Southern Connecticut State University

Center for Communication Disorders

Therapy Encounter Form

Client Name:

Treatment Semester: (circle one) fall spring summer Year: 20_____.

Student Clinician: Clinical Instructor:

Fee Waiver / Reduction: Yes No (circle one) Amount of Reduction: 25% 50% 75% 100% (circle one)

Date of Contact:																				
Speech-Language Services	Minutes of Service Delivered																			
Tx Accent Reduction																				
Tx Artic/Phono																				
Tx Aural Rehab																				
Tx AAC																				
Tx Swallowing																				
Tx Child Lang																				
Tx Fluency																				
Tx Adult Lang.																				
Tx TBI																				
Tx Voice																				
Tx Other _____																				

Instructions:

- Enter date of each scheduled appointment at top of column.
- Locate type of service(s) provided to client in left column. More than one type of service may be recorded.
- Record the time you spent providing each service, in minutes, in the box next to that service in the column dated for that appointment.
- If appointment was cancelled, or client did not show, record the appropriate cancellation code in the dated column next to the scheduled type of service.

Cancellation Codes:

CC = Clinic/Clinician Cancelled; **C** = Client Cancelled; **N/S** = No Show – Client did not call to Cancel