

ALABAMA A&M UNIVERSITY

NOTE: One supervisor and
one location per page.

SEMESTER: _____

		dysphagia, aural rehab							TYPE	MIN.	LOCATION	INITIALS
			A / C	MIN.	A / C	MIN.	A / C	MIN.				

Therapy	A / C	Diagnostic	A / C		A / C
Language	/		/	Staffing Hrs.	/
Artic	/		/	Observation	/
Voice	/		/	Hearing Screening	/
Fluency	/		/		
Dysphagia	/		/		
Audiology	/		/		
					TOTAL MIN
					TOTAL HRS

SUPERVISOR'S SIGNATURE: _____ CCC- _____ ASHA #: _____ DATE: _____