## STUDENT TEACHING/PEDIATRIC CLINIC: CONTACT / RESIDENCY HOURS FORM

**Student Teacher’s Name** ___________________________  **Semester** 20 __________

<table>
<thead>
<tr>
<th>DATE</th>
<th>SPEECH HOURS Diagnosis</th>
<th>SPEECH HRS Therapy</th>
<th>LANGUAGE HOURS</th>
<th>AUDIOLOGY HOURS</th>
<th>TOTAL HOURS</th>
<th>TOTAL HOURS</th>
</tr>
</thead>
<tbody>
<tr>
<td>V</td>
<td>F</td>
<td>A</td>
<td>Diagnosis</td>
<td>Therapy</td>
<td>Contact</td>
<td>Residency</td>
</tr>
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<td>Therapy</td>
<td>Contact</td>
<td>Residency</td>
</tr>
</tbody>
</table>

**TOTALS**

V = VOICE  
F = FLUENCY  
A = ARTICULATION

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**ON-SITE SUPERVISOR’S SIGNATURE**

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**ON-SITE SUPERVISOR’S ASHA NUMBER**