

2 Bachelor Hall
Oxford, OH 45056

MIAMI UNIVERSITY
SPEECH AND HEARING CLINIC
Fed ID #31-6402089

513-529-2500 Phone
513-529-2502 Fax

SPEECH PATHOLOGY STUDENT CLINIC HOURS

Student's Name _____ Semester _____

ASHA CATEGORIES

11	Child Speech/Feed/Swallow Screening	18	Adult Language Evaluation	25	Child Fluency Treatment
12	Child Speech/Feed/Swallow Evaluation	19	Child Feed/Swallow Treatment	26	Adult Fluency Treatment
13	Adult Speech/Feed/Swallow Screening	20	Adult Feed/Swallow Treatment	27	Child Language Treatment
14	Adult Speech/Feed/Swallow Evaluation	21	Child Artic Treatment	28	Adult Language Treatment
15	Child Language Screenings	22	Adult Artic Treatment	29	Child Dialect
16	Child Language Evaluation	23	Child Voice Treatment	30	Adult Dialect
17	Adult Language Screening	24	Adult Voice Treatment		

(Hours: .25 = 1/4 hr, .50 = 1/2 hr, .75 = 3/4 hr, 1 = 1 hr)

Date	Patient Initials	ASHA Category	Faculty Name	Student Hours	Faculty Initials
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