**CAL STATE EAST BAY**
**STUDENT CLOCK HOURS LOG - Onsite**

| Student: | Net ID: |
|---|---|
| Semester: | Cohort (when admitted): |
| Supervisor: | |

Client Initials: Child Adult

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|---|---|---|---|---|
| *A = Articulation* | *F = Fluency* | *V = Voice/Resonance* | *SW = Swallowing* | *AAC = Aug/Alternative Communication Modalities* |
| *L = Language* | *C = Cognitive Aspects* | *S = Social Aspects* | | *H = Hearing/Audio Screenings/Aural Rehab.* |

| **DATE** | **How many minutes across disorders?** *Note: Rees clinic Tx sessions are 55 minutes max.* | | | | | | | | | **TOTAL MINUTES** | | SUP OBS. MIN. | **CONSULTATION MINUTES** | | X = Logged into CALIPSO | **FOR SUPERVISORS ONLY** | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | **A** | **F** | **V** | **SW** | **AAC** | **L** | **C** | **S** | **H** | **Dx** | **Tx** | | with Client + Family only | + Sprvisor | | Feedback W | Feedback V | ITP | Self-Eval | SOAP Notes | Data |
| 10/5 | | | 20 | | 30 | | | | | 50 | | 20 | 10 | | | | | | | | |
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| ***TOTAL MINUTES*** | Dx | Tx | SUP OBS. MIN. | with Client + Family only | + Sprvisor | X |
|---|---|---|---|---|---|---|
| | | | | | | |

**In this box, put an"X" when hours are <u>submitted</u> to supervisor in CALIPSO at the end of the term.**

*To convert minutes to hours, divide by 60.*
*Ex: 990/60=16.5, or 16 hrs, 30 min.*