

2 Bachelor Hall
Oxford, OH 45056

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

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

AUDIOLOGY STUDENT CLINIC HOURS

Student's Name _____ Semester _____

ASHA CATEGORIES

1	Child Hearing Testing Screening	5	Child Amplification Asst. Listen Eval	9	Child HearingTreatment
2	Child Hearing Testing Evaluation	6	Adult Amplification Asst. Listen Eval	10	Adult HearingTreatment
3	Adult Hearing Testing Screening	7	Child Amplification Asst. ListenTreatment		
4	Adult Hearing Testing Evaluation	8	Adult Amplification Asst. ListenTreatment		

(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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