

1. SEMESTER: write the semester and the year. Example: Spring 2007.
2. NAME: write your name in this space
3. NAME: client initials may be used or group one, etc.
4. DATE: record actual date you worked with (observed, etc.) the client.
5. TYPE OF PROBLEM: record disorder/problem the client exhibits or is tested for. Example: Language. If the client has language and artic problems, divide the time per problem on separate lines. : Only use language, artic, voice, fluency, dysphagia, or aural rehab (audiology) in this column. **DO NOT** write Aphasia, Foreign Accent, Phonology, Dysarthria, Oral Motor, etc.
6. AGE: this column should have C for child or A for adults. Actual age of client is not necessary.
7. GROUP: if you have more than one client at the time of therapy. Record time in minutes. Example: 75 minutes (not necessary to put the word minutes, see example)
8. DIAGNOSTIC: this column is to record the times when evaluating and testing the client. Record time in minutes. Example: 120 minutes (not necessary to put the word minutes, see example)
9. OTHER: this column is for parent/client conferences, hearing screenings, and observations. Record time in minutes.
10. LOCATION: the location that therapy, etc. is taking place. **USE A SEPARATE SHEET FOR**