

(SC-09) Intern Residency Hours

Student Clinician _____ Semester _____

DATE	SPEECH HOURS								LANGUAGE HOURS		AUDIOLOGY HOURS		TOTAL HOURS	
	DIAGNOSTIC				THERAPY				DIAGNOSTIC	THERAPY	DIAGNOSTIC	THERAPY		
	D	V	F	A	D	V	F	A						
TOTALS														

D=Dysphagia; V=Voice; F=Fluency; A=Articulation

 Supervisor's signature ASHA CCC# Date