COMPREHENSIVE SUMMARY OF CLINICAL CLOCK MINUTES/HOURS

If the student needs to submit documentation to any entity other than NAU, he/she may use this form to compile information from the various clinical experiences. This is not an official NAU document and is available only as a tool. The signed summary sheets and/or logs from each clinical experience are the official NAU documents.

Student Name _____

	Clinic Exper	Articulation	Fluency	Voice	Language	Hearing	Swallowing	Cognition	Social	Modalities	Other / Related	Total Mins / Hrs
Ped Prevention	**PI**											
Ped Evaluation	**PI**											
Ped Treatment	**PI**											
Ped Prevention	**PII**											
Ped Evaluation	**PII**											
Ped Treatment	**PII**											
Ped Prevention	**PIII**											
Ped Evaluation	**PIII**											
Ped Treatment	**PIII**											
Ped Prevention	**Extern**											
Ped Evaluation	**Extern**											
Ped Treatment	**Extern**											
Pediatric Total Minutes												
.												
Adult Prevn	**PI**											
Adult Eval	**PI**											
Adult Trtmt	**PI**											
Adult Prevn	**PII**											
Adult Eval	**PII**											
Adult Trtmt	**PII**											
Adult Prevn	**PIII**											
Adult Eval	**PIII**											
Adult Trtmt	**PIII**											
Adult Prevn	**Extern**											
Adult Eval	**Extern**											
Adult Trtmt	**Extern**											
Adult Total Minutes												
.												
Ped + Adult Minutes		=	=	=	=	=	=	=	=	=		
Ped + Adult Hrs (Min/60)		=	=	=	=	=	=	=	=	=		=