



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

110 Centerview Dr • Columbia • SC • 29210  
P.O. Box 11329 • Columbia • SC • 29211-1329  
Phone: 803-896-4655 • Contact.Speech@llr.sc.gov • Fax: 803-896-4719  
llr.sc.gov/aud

**SUMMARY OF CLINICAL CLOCK HOURS  
SPEECH-LANGUAGE PATHOLOGY ASSISTANT – UNDERGRADUATE**

This document should be completed by the school, contain the school seal and be mailed directly to the SC SLP/A Board at the above address. Supporting documentation may be sent to the Board; however it must be attached to this completed form.

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Observation Hours Completed: \_\_\_\_\_

Subtotal Speech Clinical Hours at Undergraduate Level: \_\_\_\_\_

Date of Undergraduate Practicum Completion: \_\_\_\_\_

**EVALUATION**

Semester	1st	2nd	3rd	4th	5th	6th
Speech-Child						
Speech-Adult						
Language-Child						
Language Adult						
Related Disorders						

**TREATMENT**

Speech-Child						
Speech-Adult						
Language-Child						
Language Adult						
Related Disorders						

<b>AUDIOLOGY</b>						
------------------	--	--	--	--	--	--

<b>TOTAL HOURS</b>						
--------------------	--	--	--	--	--	--

Clinical Supervisor Signature: \_\_\_\_\_ ASHA Number: \_\_\_\_\_

Program Director Signature: \_\_\_\_\_ ASHA Number: \_\_\_\_\_

**School Seal (Required)**