



**Speech-Language Pathology**  
**Student Clinical Hours Entry**  
**Course: SPA000**

Student Name: \_\_\_\_\_  
 Placement Start Date: \_\_\_\_\_ (mm/dd/yy)  
 Site Name: \_\_\_\_\_  
 Clinical Educator: \_\_\_\_\_

Student ID: \_\_\_\_\_  
 End Date: \_\_\_\_\_ (mm/dd/yy)

Clinical Hours Entry – RECORD <u>ACTUAL HOURS ONLY</u> TO 2 DECIMAL PLACES								
Age Group: C=Child A=Adult		Assessment/ Identification		Treatment/ Management		Sub Total	Clinical/ Professional Activities	Total
Area of Practice	Age	Client Specific	Client Related	Client Specific	Client Related			
Language Developmental	C							
	A							
Language Acquired	C							
	A							
Dysphagia	C							
	A							
Articulation/ Phonology	C							
	A							
Motor Speech	C							
	A							
Fluency	C							
	A							
Voice/ Resonance	C							
	A							
Other: ACCE Approved	C							
	A							
Audiology Minor	C							
	A							
Totals								

**Instructions:**

Complete the entries and total all. Ask your CE for a signature and forward the form by mail/fax/scan to your Clinical Education Assistant, Carol Gray, 2-70 Corbett Hall, Edmonton, AB T6G 2G4. ALWAYS REMEMBER TO KEEP A COPY OF YOUR HOURS FORMS FOR YOUR FILES.

\_\_\_\_\_  
 Student

\_\_\_\_\_  
 Date Signed (mm/dd/yy)

\_\_\_\_\_  
 Clinical Educator

\_\_\_\_\_  
 Date Signed (mm/dd/yy)