



# SPEECH / LANGUAGE / AUDIOLOGY SERVICES NOTES

STUDENT NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ SAU #: \_\_\_\_\_

DISTRICT OF LIABILITY: \_\_\_\_\_

Session Date: \_\_\_\_\_  
 Start Time: \_\_\_\_\_  
 Stop Time: \_\_\_\_\_  
 Total Minutes: \_\_\_\_\_

Circle One: (G) Group (I) Individual

Provider Initial: \_\_\_\_\_

Consultation of Speech Fluency  
 Consultation of Speech Sound production  
 Consultation of Speech Sound production with consultation of language comprehension and expression  
 Consultation of behavioral and qualitative analysis of voice and resonance  
 Evaluation of Speech Fluency (e.g. stuttering, cluttering)  
 Evaluation of Speech Sound production (e.g. articulation, phonological process, apraxia, dysarthria)  
 Evaluation of Speech Sound production (e.g. articulation, phonological process, apraxia, dysarthria) with evaluation of language comprehension and expression (e.g. receptive and expressive language)  
 Behavioral and qualitative analysis of voice and resonance  
 Individual Treatment/Therapy/Services  
 Group Treatment/Therapy/Services

\_\_\_\_ Group Size (all students actually receiving the service)

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Unless so noted, school was in session and students were in attendance on all days recorded above. I have edited this form to correctly reflect services delivered on the above dates.

PRACTITIONER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRACTITIONER PRINTED NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

LICENSE / CERTIFICATION / DOE ENDORSEMENT: \_\_\_\_\_

(Second signature of directing practitioner required if services are provided by a certified speech/language assistant/specialist or aide, as applicable)

DIRECTING PRACTITIONER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

LICENSE: \_\_\_\_\_

(Properly qualified Licensed Practitioner of the Healing Arts providing direction, within scope of practice, to the certified speech/language assistant/specialist or aide, as applicable)