

**NAU Department of Communication Sciences and Disorders
SUMMARY FORM, CLINICAL CLOCK MINUTES/HOURS**

(To be used by clinicians beginning their first practicum in Summer 2008 or thereafter)

Using your Daily Clinical Clock Minutes "Totals" page, record total minutes for the current practicum in the top row of this chart. ALL hours must be documented on signed daily log sheets. Minutes from previous practica should be carried over from your previous Summary Form into the corresponding categories. Add "Previous Minutes" to "Minutes This Practicum" in each category. The box at the end of the "Total Minutes" row should equal the same number when adding **across** the row as when adding **down** the last column. Divide Total Minutes in the last column by 60 for total cumulative hours. Carry "Cum Hrs in the last column to 2 decimal places. Submit this form with the signed Daily Clinical Clock Minutes logs **and** your original **evaluation/grade form(s)** no later than the Friday before commencement. Unless this is your first practicum, also attach the Summary form from your most recent practicum (e.g., last semester) so we can verify your "Previous Minutes" totals. You must have a minimum of 400 Grand Total clock hours by the end of your externship; refer to your handbook for other clinical experience requirements. If your semester portfolio documents are also complete, they may be submitted with the clinical experience forms.

Student Clinician _____ LOUIE ID # _____ SITE(S) _____

(required)

Pct I ___ Pct II ___ *Pct III ___ Extrn ___ Semester/Yr _____ **Class # _____ Full-Time Track ___ Sum-Only Track ___

*Pct III is for Full-Time students only

** # used at registration

Put a check mark (✓) next to each discipline within each category below in which you accrued clinical hours during any clinical experience.

	PEDIATRIC		ADULT		HEARING (Adult & Pediatric) <small>(Must have 20 or more hrs by end of Externship)</small>		TOTAL MINUTES
	___Articulation ___Voice ___Swallowing ___Social	___Fluency ___Language ___Cognition ___Modalities	___Articulation ___Voice ___Swallowing ___Social	___Fluency ___Language ___Cognition ___Modalities	___Social ___Adult Hrs <small>(total hrs)</small>	___Modalities ___Pediatric Hrs <small>(total hrs)</small>	
	Evaluation	Prevention / Treatment	Evaluation	Prevention / Treatment	Evaluation	Prevention / Treatment	
Minutes This Practicum							
+ Previous Minutes	+	+	+	+	+	+	=/+
Total Minutes	=	=	=	=	=	=	
Cum Hrs (Min/60)	=	=	=	=	=	=	=

Student Phone # & Email _____ Documented Observation Hrs (required) + 25 .

Student Signature _____ Date _____

GRAND TOTAL HOURS _____

NAU Clinic Director Signature _____ Date _____