SLPA Clinical Fieldwork Log

University of Vermont

Child/Student Treatment Hours: (birth-21 years)

SLPA Name ______________________________ Semester: ____________________
(e.g., Fall2019)

Site Name and address: ____
(e.g., Main Street School, Montpelier, VT)

Instructions:

1. Please use ink and record the number of minutes & hours in the appropriate speech and language columns.
2. Check (X) appropriate column for group sessions or culturally diverse clients (Cult. Div.).
3. Check (X) if the session was directly supervised by certified SLP.
4. Add totals from all columns for the semester and submit to SLPA Program Director.

Date	Client Age	Group Session	Cult. Div.	Artic.	Fluency	Voice	Lang.	Directly Supervised	Supervisor Signature	ASHA Number

Total Hours/Minutes in Each Category:	Artic.	Fluency	Voice	Lang.

Keep original form. Make a copy and submit to: SLPA Program Director