

APPENDIX PP

CHECKLIST FOR PROCESSING DIAGNOSTIC AND AUDIOLOGICAL REPORT'S

CLIENT NAME: _____
DATE OF EVALUATION: _____
SUPERVISOR: _____
STUDENT CLINICIANS: _____

EACH FILE SHOULD CONTAIN THE FOLLONN'ING AT THE TIME OF PROCESSING:

- _____ Order of Information Sheet
- _____ Face Sheet
- _____ Billing History
- _____ Telephone Intake Sheet
- _____ Application for Clinical Service (with signed *Authorization to Use as Teaching Resource*)
- _____ Release Form (Only if requesting information from another source, or if sending *our* report to someone other than the person who was evaluated or their legal guardian.)
- _____ Chron. Sheet

SLP DIAGNOSTIC REPORTS

- _____ Report signed?
- _____ Prognostic Statement
- _____ Hearing Screening
- _____ Test Forms
- _____ Therapy Reservation Form to Clinic Director

AUDIOLOGY REPORTS

- _____ Report signed?
- _____ Prognostic Statement
- _____ Audiogram
- _____ Tympanogram
- _____ CAPD Test Forms
- _____ Aided Audiograms
- _____ Therapy Reservation Form to Clinic Director (CAPD Tx)

STUDENTS: Please complete the *DRAFT SUBMITTED* section below each time you submit the draft of the report.

SUPERVISORS: Please write the date in the appropriate column of the *REPORT STATUS* section below, and initial, each time you review a draft of the report.

DRAFT SUBMITTED			REPORT STATUS		
	Date	Time	Approve	Revise	Initials
1st					
2nd					
3rd					
4th					
READY TO PROCESS:					
			Supervisor's Signature		Date
SPECIAL COMMENTS :					
PROCESSED BY :					
			Student Worker's Signature		Date