

**San Jose State University**  
**Department of Communicative Disorders and Sciences**  
**Record of Supervised Clinical Experience for Speech-Language Pathology and Audiology**

Clinician Name: \_\_\_\_\_ has satisfactorily completed the designated client  
 contact hours at: \_\_\_\_\_

Course: (Please Circle)

EDAU 177      EDSP 277C      EDSP 169  
 EDAU 277      EDSP 277A      EDSP 278  
 EDSP 276      EDSP 277G

	Speech				Language				Age	# of Hours
<u>Evaluation:</u>	Artic/ Phonology	Voice/ Resonance	Fluency	Swallowing	Rec/Exp Language	Cogn. Aspects	Social Aspects	Comm. Modal.	(Please Circle)	
Speech: Adult									A / G	
Language: Adult									A / G	
Speech: Child									T/P/S	
Language: Child									T/P/S	
<u>Treatment:</u>										
Speech: Adult									A / G	
Language: Adult									A / G	
Speech: Child									T/P/S	
Language: Child									T/P/S	
<u>Staffing &amp; Misc.</u>										
<u>Audiology:</u>										
Hearing Screening										
Aural Rehabilitation										

Total Hours: \_\_\_\_\_

\_\_\_\_\_  
 Clinical Supervisor Name (Please Print)

\_\_\_\_\_  
 ASHA Account Number

\_\_\_\_\_  
 CA License Number

Age	
T=	0-2.11
P=	3.0-4.11
S=	5.0-17.11
A=	18.0-64.11
G=	65+

\_\_\_\_\_  
 Clinical Supervisor Signature

\_\_\_\_\_  
 Date Signed