** | Age: ☐T ☐P ☐S ☐A ☐G | HRS: ☐ **TOTAL HOURS**

AUDIOLOGY

Hearing Screening	Age: ☐T ☐P ☐S ☐A ☐G	
Aural Rehabilitation	Age: ☐T ☐P ☐S ☐A ☐G	

AGE	
T	0 - 2.11
P	3.0 - 4.11
S	5.0 - 17.11
A	18.0 - 64.11
G	65.0+

Total hours: 0

_____
Clinical Supervisor Name (please print)

_____ _____
ASHA Account Number CA License

_____ _____
Clinical Supervisor Signature Date Signed