

**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

Swallowing

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) or turn into the UWEC Speech and Language Clinic