

**UW - EAU CLAIRE SPEECH AND LANGUAGE CLINIC (SLC)**  
**CLIENT CONTINUATION FORM**

**DATE:**

**CLIENT NAME:**

**D.O.B:**

**AGE:**

**PRONOUNS:**

**UPDATES TO CONTACT INFORMATION (NAME, ADDRESS, ETC.):**

**AREA(S) OF NEED FOR SPEECH/LANGUAGE:**

Speech Sound Production

Understanding Language

Using Language

Social Skills

Stuttering/Fluency

Cognition

Voice

AAC

Reading/Writing

Other (please explain):

**PERTINENT UPDATES (TO BE COMPLETED BY STUDENT CLINICIAN AND SUPERVISOR):**

**COMMENTS (TO BE COMPLETED BY STUDENT CLINICIAN AND SUPERVISOR):**

**Frequency and Duration:**

**Individual, Group, Combination (Please be specific):**

**Telepractice, In-person, Combination:**

**Other:**

(TO BE COMPLETED BY CLIENT/CAREGIVER):

**SCHEDULING:**

**\*\*PLEASE PUT AN "X" IN TIME SLOTS IN WHICH YOU ARE NOT AVAILABLE\*\***

	Monday	Tuesday	Wednesday	Thursday
9:00				
9:30				
10:00				
10:30				
11:00				
11:30				
12:00				
12:30				
1:00				
1:30				
2:00				
2:30				
3:00				
3:30				
4:00				
4:30				
5:00				
5:30				
6:00				

*Please complete form and email to Lindsay Pohlen ([pohlenla@uwec.edu](mailto:pohlenla@uwec.edu)) or turn into the UWEC Speech and Language Clinic*