

APPENDIX XX

**CENTER FOR COMMUNICATION DISORDERS
 OTHE CONNECTICUT STATE UNIVERSITY
 Summary Report - Attendance and Supervision**

Case: _____ Age: _____ Classification: _____

Date of Session	Check if Attended	Check if Supervised	Date of Session	Check if Attended	Check if Supervised	Dale of Session	Check if Attended	Check if Supervised

Supervisory Ratio = $\frac{\# \text{ Supervised Sessions}}{\# \text{ Attended Sessions}} = \text{_____} = \text{_____} \%$

Clinician's Signature _____ Supervisor's Signature _____

Case: _____ Age: _____ Classification: _____

Date of Session	Check if Attended	Check if Supervised	Date of Session	Check if Attended	Check if Supervised	Date of Session	Check if Attended	Check if Supervised

Supervisory Ratio = $\frac{\# \text{ Supervised Sessions}}{\# \text{ Attended Sessions}} = \text{_____} = \text{_____} \%$

Clinician's Signature _____ Supervisor's Signature _____