South Carolina
Department of Labor, Licensing and Regulation
Board of Examiners in
Speech Language Pathology and Audiology

Summary Clinical Clock Hours

Student Name: _____ Date: _____

Observation Hours Completed _____ Date of Undergraduate Practicum Completion _____
Subtotal Speech Pathology Hours _____
Subtotal Hours at Undergraduate Level _____

Evaluation

(Please list by semester totals)

	(A)	(B)	(C)
Speech-Child	_____	_____	_____
Speech-Adult	_____	_____	_____
Language-Child	_____	_____	_____
Language Adult	_____	_____	_____
Related Disorders	_____	_____	_____

Treatment

Speech-Child	_____	_____	_____
Speech-Adult	_____	_____	_____
Language-Child	_____	_____	_____
Language-Adult	_____	_____	_____
Related Disorders	_____	_____	_____
Audiology	_____	_____	_____
Total Hours	_____	_____	_____

Clinical Supervisor Signature: _____ ASHA Number _____

Program Director Signature: _____ ASHA Number _____

***This document must be completed by the College/University and mailed directly to the Board. You may attach supporting documentation but this form must be completed as required. Also, this document must bear the school's seal.**

Seal